



**Village of Potsdam Housing Authority**  
 100 Racquette Road Potsdam New York 13676  
 (315) 265-3680 ~ Fax: (315) 265-1256  
 New York State Hearing Impaired TTY Relay 1-800-662-1220



Effective through December 31, 2024

Thank you for your interest in Evergreen Park Apartments in Potsdam, New York. We offer modern, updated apartments for low-income households which meet and exceed the housing specifications in the area.

The current rents at Evergreen Park for an unsubsidized apartment, which includes heat, electricity, water, sewer, parking, and trash removal, are:

One (1) Bedroom	Two (2) Bedroom	Three (3) Bedroom	Four (4) Bedroom
\$735	\$877	\$1,015	\$1,178
Security Deposit	Security Deposit	Security Deposit	Security Deposit
\$325	\$350	\$375	\$400

\*All rents are subject to change

- **Please note that we have a strict “No Pet Policy” in effect at our complex.**

Our complex is operated under the New York State Low-Income Housing Tax Credit (LIHTC) Program and requires applicant screening to ensure that households living in the apartments meet program criteria. The income guidelines established for admission to our apartments are as follows; applicant’s total household incomes must be at or below this income for admission:

Number of Persons in Household	1	2	3	4	5	6	7	8
Gross Annual Income Threshold	\$35,100	\$40,080	\$45,120	\$50,100	\$54,120	\$58,140	\$62,160	\$66,180

Upon receipt of your completed application, your name will be placed on a waiting list. Vacancies will be filled on a first-come, first-serve basis using the application receipt date and time. Verification of household eligibility will be performed once your name is selected from the waiting list for review. To process your application at that time, we will request that you submit copies of the following household information:

- a. Birth certificates of all household members
- b. Social security cards of all household members
- c. Household income (i.e. last four paychecks, Social Security/SSI reward letters, etc.)
- d. Household assets (i.e. last six months statements of checking, savings, or investment accounts, most recent statement of Direct Express or work bank card, etc.)

Our screening process includes verifying US citizenship or permanent residency in the United States. We also perform credit and criminal background screening and determination of student status of all adult household members. Because of our participation in the LIHTC program **we are not able to admit households of full-time students unless all household members meet certain exceptions**. Please contact the office for more details.

Thank you for your inquiry and please feel free to contact this office at (315) 265-3680 if you have any other questions.

**EVERGREEN PARK APARTMENTS  
 APPLICATION FOR ADMISSION**

**PLEASE PRINT ALL INFORMATION**

<b>APPLICANT HEAD OF HOUSEHOLD FULL NAME:</b>			
<b>CURRENT ADDRESS:</b>			
<b>CITY, STATE, ZIP:</b>			
<b>EMAIL:</b>			
<b>PHONE:</b>		<b>ALTERNATE PHONE:</b>	

**PRESENT HOUSING ARRANGEMENT**

How long have you resided there?      

From:	To:
-------	-----

      Reason for moving: \_\_\_\_\_

Name of your present landlord: \_\_\_\_\_      Phone of Landlord: \_\_\_\_\_

Address of present landlord: \_\_\_\_\_

Have you ever been evicted from rental housing?      Yes      No

Are you being evicted now for non-payment of rent?      Yes      No

**HOUSEHOLD COMPOSITION**

MBR#	MEMBER FULL NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP	AGE	SEX	F/T STUDENT (Y/N)
Head				SELF			
2							
3							
4							
5							
6							
7							
8							

**Please check yes or no to the following questions:**

- Yes  No Are any household members currently **temporarily absent**? (*Include only those individuals you anticipate will be a household member within the next 12 months*)  
Please list: \_\_\_\_\_
- Yes  No Do you expect any **changes in the household composition** within the next 12 months?  
If yes, please explain: \_\_\_\_\_
- Yes  No Does anyone have **Power of Attorney** for you?  
If yes, please explain: \_\_\_\_\_  
Name of individual who has Power of Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: (\_\_\_\_\_) \_\_\_\_\_ (*please provide a copy of POA documentation*)
- Yes  No Do you have full custody over your children?  
If no, please explain: \_\_\_\_\_
- Yes  No Do you own any Real Estate?  
If yes, please include address and market value:  
\_\_\_\_\_  
\_\_\_\_\_

Would you benefit from special design features of an apartment? If yes, please explain:

---

---

---

---

---

**INCOME AND ASSET QUESTIONNAIRE**

Fill out all the following you or any other household member receives, and list the monthly amount received from each source of income. Failure to report ALL income is a violation of the law, and grounds for disqualification for public housing.

