BALDWIN

Marketview Apartments
102 Cayuga Park Lane Ithaca, New York 14850
Phone: (607)269-2010 Fax: (607)269-2012 TTY: 711
A DiMarco Group Company

Dear Applicant:

We would like to thank you for applying to Marketview Apartments, an affordable housing community in the heart of Ithaca, NY. Our community offers one and two bedroom apartments. Rents range from $970.00 to $1,269.00. Rent includes heat, central forced air, water, sewer and internet. Residents are responsible for their own electric, phone & cable. We accept Section 8 Vouchers.

When completing your application please make sure that all sections are fully completed. If something does not apply to you please write "n/a" and continue completing the application. Please provide full names of all members of the household, their birth dates, social security numbers, race and ethnicity. Please be aware that income restrictions apply and all income must be listed (employment, public assistance, Social Security, child support, alimony, workers comp, etc.) on the application and employers name and full address provided. Please include a copy of your Social Security benefit letter, six current paystubs if employed and copies of any other documentation for income for the household.

Please make sure that the applicant and co-applicant sign the last page of application. All applicants over the age of 18 must complete a criminal history/sex offender check and credit check.

If you need assistance completing the application, please call (607) 269-2010. Applications can be dropped off to the leasing office at 102 Cayuga Park Lane, Ithaca NY any time. There is a 24 hour drop box located on the back side of the property at the parking lot entrance. We will accept applications via fax (607-269-2012) or email (marketview@dimarcogroup.com).

Upon approval of your application, you will need to meet with management for an interview and verification of your income at assets will begin at this time. A deposit will also be required to secure the apartment for your move in. Security deposit will be the amount of the rent of the unit you are renting.

Again, we would like to thank you for applying to Marketview Apartments. We look forward to having you as a resident. Please feel free to call the office if you have any questions.

Sincerely,

Marketview Apartments

INSTRUCTIONS

PLEASE READ CAREFULLY. INCOMPLETED APPLICATION **WILL NOT BE ACCEPTED**.

1. **COMPLETE ALL AREAS**: If an item does not apply to you, answer "NO" on that question or mark with a "0" if it is a dollar amount line or section.
    a. All sources of earned income must be reported for ALL household members 18 years of age and older.
    b. All unearned income (ex. SSI Payments) and assets must be reported for all household members, including minors
2. **SIGNATURES** – are required by all adult applicants 18 and older.
3. **COPIES OF SOCIAL SECURITY CARDS** are required for everyone on the application
4. **RETURN YOUR APPLICATION TO**:

Marketview Apartments
c/o Baldwin Real Estate Corporation
1950 Brighton Henrietta Townline Road
Rochester, NY 14623
Email: marketview@dimarcogroup.com
Phone: 607-269-2010, Voice (711) TTD
Fax: 607-269-2012

THIS IS A SMOKE FREE APARTMENT COMMUNITY!

NOTE: PETS ARE NOT ALLOWED. (Assistance animals for persons with disabilities are accepted – documentation is required)

Your application is being returned because:

☐ **You did not complete all areas or you did not sign the application**.

Please return your application along with the information that was missing if you want to be considered for housing.

Equal Housing Opportunity

APPLICATION FOR HOUSING CREDIT PROGRAM

Date Rcvd:	_____
Time Rcvd:	_____
Est. Income:	_____
Income Level:	_____

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Baldwin Real Estate Corp., to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Baldwin Real Estate Corp. is a management company that provides affordable housing to eligible households, elderly households, and single people. Baldwin Real Estate Corp. is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability or familial status. In addition, Baldwin Real Estate Corp. has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability.
- A reasonable accommodation is some modification or change Baldwin Real Estate Corp. can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability and think you might need or want a reasonable accommodation you may request it at any time in the application process or after admission. If you would prefer not to discuss your situation with the management company, that is your right.

Household Information

Starting with Head of Household, list all household members that are applying to live in this apartment with you.

Name First, Middle, Last	Full-Time Student Y/N	Relationship to Head of Household	M/F	Social Security Number	Birth Date M/D/Y	Race ** 1,2,3,4,5	Ethnicity H or NH **
		Head					

Race: **1**. White **2**. Black or African American **3**. American Indian or Alaskan Native **4**. Asian **5**. Native Hawaiian /Other Pacific Islander **6.** Other

Ethnicity: Hispanic or Latino / Not Hispanic or Latino

** The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Housing Credit Program that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. 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, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Current Address:		Home Phone #:	
		Cell Phone #:	
		Alternate Phone #:	

WHAT SIZE APARTMENT ARE YOU APPLYING FOR? ☐ 1BR ☐ 2BR

ALL UNITS ARE SMOKE FREE – THIS IS A SMOKE FREE APARTMENT COMMUNITY!

