



This application is used for all properties managed by RUPCO. On page 1 you will find a list of all properties that RUPCO is currently accepting applications for, a brief description of the properties and some basic qualification guidelines. Please check all properties that you wish to apply for.

Please call RUPCO's Property Management Office at (845) 331-2140 Ext. 233 if you require assistance with your application and/or have questions.

All Applications should be returned to 289 Fair St. Kingston, NY 12401

Original Applications only; copies, faxed or emailed applications will not be accepted.

Answering questions on your application:

- Please answer all questions truthfully. Your answers will be verified.
- Any misrepresentation of information (false, incomplete or misleading information) will cause your household's application to be declined.
- Complete all sections of application by printing in ink. DO NOT leave any section blank. If the question does not apply to your household, please write NONE or N/A (Not Applicable).
- The Head of Household and each additional adult 18 years of age or older who will live in the apartment must sign the certification on page 7.

Important:

- It is your responsibility to keep us abreast of changes in your household such as address, telephone, income, assets, family size, etc. All changes should be reported in writing.
- After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List; but this does NOT mean that your household will be offered an apartment. If later processing establishes that your household is not eligible or qualified for housing, your application will be denied. We will process your application according to our standard procedures which are summarized in the Resident Selection Criteria in the Property Management Office and may include credit, criminal and rental history background checks.
- Be sure to sign and date all attached forms and /or authorizations for release of information.

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds. If you knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds you may be fined under this title or imprisoned not more than 5 years, or both.

Official Use Only:		
Applicant Last name: _____		Entered by: _____
Date: _____ Time: _____ HH Members: _____ Bedrooms Requested: _____ Total Income: _____		Has Subsidy: <input type="checkbox"/>
BR: Eligible <input type="checkbox"/> AMI? _____ Ineligible reason: _____	GV: Eligible <input type="checkbox"/> AMI? _____ Ineligible reason: _____	JG: Eligible <input type="checkbox"/> AMI? _____ Ineligible reason: _____
LM: Eligible <input type="checkbox"/> AMI? _____ Ineligible reason: _____	MH: Eligible <input type="checkbox"/> AMI? _____ Ineligible reason: _____	PH: Eligible <input type="checkbox"/> AMI? _____ Ineligible reason: _____
ST: Eligible <input type="checkbox"/> AMI? _____ Ineligible reason: _____	TM: Eligible <input type="checkbox"/> AMI? _____ Senior <input type="checkbox"/> Ineligible reason: _____ Family <input type="checkbox"/>	E2: Eligible <input type="checkbox"/> AMI? _____ Ineligible reason: _____
TP: Eligible <input type="checkbox"/> AMI? _____ Ineligible reason: _____	WC: Eligible <input type="checkbox"/> AMI? _____ Senior <input type="checkbox"/> Ineligible reason: _____ Family <input type="checkbox"/>	Landmark: Eligible <input type="checkbox"/> AMI? _____ Ineligible reason: _____



Please check all properties that you wish to apply for:

Family Housing

- Blair Rd. Apartments.** 17 Blair Rd, Kerhonkson, NY. All two bedroom apartments. ☒
- The Lace Mill.** 165 Cornell St. Kingston, NY. Studio, 1, 2, & 3 bedroom apartments. Artist Preference ☒
- The Mews at Prattsville.** 5456 Washington St. Prattsville, NY. 2 & 3 bedroom apartments ☒
- Woodstock Commons.** Leslie's Way, Woodstock, NY. 1, 2 & 3 bedroom apartments. ☒
- Energy Square.** 20 Cedar St, Kingston, NY. Studio, 1, 2 & 3 bedroom apartments. ☒
- Hasbrouck Apartments.** 434-438 Hasbrouck Ave & 33 Prince St. Kingston, NY. 2, 3, & 4 bedroom apartments ☒