**MONTHLY INCOME INFORMATION: LIST ALL INCOME FOR ALL MEMBERS OF THE HOUSEHOLD**

MEMBER NAME	EMPLOYER NAME AND LOCATION	PUBLIC ASSISTANCE (Y/N)	SOCIAL SECURITY (Y/N)	PENSION (Y/N)	OTHER (Y/N)	MONTHLY AMOUNT

**ASSET INFORMATION: LIST ALL ASSETS FOR ALL MEMBERS OF THE HOUSEHOLD**

MEMBER NAME	TYPE OF ASSET (CHECKING, SAVINGS, DIRECT EXPRESS)	BANK/FINANCIAL INSTITUTION	TOTAL CASH VALUE

**HOUSEHOLD COMPOSITION**

I/We certify that information presented on this form is true and complete to the best of my/our knowledge and belief. I/we acknowledge that I/we have been informed that this information is being obtained to verify the household's ongoing eligibility and compliance with the HUD Section 8 Program as regulated by US Department of Housing and Urban Development. **Tenant(s) certifies that all information in this certification is true and correct and understands that false statements or information are punishable by law and will lead to cancellation of this certification.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

All adult household members, ages 18 and up, must sign.

Please check YES or NO for every item listed below and indicate MONTHLY amount under the appropriate member # that corresponds with their name on page 1 of this form, under **Household Composition**.

Do ANY HOUSEHOLD MEMBERS HAVE:			HEAD	MBR #2	MBR #3	MBR #4	MBR #5
Wages, Salary, Employment	Yes	No	\$	\$	\$	\$	\$
Income from a Business or Profession	Yes	No	\$	\$	\$	\$	\$
Social Security	Yes	No	\$	\$	\$	\$	\$
SSI	Yes	No	\$	\$	\$	\$	\$
NYS OTDA SSI	Yes	No	\$	\$	\$	\$	\$
AFDC or Public Assistance	Yes	No	\$	\$	\$	\$	\$
Child Support	Yes	No	\$	\$	\$	\$	\$
Retirement Income	Yes	No	\$	\$	\$	\$	\$
Annuities Income	Yes	No	\$	\$	\$	\$	\$
Disability or Death Benefits	Yes	No	\$	\$	\$	\$	\$
Regularly Recurring Monetary Gifts	Yes	No	\$	\$	\$	\$	\$
Alimony	Yes	No	\$	\$	\$	\$	\$
Other: (please explain)	Yes	No	\$	\$	\$	\$	\$
Checking Account	Yes	No	\$	\$	\$	\$	\$
Savings Account	Yes	No	\$	\$	\$	\$	\$
Direct Express Card	Yes	No	\$	\$	\$	\$	\$
Employment Bank Card	Yes	No	\$	\$	\$	\$	\$
Certificate of Deposit (CD)	Yes	No	\$	\$	\$	\$	\$
Money Market Fund	Yes	No	\$	\$	\$	\$	\$
Stocks and Bonds	Yes	No	\$	\$	\$	\$	\$
Treasury Bills	Yes	No	\$	\$	\$	\$	\$
IRA/Keogh Account	Yes	No	\$	\$	\$	\$	\$
Company Retirement Account (401K)	Yes	No	\$	\$	\$	\$	\$
Life Insurance Policy	Yes	No	\$	\$	\$	\$	\$
Pension Fund	Yes	No	\$	\$	\$	\$	\$
Trust Account	Yes	No	\$	\$	\$	\$	\$
If yes, is it irrevocable?	Yes	No					
Funeral Expense Account	Yes	No	\$	\$	\$	\$	\$
If yes, is it irrevocable?	Yes	No					
Cash (on hand or in storage)	Yes	No	\$	\$	\$	\$	\$
House/Real Estate	Yes	No	\$	\$	\$	\$	\$
Rental Property	Yes	No	\$	\$	\$	\$	\$
Inheritance	Yes	No	\$	\$	\$	\$	\$
Lottery or Other Winning	Yes	No	\$	\$	\$	\$	\$
Insurance Settlement	Yes	No	\$	\$	\$	\$	\$
Worker's Comp Settlement	Yes	No	\$	\$	\$	\$	\$
Social Security Disability Settlement	Yes	No	\$	\$	\$	\$	\$
Unemployment Compensation Settlement	Yes	No	\$	\$	\$	\$	\$
VA Disability Settlement	Yes	No	\$	\$	\$	\$	\$
Severance Pay	Yes	No	\$	\$	\$	\$	\$
Capital Gain	Yes	No	\$	\$	\$	\$	\$
Have you disposed of any assets for less than fair market value in the past 2 years?	Yes	No	\$	\$	\$	\$	\$

