

PUSH Buffalo, Inc.
 429 Plymouth Ave.
 Buffalo, New York 14213
 Telephone: (716) 884-0356 ext. 209 Fax: (716) 881-0191
 E-mail: propertymgt@pushbuffalo.org



Return Completed Application to:

PUSH Buffalo
 429 Plymouth Ave., Suite 1
 Buffalo, York 14213
 Attn: Property Management
 Open Office Hours- Mon. to Fri. (9 AM - 4 PM)



Applicants must call
 status of application
 office to verify status
 of application.

*To be added to our tenant waiting
 list this application must be filled
 out in its entirety and returned to
 Property Management.*

1. HOUSEHOLD INFORMATION

Please circle # of bedrooms applying for:

1	2	3
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List all household members, including yourself, that are applying to live with you in the apartment

Name of Household Member		Soc. Sec #	Race and Ethnicity	Date of Birth
Household Head				

2. CURRENT ADDRESS

Street Name and Address	City	State	Zip Code
Telephone Number	e-mail address	Length of Time There	
Current Landlord	Landlord Address	Landlord Telephone Number	

3. PREVIOUS LIVING HISTORY

Address	Landlord Name or Mortgagee	Own/Rent	Dates
		Own Rent	From: To:
	Telephone #:		

Address	Landlord Name or Mortgagee	Own/Rent	Dates
		Own Rent	From: To:
	Telephone #:		

Yes No

☐ ☐ Are you currently receiving any kind of rental assistance? If yes; Agent: _____
Organization: _____ Phone: _____

4. PERSONAL REFERENCES: If you have no landlord history, please provide the names of at least two individuals who can verify your ability to live by the conditions of a lease. (example: clergy, employer)

Reference	Relationship to You	How Long Known
Name:		
Address:		
Phone:	E-Mail:	

Reference	Relationship to You	How Long Known
Name:		
Address:		
Phone:	E-Mail:	

INCOME INFORMATION *Income is counted for all household members over the age of 18 as well as emancipated minors. Unearned income of household members under the age of 18 is also counted. Do you or Any one listed on the application receive income from the following source:*

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Is the Head of Household 18 or older?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you or any household member used a name or social security number other than the one listed on this application?
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you expect any additions to the household within the next 12 months? Name & Relationship: _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Is there anyone currently living with you that you do not expect to move with you to the apartment?
<input type="checkbox"/>	<input type="checkbox"/>	5. Are there any absent household members who normally would live with you? (For example, a household member in the military)
<input type="checkbox"/>	<input type="checkbox"/>	6. Does anyone in your household have any pets other than those used as service animals?
<input type="checkbox"/>	<input type="checkbox"/>	7. Have you or anyone on the application filed for bankruptcy in the last 2 years?
<input type="checkbox"/>	<input type="checkbox"/>	8. Have you or anyone listed on the application been convicted of a felony?
<input type="checkbox"/>	<input type="checkbox"/>	9. Have you or anyone listed on the application been arrested for any type of violent crime, including domestic violence?
<input type="checkbox"/>	<input type="checkbox"/>	10. Have you or any member of the applicant household been convicted of production of methamphetamines in the home?
Explain: _____		
<input type="checkbox"/>	<input type="checkbox"/>	11. Have you or anyone listed on the application moved in violation of a lease with owner?
<input type="checkbox"/>	<input type="checkbox"/>	12. Are you currently receiving any type of government housing subsidy, including Section 8?
<input type="checkbox"/>	<input type="checkbox"/>	13. Are you or any member of the applicant household subject to lifetime registration as a sex offender registry?

5. APPLICANT STATUS

YES NO

☐ ☐

1. Employment

Household Member	Company Name	\$ per hour	# of Hours	Week	Year

☐ ☐

2. Unemployment or Worker's Compensation

Household Member: _____ Amount/week: \$ _____
\$ _____

☐ ☐

3. Regular Severance Pay Payments

Household Member: _____ \$ _____
\$ _____

☐ ☐

4. Self-Employment

Household Member: _____ Amount/week: \$ _____
\$ _____

☐ ☐

5. Regular Pay as a Member of the Armed Forces

Household Member: _____ Amount / \$ _____
Amount/ \$ _____

☐ ☐

6. Public Assistance (TANF)

Household Member _____ Amount: \$ _____

☐ ☐

7. Alimony

Amount: \$ _____

☐ ☐

8. Child Support

Amount: \$ _____

How is the support received?