Senior Housing

- Golden View.** 52 Domenica Lane, Highland, NY. 55+ age requirement; all one bedroom apartments ☒
- Jenny's Garden.** 20 Gerentine Way, Marlboro, NY. 62+ age requirement; all one bedroom apartments ☒
- Landmark Place.** 300 Flatbush Ave, Kingston, NY. 55+ age requirement; studio & 1 bedroom apartments ☒
- Milton Harvest.** 48 Josie's Path Milton, NY. 55+ age requirement; all one bedroom apartments ☒
- Park Heights.** 1033 Rt. 32, Rosendale, NY. 62+ age requirement; all one bedroom apartments ☒
- The Stuyvesant.** Preference for homeless, 62+ age/disability requirement; all one bedroom apartments ☒
- The Mews at Prattsville.** 5456 Washington St, Prattsville, NY. 55+ age requirement; 1 & 2 bedroom apartments ☒
- Tongore Pines.** 21-25 Fox Lane, Olivebridge, NY. 62+ age requirement; all one bedroom apartments ☒
- Woodstock Commons.** Adler Court, Woodstock, NY. 55+ age requirement; all one bedroom apartments ☒

APPLICANT INFORMATION (Head of Household):

Last Name:	First Name:	Middle Name:	
Current Address:	City:	State:	Zip:
Mailing Address (if different):	City:	State:	Zip:
Telephone: () -	Work Phone: () -	Cell Phone: () -	
E-Mail:	Length of time at current address:	Monthly rent:	
Reason for leaving:			

Please provide an Emergency Contact for your Household:

Emergency Contact Name:	Relationship:
Contact Address:	Contact Telephone: () -

Household Composition: YOU MUST LIST YOURSELF FIRST.

Beginning with the "Head of Household" in the number one spot, list ALL persons who will live in the household.

NOTE: You will use these "HH member" numbers to fill in the rest of the application.

HH Member	Full Name:	Relationship to Head:	Date of Birth:	Sex:	Social Security Number:
1		self			
2					
3					
4					
5					
6					

Do you anticipate any additions to the household in the next twelve months? YES NO

Please Describe: _____

Please select the number of bedrooms you are requesting: Studio One Two Three**For properties designated as "Ⓞ" on the previous page:**Applicant/s acknowledges Landlord's adoption of a Non-Smoking living environment and the efforts to designate all of the property as Non-Smoking with a designated smoking area at least 25 feet from the building: YES NO**RENTAL HISTORY: You must list your current residence first.**

This must include all previous residences for the past (4) four years, including those places where name/s did not appear on lease and those places where you or a family member used a different name. This includes you and/or adult household members, 18 years or older. NOTE: Use Family Member Numbers listed in Household Composition.

HH Member	Street Address	City	State	Zip	Date Residency Began	Date Residency Ended	Landlord Name & Phone Number

PERSONAL REFERENCES:

ONLY complete this section if you do not have the required four years of rental history. Three personal references are required. These cannot be friends or family. Examples include: clergy, previous employers, coworkers, volunteer leaders, caseworkers, advisors, etc...

Full Name:			Relationship:		
Street Address:				Telephone:	
City:	State:	Zip:	()		
Full Name:			Relationship:		
Street Address:				Telephone:	
City:	State:	Zip:	()		
Full Name:			Relationship:		
Street Address:				Telephone:	
City:	State:	Zip:	()		

Employment Income Only: List all **current** full time, part time and/or seasonal employment for ALL household members including earnings from self-employment. If you have income from sources other than employment, please see next section of Rental Application. If you are self-employed, please list your income after your business expenses are deducted.

HH Member	Place of Employment	How long Employed?	Employer's Address	Employer's Telephone	Monthly Income GROSS

INCOME FROM OTHER SOURCES:

List current income for ALL household members from sources **other than employment**. This includes, but is not limited to Public Assistance (not including Food Stamps or SNAP), Social Security, SSI, Unemployment, Alimony, Child Support, Workers' Compensation, Disability, Pension, Armed Forces, Income from rental property, regular contributions from people not residing with you, etc.