Yes  No Do you expect any change in your income during the next year? (i.e. job change, layoff, medical leave, military leave, etc.) Explain:

---

**Under \$5,000 Asset Affidavit**

For households whose combined net assets do not exceed \$5,000.  
 Complete only one form per household; include assets of children.

Complete all that apply for 1 through 4:

1. Assets include:

Source	Cash Value*	Interest Rate	Source	Cash Value*	Interest Rate
Checking Account (Avg 6 Months)	\$	%	Savings Account	\$	%
Cash on Hand or in Storage	\$	%	Safety Deposit Box	\$	%
Certificate of Deposit (CD)	\$	%	Money Market Fund	\$	%
Stock	\$	%	Bond	\$	%
IRA Account	\$	%	401K Account	\$	%
Keogh Account	\$	%	Trust Fund	\$	%
Equity Real Estate	\$	%	Land Contract	\$	%
Life Insurance Policy (Excluding Term)	\$	%	Other Retirement /Pension Fund	\$	%
Personal Property Held as Investment**	\$	%		\$	%
Other (Detail)	\$	%		\$	%

**Please Note:** Certain funds (e.g. Retirement, Pension, Trust) may not be (fully) accessible to you; please include only those amounts which are.

\* Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\* Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. \_\_\_\_\_ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$ \_\_\_\_\_ (\*the difference between FMV and the amount received, for each asset on which this occurred.)

3. \_\_\_\_\_ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

4. \_\_\_\_\_ I/we do not currently have any assets. **Do not** check this box if you have ANY assets listed above.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ \_\_\_\_\_. This amount is included in total gross annual income.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
 Signature of Applicant/Resident

\_\_\_\_\_  
 Printed Name of Applicant/Resident

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Applicant/Resident

\_\_\_\_\_  
 Printed Name of Applicant/Resident

\_\_\_\_\_  
 Date

### Applicant Certification

My/our signature(s) below serves as written permission for Village of Potsdam Housing Authority to obtain a consumer report (credit history), and previous landlord references. We may obtain credit information from other sources and may exchange credit information with consumer reporting agencies. The applicant(s) affirms that all information in this application is true and complete. The applicant(s) also understands that all asset and income information must be verified and approved. All information received is confidential. After the application process is approved, a security deposit must be made, and a lease agreement signed. If accepted, I/we certify this apartment will be my/our sole residence. This application creates no obligation for the landlord or applicant. The undersigned makes the foregoing representation knowing that if any of such proves false, Village of Potsdam Housing Authority may cancel and annul any lease given in reliance upon such information.

**Signature of Head of Household:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of Spouse/Co-Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hotline Line at 1 (800) 424-8590.

---

The following information is requested by the Federal Government to monitor compliance with federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the gender, race/national origin of the individual applicants based on visual observation/surname.

Race of Head of Household: (check one)

White     Black     American Indian/Alaskan Native     Asian/Pacific Islander

Ethnicity of Head of Household: (check one)     Hispanic/Latino     Non-Hispanic



**AUTHORIZATION FOR RELEASE OF INFORMATION**

Applicant Head of Household Full Name	Evergreen Park Apartments Name of Development
Current Address of Head of Household	100 Racquette Rd Development Address
City, State, Zip	Potsdam, NY 13676 City, State, Zip

**CONSENT**

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Village of Potsdam Housing Authority** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under one of the following programs:

- Section 221 BMIR
- Rent Supplement
- Section 236
- DHCR
- LIHTC Program
- Rent Assistance Payments (RAP)
- Section 8 Housing Assistance Payments Programs
- HFA

I give my consent for the release also for the minor children in my care who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and Rural Development (RD) in administering and enforcing program rules and policies.