Applicant Information

☐ YES ☐ NO 1. Do you or any member of your household have a condition that requires a special unit design?

[ ] Barrier Free unit for mobility impaired [ ] Unit for vision-impaired
[ ] Unit for hearing-impaired [ ] First floor unit
[ ] Other _____

☐ YES ☐ NO 2. Do you expect any additions to the household within the next twelve months?

Name and Relationship: _____

Explanation: _____

☐ YES ☐ NO 3. Is there anyone living with you now who won't be living with you at this property?

Name and Relationship: _____

Explanation: _____

☐ YES ☐ NO 4. Do you have full custody of your child(ren)? (If no, obtain proof of amount of time child(ren) will be living with you in Unit – will need copy of custody documents.) If Not Applicable Check here _____

Explanation:_____

☐ YES ☐ NO 5. Are there any absent household members who under normal conditions would live with you? (For example, a spouse In the military.)

Explanation:_____

☐ YES ☐ NO 6. Does your household have or anticipate having any pets other than those used as service animals?

Please specify kind of pet: _____

Previous Housing Information

☐ YES ☐ NO 1. Are you currently living in affordable housing?

☐ YES ☐ NO 2. Do you have a Section 8 Voucher or any other type of housing assistance voucher?

List Voucher/Assistance Type: _____

Criminal Background Disclosure

☐ YES ☐ NO 1. Has any household member ever been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program?

List all states, other than the one that you reside in now, in which you have lived in during the last seven years?

_____

☐ YES ☐ NO 2. Have you or anyone else named on this application ever been convicted of a felony offense?

☐ YES ☐ NO 3. Have you or anyone else named on this application ever been convicted for dealing or manufacturing illegal drugs?

Explanation:_____

☐ YES ☐ NO 4. Have you or anyone else named on this application ever been convicted of property damage?

Explanation: _____

☐ YES ☐ NO 5. Have you or anyone else named on this application ever been convicted of criminal trespass?

Explanation: _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned such as a grant or benefit (example; SSI Benefits), it is counted for all household members including minors.

Do YOU or ANYONE in your household receive OR expect to receive income from:
(Include all income <u>anticipated</u> for the next 12 months - All questions must be answered).

☐ YES ☐ NO 1. Employment wages or salaries? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member	Name of Company	Amount

☐ YES ☐ NO 2. Self-employment? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member	Type of Business	Amount

☐ YES ☐ NO 3. Social Security, SSI, or any other payments from Social Security Administration?
(This is the gross amount before any deductions for medical insurance or any other deductions).

Household Member	SSA Office	Amount

☐ YES ☐ NO 4. NYS OTDA State Supplement Program? (State amount you used to receive with your SSI payment)

Household Member	Office	Amount

☐ YES ☐ NO 5. Regular pay as a member of the Armed Forces/Military or National Guard?

Household Member	Base Name and Branch	Amount

☐ YES ☐ NO 6. Unemployment benefits or workman's compensation? (Gross weekly amounts before deductions)

Household Member	Case Worker	Amount

☐ YES ☐ NO 7. Public Assistance, General Relief, or Temporary Assistance for Needy Families *(TANF)*?
(Do not include food stamps)

Household Member	Case Worker	Amount

☐ YES ☐ NO 8. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member	Case Worker	Amount

☐ YES ☐ NO 9. a) Child Support or Alimony? *(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, but received directly from payer.)*

Household Member	Case Worker	Amount

b) How is the support received? *(Check all that apply)*

☐ Child Support Enforcement Agency Name of Agency: _____
☐ Court of Law Name of Court: _____
☐ Directly from individual Name of Person: _____
☐ Other Explain: _____

☐ YES ☐ NO c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

Explanation:_____

☐ YES ☐ NO 10. Regular payments from a severance package?

Household Member	Source of Benefit	Amount

☐ YES ☐ NO 11. Regular payments from any type of settlement? (for example, insurance settlements)

Household Member	Source of Benefit	Amount

☐ YES ☐ NO 12. Regular payments or gifts from anyone outside of household? *(this includes anyone supplementing your income or paying any of your bills which includes cash contributions or direct payments from family members or friends, etc.)*

Household Member	Source of Benefit	Amount

☐ YES ☐ NO 13. Regular payments from lottery winnings or inheritances?