- ☐ Child Support Enforcement Agency
☐ Directly from Individual
☐ Other

Name of Agency:	
Name of Individual	
Name/Agency:	

☐ ☐

9. Social Security, SSI, Social Security Disability, VA Pension

Amount: \$ _____

☐ ☐

10. Regular Pension/Retirement Benefit/ Annuity Payments

Amount \$ _____

☐ ☐

11. Regular Payments from a Settlement
(e.g.: insurance settlement)

Amount \$ _____

☐ ☐

12. Regular Gifts /Payments from anyone outside the household
(Includes payments of bills made on applicant's behalf)

Amount \$ _____

☐ ☐

13. Regular Payments from Lottery or Inheritances

Amount \$ _____

☐ ☐

14. Regular Payments from Rental Property/Other Real Estate

Amount \$ _____

☐ ☐

15. Any Other Income Sources or Types Not Listed Source: _____

\$ _____

☐ ☐

16. Do you or any other household member expect any changes in your income in the next 12 months? Explain: _____

6. ASSET INFORMATION: Include all assets held by all household members including minors. **Do you or any household member have any of the following assets**

YES ☐ NO ☐

Checking/Savings Account		Checking			Savings	
Name of Bank	Account #	Current Balance	% Interest	6 Mos. Avg. Balance	Current Balance	% Interest

☐ ☐

CD's, Money Market Accts, or Treasury Bills				
Financial Institution	Type of Account	Account #	Balance	% Interest

☐ ☐

Stocks, Bonds or Securities				
Financial Institution	Type of Account	Account #	Current Value	Dividend/% Interest

☐ ☐

Trust Funds or Life Insurance Policy				
Financial Institution	Type of Account	Account #	Current Value	% Interest

☐ ☐

Pensions, IRA's, Keogh or other Retirement Accounts				
Financial Institution	Type of Account	Account #	Current Value	% Interest

☐ ☐

Real Estate (including home, land, rental property, commercial property, other real estate)		
Type of Real Estate	Value of Real Estate	% of Ownership

☐ ☐

Personal Property Held as an Investment	
Type of Property	Value of Property:

☐ ☐

Safe Deposit Box	
Contents	Value of Contents

☐ ☐

Cash on Hand (list only if over \$500 in value)	
Amount:	

7. OTHER

YES NO

☐ ☐

Are you applying for an apartment with special handicapped design features?

☐ ☐

Will you or any ADULT household member require a live-in aide?

8. CERTIFICATION:

I/WE CERTIFY THAT THIS WILL BE MY/OUR PERMANENT RESIDENCE. I/WE UNDERSTAND I/WE MUST PAY A SECURITY DEPOSIT FOR THIS APARTMENT PRIOR TO OCCUPANCY. I/WE UNDERSTAND THAT THE SECURITY DEPOSIT WILL BE EQUAL TO ONE MONTH'S RENT. I/WE FURTHER UNDERSTAND THAT FAILURE TO GIVE A PROPER 30 DAYS NOTICE WILL RESULT IN LOSS OF SECURITY DEPOSIT. I/WE UNDERSTAND THAT MY/OUR ELIGIBILITY FOR HOUSING WILL BE BASED ON APPLICABLE INCOME LIMITS AND BY MANAGEMENT'S SELECTION CRITERIA. I/WE CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND I/WE UNDERSTAND THAT PROVIDING FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY AFTER OCCUPANCY. **ALL ADULT APPLICANTS, 18 OR OLDER, MUST SIGN THIS APPLICATION. I/WE HEREBY GIVE PERMISSION to PUSH BUFFALO TO VERIFY ALL OF THE ABOVE INFORMATION AND REFERENCES, AND TO OBTAIN MY/OUR CONSUMER CREDIT REPORT AND CRIMINAL BACKGROUND REPORTS.**

Signature

Date

Signature

Date

Signature

Date

Signature

Date

ACCEPTANCE OF THIS APPLICATION DOES NOT GUARANTEE RENTAL OF AN APARTMENT. ALL APPLICANTS MUST MEET SCREENING CRITERIA, INCLUDING LANDLORD, CREDIT AND CRIMINAL CHECKS WHICH IS AUTHORIZED BY THE ABOVE SIGNED PARTIES. CHANGES IN FAMILY INCOME, SIZE, AND ADDRESS MUST BE REPORTED PROMPTLY TO MANAGEMENT. A MINIMUM ONE YEAR LEASE IS REQUIRED.

Title 18, Section 1001 of the US 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 and any owner (or employee of HUD or owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of information collected based on this verification is restricted to the purpose 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 \$5000. 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 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 208(a),(6),(7)and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408(a), (6), (7) and (8).

Date Reviewed: _____ Staff Initials: _____

Follow-Up Required: _____

Phone Call / Letter Sent: _____

Required Materials Received Date: _____

File Complete: _____





Homes and Community Renewal

Notice of Occupancy Rights under the Violence Against Women Act¹

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.² 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

PUSH Buffalo [Insert the project name, owner, or covered housing provider (acronym HP for purposes of this document)] 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 FEHO@hcr.ny.gov.

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/our-programs/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-women-reauthorization-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 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.