#HH Member	Source of Income	Address of Source of Income/Contact Person and Telephone Number	Monthly Income GROSS

Do you anticipate any changes in your income in the next 12 months? YES NO

If yes, please describe: _____

ASSETS:

Please include cash (wherever held), Bank accounts, Trust Accounts, Certificates of Deposit (CD), Stocks, Bonds, Mutual Funds, Securities, Savings Bonds, IRA, Life Insurance Policies, Real Estate, Investments, etc. List for ALL household members. If more space is needed, please list on a separate piece of paper and attach to this application.

Check one of the following:

- 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).

They are as follows: _____

- 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.

Check one of the following:

- I/we do not have any assets at this time. Assets include checking/savings accounts, stocks, bonds, and other types listed above.

- I/we do have assets. They are as follows:

#HH Member	Name of Institution	Account #	Type of Asset	Interest rate	Amount

**** NOTE: If more space is needed, please list on separate sheet of paper and attach to application.**

Do you own Real Estate? YES NO

If yes, are you currently collecting rental income from this property? YES NO

If yes, complete the following:

Locations of Property

Annual Income from Property

Please answer of the following questions. If you select "yes", use the space provided to DESCRIBE your answer. These questions apply to you and ALL members of your household.

Question:	NO	YES	Please describe:
Do you currently have a portable or transferrable voucher for a rental subsidy?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you currently live in unsafe or inadequate housing?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you homeless or about to be homeless?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you require a 100% handicap accessible unit <u>due to use of a mobility device</u> , such as a wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you own a pet?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you owned a home within the past three years?	<input type="checkbox"/>	<input type="checkbox"/>	
Have any household members ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	
Are any household members registered as sex offenders?	<input type="checkbox"/>	<input type="checkbox"/>	
Has any household member been convicted of manufacturing methamphetamines in their home?	<input type="checkbox"/>	<input type="checkbox"/>	
Are ALL members of your household, including yourself, considered to be full-time students?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you or any member of your household served in the military?	<input type="checkbox"/>	<input type="checkbox"/>	

Special Needs

NYS Homes and Community Renewal has identified "frail elderly" as one of the special needs populations under their targeting initiative. Frail elderly persons are defined as persons aged 60 and over requiring assistance with one or more *Activities of Daily Living*, or two or more *Instrumental Activities of Daily Living*. Also, persons aged 60 or over who have limitations in mental capacity or emotional strength and motivation that affect their capacity to viably live independently; that is without assistance or intervention.

Does anyone in your household aged 60 or older have special needs? YES NO

Do require aide in one or more of the following activities? Check all that apply:

- Bathing Dressing Eating Grooming/Personal Hygiene
 Transferring: Moving between Bed and chair/wheelchair Mobility: Move about by self or with adaptive equipment Toileting: getting to/from toilet; transferring on/off toilet

How many of the following activities of daily living do you need help with? Check all that apply:

- Shopping Laundry Chores Telephone use Self-administering medication
 Housework/cleaning Getting to places out of walking ability Prepare/cook meals
 Handling personal business/finance Capacity to direct home care personnel

Is any member of your household visually or hearing impaired? YES NO

This application will be considered INCOMPLETE if not signed by all household members over the age of 18.

DISCLOSURE AGREEMENT:

I/We certify if selected to live in any properties owned or managed by Rupco, the unit, I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize the Owner/Manager to verify all information provided on this application and to contact previous or current landlords, or other sources for credit and verification information which may be released to appropriate Federal, State or local agencies. I/We understand, for some properties, that we have the (1) option to demonstrate proof of 12 months' on-time and in-full rent payment in the past 12 consecutive months OR receipt of subsidy or subsidies that pay the full rent, in lieu of a credit check, (2) the right to review, contest and explain results of a background or credit check, (3) for all properties, rights under the Violence Against Women Act (VAWA) and pursuant to the HCR VAWA Policy and (4) the ability to request a reasonable accommodation. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements are punishable under Federal Law. I/We agree to update and notify management immediately in writing regarding any changes in household address, telephone numbers, income and household composition. I/We have read and understand the information in this application, and we agree to comply with such information. I/We understand that there may be additional information required if the unit being applied for requires verification of additional eligibility requirements. I/We understand if this application is incomplete, it will be declined. I/We understand that if this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein. I understand that if my application is rejected on the basis of my criminal history I will be provided with any documentation used to deny my application and an explanation of the denial, after which time I will have 14 business days to review, contest, present evidence of rehabilitation, and explain any conviction on my record that led to the denial of my application. I/We certify that all information provided on this application and any addenda thereto is true, complete and accurate. I/We understand that if any of the information is false, misleading or incomplete, management may decline our application or if move in has occurred, terminate our Rental Agreement.