**INFORMATION COVERED**

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

- Identity and Marital Status
- Residences and Rental Activity
- Credit and Criminal Activity
- Employment, Income, and Assets
- Medical or Child Care Expenses
- Social Security Numbers

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for continued participation in a housing assistance program.

**GROUPS OF INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information (depending on program requirements) includes but is not limited to:

- Previous Landlords
- Public Housing Agencies
- Welfare Agencies
- Post Offices
- Banks and Financial Institutions
- Social Security Administration
- Support and Alimony Providers
- Utility Companies
- Past and Present Employers
- Veterans Administration
- Retirement Systems
- State Unemployment Agencies
- Schools and Colleges
- Credit Providers and Credit Bureaus
- Medical and Child Care Providers
- Realtors and Insurance Agencies

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**PAGE 2 OF 2**

**COMPUTER MATCHING NOTICE AND CONSENT**

I understand and agree that HUD or a Public Housing Authority (PHA) may conduct computer-matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

**CONDITIONS**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is correct.

_____	_____	_____
Head of Household Signature	Print Full Name	Date
_____	_____	_____
Co-Head Signature	Print Full Name	Date
_____	_____	_____
Other Adult Signature	Print Full Name	Date

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.**

\* Section 8 Housing Assistance Payments Programs

- Loan Management Set-Aside
- New Construction and Substantial Rehabilitation
- Property Disposition Set-Aside
- Existing "Certificate" Housing
- Housing Vouchers
- 515/8 Farmers Home Administration
- (Projects HUD formerly owned and Moderate Rehabilitation sold with project-based Section 8 Contracts)

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or an employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 u.s.c. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 u.s.c. 408 f, g and h.

**Declaration of Citizenship Status (Section 214)**

**Instructions to family member completing this form** - print or type first name, middle initial(s) and last name where needed. Please place an "X" or "V" in the appropriate boxes and include immigration status code for all household members claiming immigration status. Sign and date where required.

**Notice to Applicants and Tenants:**

In order to be eligible to reside in Evergreen Park Apartments, you, as an applicant or current resident of Evergreen Park Apartments, must be lawfully within the U.S. Please read the declaration statements carefully, check that which applies to you, and sign and return the document to Village of Potsdam Housing Authority. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

**I, \_\_\_\_\_, certify, under penalty of perjury that to the best of my knowledge, the following members of my household, including myself, am lawfully within the United States.**

\_\_\_\_\_  
**Signature of Head of Household** \_\_\_\_\_  
**Date**

List all household members including you, check the appropriate box below the correct statement for each and sign each line as needed. All adult household members are required to sign the form themselves; children under the age of 18 will require the signature of a parent and/or guardian.

HOUSEHOLD MEMBER NAME	I am a citizen by birth, a naturalized citizen or a national of the U.S.	I have eligible immigration status as listed in the next column	Eligible immigration status code (list the code number of one of the definitions below)	SIGNATURE OF MEMBER OR IF UNDER 18 PARENT OR GUARDIAN SIGNATURE

Eligible immigration status codes (please list the code in column 5 above for anyone under the age of 62 and are claiming eligible immigration status):

1. Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) a; or
2. Permanent residence under §249 of INA b; or
3. Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA c; or
4. Parole status under §212(d)(5) of the INA d; or
5. Threat to life or freedom under §243(h) of the INA e; or
6. Amnesty under §245 of the INA f.

**WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.**

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

- a. **Immigration status under §101(a)(15) or §101(a)(20) of the Immigration and Nationality Act (INA).** A noncitizens lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 USC 1101 (a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 and 210A of the INA (8 USC 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- b. **Permanent residence under §249 of INA.** A noncitizen who entered the US before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the US since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 USC 1259) [*amnesty granted under INA 249*].
- c. **Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA.** A noncitizen who is lawfully present in the US pursuant to an admission under §207 of the INA (8 USC 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 USC 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (8 USC 1153 (a)(7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- d. **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the US as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of INA (8 USC 1182(d)(5)) [*parole status*].
- e. **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the US as a result of the Attorney General’s withholding deportation under §243(h) of the INA (8 USC 1253(h)) [*threat to life or freedom*].
- f. **Amnesty under §245A of the INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 USC 1255a) [*amnesty granted under INA 245A*].

---

**For Staff Use Only**

Instructions to VPHA Staff: Following verification of status by persons declaring eligible immigration status, you must enter INS/SAVE verification number and date that is was obtained for everyone. A staff signature is not required.

Mbr #	INS/SAVE Primary Verification #	Date	Mbr #	INS/SAVE Primary Verification #	Date
1			6		
2			7		
3			8		
4			9		
5			10		

**Student Status Affidavit**

To be completed by each adult household member 18 years old and up  
Household Name: \_\_\_\_\_

**To be completed by applicant/resident**

---

You have applied to live in an apartment that is governed by the Housing Credit Program. This Program has restrictions on full-time students and requires us to determine student status. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

---

Please read carefully and complete all statements that apply:

1.  I am currently a full-time student. I understand that my student status is subject to third party verification in conjunction with my application.  
SCHOOL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_
  
2.  I am currently a part-time student. I understand that my student status is subject to third party verification in conjunction with my application.  
SCHOOL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_
  
3.  I anticipate becoming a
  - full-time student
  - part-time studentwithin the next twelve (12) months and agree to notify Village of Potsdam Housing Authority Office of any changes in my student status.
  
4.  I am neither a full-time nor part-time student.

**Applicant/Tenant Certification**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA, and any owner (or an employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the office or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 u.s.c. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 u.s.c. 408 f, g and h.

**Criminal Background Review Certification**

To be completed by each adult household member 18 years old and up  
Household Name: \_\_\_\_\_

**Mandatory Prohibitions**

1. Has any household member been evicted from federally assisted housing for drug-related criminal activity during the past three years? Yes or no? \_\_\_\_\_
2. Is any household member currently engaged in illegal use of a drug? Yes or no? \_\_\_\_\_
3. Is there any reasonable cause to believe that a household member's illegal drug use or a pattern of illegal drug use may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents? Yes or no? \_\_\_\_\_
4. If answer to question #1-4 is yes, household is prohibited from participation, unless:
  - a. Evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program approved by the PHA; or
  - b. Circumstances leading to eviction no longer exist (criminal household member deceased, imprisoned or no longer in household).

**Permissive Prohibitions**

1. Has any member of the household been involved in drug-related criminal activity? Yes or no? \_\_\_\_\_
2. Has any member of the household been involved in violent criminal activity? Yes or no? \_\_\_\_\_
3. Has any member of the household been involved in other criminal activity which may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity, the owner, property management staff, or persons performing a contract administration function or responsibility of behalf of the PHA (including PHA employee or PHA contractor, subcontractor or agent)? Yes or no? \_\_\_\_\_

The following is a list consisting of **ALL** activity that is contained in my criminal history, including traffic violations, misdemeanors, etc. Please include dates, charges, dispositions, etc. of incidents:

---

---

---

---

---

**Applicant/Tenant Certification**

I certify that the information given on this form to the Village of Potsdam Housing Authority is true and correct. I further understand that failure to provide accurate and complete information is a violation of the family obligations and will subject me to corrective action taken by Village of Potsdam Housing Authority, including but not limited to, termination of residency and/or legal action.

\_\_\_\_\_  
Signature of Applicant/Tenant                      Printed Name of Applicant/Tenant                      Date

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA, and any owner (or an employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the office or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 u.s.c. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 u.s.c. 408 f, g and h.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**Village of Potsdam Housing Authority**

**Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

**To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Section 8** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

**Protections for Applicants**

If you otherwise qualify for assistance under **Section 8**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protections for Tenants**

If you are receiving assistance under **Section 8**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

---

<sup>1</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.



Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **Section 8** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

### **Removing the Abuser or Perpetrator from the Household**

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

## **Moving to Another Unit**

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

**(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

**(2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

**(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from

further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

### **Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

HP can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking.

The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident.

The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.

- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you

fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

### **Confidentiality**

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property.

This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **Village of Potsdam Housing Authority at (315) 265-3680** or **HUD at (716) 551-5755**.

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at **HUD, OMB Approval No. 2577-0286**.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **Village of Potsdam Housing Authority at (315) 265-3680**.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **Renewal House at (315) 379-9845**.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **Village of Potsdam Police Department at (315) 265-2121**.

Victims of stalking seeking help may contact **Village of Potsdam Police Department at (315) 265-2121**.

**Attachment:** Certification form HUD-5382 **included**.

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.



**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

_____
_____
_____
_____

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.