SIGNATURES:

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Co- Head of Household	(Print Name)	Date
_____	_____	_____
Other Adult Household Member	(Print Name)	Date

These questions are optional and have no bearing on your eligibility. They are for statistical purposes.

1.) **How did you hear about us?** Newspaper: Friend: Family: Website: Local Agency: Other: Specify: _____

2.) **Marital Status:** Married Single Separated Divorced Widowed

3. **Handicapped/Disabled:** Yes No

4.) Race & Ethnic Origin: the following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking participation in this program. You are not required to furnish this information; however, you are encouraged to do so. If you chose not to furnish this information, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Please check the box which you feel best describes your ethnic origin:

Hispanic Non-Hispanic

Please check the box which you feel best describes your race:

Caucasian African American Native American

Alaskan Native Asian or Pacific Islander Multi-Race Please describe: _____

We do not discriminate on the basis of race, religion, national origin, color, creed, age, sex, disability, familial status, marital status, sexual orientation, gender identity or lawful source of income.



Notice of Occupancy Rights under the Violence Against Women Act

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. 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 the rental housing or program, 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

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. 1 Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation. 2 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 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

Rupco 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.

For Additional Information

If you feel that they have been incorrectly denied your rights under VAWA, you should contact NYS Homes and Community Renewal (HCR) at (518-474-9583). 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). 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/ourprograms/stalking-resource-center>.

HCR has also created the HCR VAWA Local Services Provider List of local organizations, including housing and legal service providers, that support individuals who are or have been victims of domestic violence, available at <https://hcr.ny.gov/system/files/documents/2018/11/hcrvawaresourcelist.pdf> You may view a copy of HUD's final VAWA rule at <https://www.federalregister.gov/documents/2016/12/06/2016-29213/violence-against-womenreauthorization-act-of-2013-implementation-in-hud-housing-programs-correction>. Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

Attachment: Certification form HUD-5382

**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 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.

Artistic Work Addendum

Lace Mill Applicants Only

ARTISTIC WORK:

Preference for all 55 units at The Lace Mill will be given to artists from diverse artistic and cultural backgrounds. Only one adult household member, 18 or older, needs to demonstrate a commitment as a practicing artist, in order to qualify for the artist preference. If you wish to be considered for artist housing, please complete this section. Also read the Artist Review Process attached to this application. Describe your artistic work; years involved in your artist work; public shows, performances, publications, etc. of your art. If you need additional space, please attach a separate sheet to this application.

1.) Name of Artist in Household:

2.) What portion of your income is derived from your art, if any?

3.) Are you prepared to demonstrate to a committee that you are actively engaged in your art form? Yes No

4.) Please write an Artist Statement, briefly describing your art form, how long you have been creating, your inspiration and your goals:

5.) Why are you interested in living and participating in this artist community? What are your expectations? What do you see as your responsibilities?

6.) Have you ever lived in an artist housing situation before? If yes, where and what was your main impression or experience?

ARTIST REVIEW PROCESS

ARTIST DEFINITION

We define the term “artist” to encompass a wide variety of creative pursuits and we are committed to attracting creative individuals and families from diverse artistic and cultural backgrounds.

Artist shall be defined as:

- A person who works in, or is skilled in any of the fine arts, including but not limited to, painting, drawing, sculpture, book arts, printmaking and mixed-media.
- A person who creates imaginative works of aesthetic value, including but not limited to literature, poetry, photography, music composition, choreography, architecture, graphic design, film, video and digital arts.
- A person who creates functional art, including but not limited to metal, textiles, paper, wood, ceramic, glass or plastic objects.
- A performer or theatrical artist, including but not limited to, singers, dancers, musicians, actors, performance artists; costume, lighting, sound, and set designers.
- In all art disciplines, a designer, technician, craftsperson, teacher or administrator who is dedicated to using their expertise within the community to support, promote, present, and/or teach and propagate their art form through events, activities, performances and classes.

ARTIST REVIEW PROCESS

When there is a vacancy, staff will meet with pre-qualified prospective tenants and their families, to determine their level of commitment to the arts, community, and their art form. This will also help us understand your needs and expectations with regard to living in an artist community.

Applicants will not be judged on the content or quality of their artistic work. Applicants will need to demonstrate that they are actively engaged in their art form.

An artist’s creative work need not provide the primary source of income as it is often customary for artists to work in another field to support themselves and their art form.

Only one member of a household needs to demonstrate a commitment as a practicing artist, in order to qualify for the artist preference.

Artistic processes that are extremely noisy, require industrial zoning or involve hazardous materials will not be permitted to be conducted at The Lace Mill. Examples of artistic endeavors that may be excluded include welding, woodworking using power tools, amplified band practice and glass blowing.

Addendum A- Landmark Place Applicants Only

Are you Currently Homeless? YES NO

If you answered YES to the homeless question above, please fill out the rest of this page. You may be eligible for one of our 35 rent supported apartments. Applicants for these units must be homeless and qualify in one or more of the five sub-categories to be considered for a subsidy. Applicants for the subsidized apartments will also be subject to the lottery.

1. Frail Elderly Seven Subsidized One Bedroom apartments are set aside for Frail/Elderly Residents. Frail/Elderly: "persons aged 60 and over requiring assistance with 1 or more *Activities of Daily Living*, or 2 or more *Instrumental Activities of Daily Living*."

Please check all of the following that you require assistance with:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Shopping <input type="checkbox"/> Laundry <input type="checkbox"/> Chores <input type="checkbox"/> House Cleaning
<input type="checkbox"/> Telephone use <input type="checkbox"/> Taking meds. <input type="checkbox"/> Cooking
<input type="checkbox"/> Directing home care staff <input type="checkbox"/> Handling finances
<input type="checkbox"/> Transport: Getting to places out of walking distance | <input type="checkbox"/> Bathing <input type="checkbox"/> Dressing <input type="checkbox"/> Eating <input type="checkbox"/> Hygiene/Grooming
<input type="checkbox"/> Transferring: Moving from bed to chair/wheelchair
<input type="checkbox"/> Mobility: Moving about, with/without adaptive equipment
<input type="checkbox"/> Toileting: Getting on, off, to or from the toilet |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Persons aged 60 or over who have limitations in mental capacity or emotional strength and motivation that affect their capacity to viably live independently; that is without assistance or intervention are also considered Frail/Elderly.

Does this apply to a member of your household? YES NO

2. Chronically Homeless: Ten subsidized studio apartments are set aside for the Chronically Homeless. Chronically Homeless people have been homeless for at least one year, or have repeatedly been homeless.

Does this apply to a member of your household? YES NO

3. Disabled Veteran: Six subsidized studio apartments are set aside for Disabled Veterans. The term veteran is defined as: A former member of the Armed Forces of the United States (Army, Navy, Air Force Marine Corps, and Coast Guard) who served on active duty and was discharged under conditions which were other than dishonorable.

Are you a Disabled Veteran? YES NO

4. Serious Mental Illness (SMI) Six subsidized studio apartments are set aside for those with SMI. Serious Mental Illness (SMI) is defined by the Diagnostic and Statistical Manual of Mental Disorders as: Mental illness that results in functional impairment which substantially interferes with or limits one or more major life activities.

Have you been diagnosed with SMI? YES NO

5. Substance Use Disorder (SUD) Six subsidized studio apartments are set aside for those with SUD. Substance Use Disorder is defined by the Diagnostic and Statistical Manual of Mental Disorders as: A problematic pattern of using alcohol or another substance that results in impairment in daily life or noticeable distress.

Have you been diagnosed with SUD? YES NO

If you answered yes to any of the above, please provide information for any person(s) who can verify your status:

Name	Title	Phone number

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Application for RUPCO OWNED PROJECT BASED Rental Assistance

*** Please check what properties you are applying for (see requirements before applying):**

- Milton Harvest**–Josies Path in Milton, NY –Ulster County | **Must be Senior (62+)**
- Prince & Hasbrouck** – 33 Prince St., 434 & 438 Hasbrouck St. in Kingston, NY 12401 (Ulster County): **Must be homeless (or imminent risk)**
- The Stuyvesant** – 289 Fair Street in Kingston, NY 12401 (Ulster County): **Must be Homeless (or imminent risk) & Elderly (62 yrs.) or Disabled**

Applicant Name: _____

Current Address: _____ Apt.# _____

City, State, Zip: _____

Mailing Address (if different): _____

Home Phone: _____ Other Number: _____

E-mail: _____

HOUSEHOLD COMPOSITION AND OTHER CHARACTERISTICS:

- List the Head of Household and all other members who will be staying in the unit 4 nights a week or more.
- Give the relationship of each family member to head.
- List Race for each household member: *[for statistical purposes only]*
(1) White; (2) Black; (3) American Indian/Native Alaskan; (4) Asian Pacific Islander
- List Ethnicity for each household member: (1) Hispanic or (2) Non-Hispanic *[for statistical purposes only]*

Member's Full Name (Please Print)	Relation to Head	Birth Date	Sex M/F	Race	Ethnicity	Social Security Number

- Is head of household or co-head handicapped or disabled? YES NO
- If you are a person with a disability, do you require a specific accommodation to fully utilize our services? YES NO
- How many people live in your household now? _____
- How many bedrooms do you have? _____
- Are you now living in a federally subsidized unit? YES NO
- Have you ever been evicted from public housing? YES NO
- Have you ever received Section 8 assistance before? YES NO
If yes, where, and when? _____
Why was your assistance terminated? _____



Application for RUPCO OWNED PROJECT BASED Rental Assistance

12. Have you or anyone in your household been convicted of a drug related violent felony within the last twelve (12) months?..... YES NO
13. Are you currently Homeless or at imminent risk of becoming homeless?..... YES NO
- (Are you living: in a place not meant for human habitation, shelter, motel/hotel paid by government or Charitable agency, existing an Institutional Care Facility (jail, rehabilitation, mental treatment), supportive or transitional housing, fleeing domestic violence, in jeopardy of being evicted, or current unit is being condemned due to unsafe living conditions ***Supporting Documentation required***)*

INCOME INFORMATION

Provide all information about the FULL GROSS MONTHLY INCOME for all household members in the table below. (Please use SS for Social Security, SSI for Supplemental Security Income, PA or TANF for public assistance)

MEMBER NAME	SOURCE OF INCOME	GROSS MONTHLY INCOME

NOTICE: Any attempt to obtain rent subsidy from the U.S. Department of Housing and Urban Development by false information, impersonation, failure to disclose or other fraudulent act is a felony under Title 18, Section 1001 of the U.S. Code. Any act of assistance to commit fraud is also punishable under this statute.

CERTIFICATION

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation and may be grounds for denial or termination of assistance.

I hereby certify that the information provided to RUPCO on this application is accurate and complete to the best of my knowledge and belief.

Head of Household: _____
Signature

Date: _____

Spouse or Co-head: _____
Signature

Date: _____

Return completed application to: RUPCO, Inc – Attention: Property Management
289 Fair Street
Kingston, NY 12401

NO ONE MAY CHARGE ANY APPLICANT A FEE TO SUBMIT AN APPLICATION FOR SECTION 8 ASSISTANCE AND/OR AS A CONDITION FOR RECEIVING ASSISTANCE IF YOU ARE DETERMINED ELIGIBLE. IF ANYONE ATTEMPTS TO DO SO, PLEASE CALL THE NEW YORK STATE INSPECTOR GENERAL'S OFFICE AT: 1-800-367-4448.

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