Household Member	Source of Benefit	Amount

☐ YES ☐ NO 14.Regular payments from rental property or other types of real estate transactions?

☐ YES ☐ NO 15. Student Financial Aid Assistance or Grants from any government, public or private sources?
(We must count student financial aid, excluding loans, on certain households receiving Section 8 assistance)

Household Member	Source of Benefit	Amount

☐ YES ☐ NO 16. Any other sources of income not listed?

Household Member	Source of Benefit	Amount

☐ YES ☐ NO 17. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation:_____

Asset Information

Assets are counted for all household members, including members under 18 years of age. Include all assets that you have and the income derived from the asset. (attach additional pages if necessary).

Do YOU or ANYONE in your household have any of the below assets: (all questions must be answered)

☐ YES ☐ NO 1. Savings Account? (*This includes a Benefit Direct Express Debit card issued by Social Security, Unemployment, Child Support Enforcement, Public Assistance, etc*.)

Household Member	Financial Institute	Amount

☐ YES ☐ NO 2. Checking Account?

Household Member	Financial Institute	Amount

☐ YES ☐ NO 3. CD's, money market accounts, Savings Bonds or treasury bills?

Household Member	Financial Institute	Amount

☐ YES ☐ NO 4. Stocks, bonds, or securities?

Household Member	Financial Institute	Amount

☐ YES ☐ NO 5. Trust Accounts? (including burial accounts)

Household Member	Financial Institute	Amount

☐ YES ☐ NO 6. Pensions, IRAs, 401k's, Keogh or other retirement accounts?

Household Member	Financial Institute	Amount

☐ YES ☐ NO 7. Whole life or Universal Life insurance policy? (do not include term life insurance)

Household Member	Insurance Carrier	Amount

☐ YES ☐ NO 8. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?
(this includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

Household Member	Address of Property	Amount

☐ YES ☐ NO 9. Personal property held as an investment? *(this includes paintings, coin/stamp collections, artwork, collector or show cars and antiques. This does not include your personal belongings such as your car, furniture, or clothing.)*

Household Member	Description of Property	Amount

☐ YES ☐ NO 10. A safe deposit box?

Household Member	Description of Property	Amount

☐ YES ☐ NO 11. Have you sold or disposed of any asset(s) valued over $5,000 in the last two years?

If yes, type of asset (e.g., money/land/house) _____

Market value when sold/disposed $_____ Amount sold/disposed for $_____

Date of transaction _____

Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

☐ YES ☐ NO 1. Are you or any other ADULT household members claiming zero income?

Household member:_____

Explanation: _____

☐ YES ☐ NO 2. Will you or any other ADULT household members require a live-in care attendant to live independently?

Name of attendant: _____

Relationship (if one):_____

☐ YES ☐ NO 3. Is your household eligible for any housing preference?

Please identify preference:

_____ Disabled Veterans

_____ Sub Standard Housing Conditions

_____ Natural Disaster Displacement

☐ YES ☐ NO 4. **Will ALL members of the household be or have been full-time students *during <u>five calendar months</u> of this year* or plan to be in the next calendar year at an educational institution (other than a correspondence school with regular faculty and students)?**

*If you answered **YES,** complete the following:*

Are any full-time student(s) married and filing a joint tax return?	☐ YES ☐ NO
Are any student(s) enrolled in a job-training program Receiving assistance under the Job Training Partnership Act?	☐ YES ☐ NO
Are any full-time student(s) a Title IV (TANF) recipient?	☐ YES ☐ NO
Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's' tax return?	☐ YES ☐ NO

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	Tag/License Plate #	State Issued	Make/Model/Year
Vehicle #1	_____	_____	_____
Vehicle #2	_____	_____	_____

Emergency Contact

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____ Relationship_____Years Known_____

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting the management's resident selection criteria and the Housing Credit Program requirements.

I/We understand that Marketview Apartments will be conducting a credit check, criminal check and sex offender check in determining my eligibility. Credit, criminal and sex offender checks will be run on all applicants 18 years of age and older.

All ADULT (18 years of age and older) household members must sign below:

_____ _____
Signature of Head of Household Date

_____ _____
Signature of other household member 18 years or older Date

_____ _____
Signature of other household member 18 years or older Date

_____ _____
Signature of other household member 18 years or older Date

The attached Criminal & Sex Offender Background Information Sheet must be completed for all applicants who are 18 years or older.

Marketview Apartments

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires Marketview Apartments to get drug and criminal background and sex offender registration information for all adult household members applying for assisted housing. To enable us to do so, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Marketview Apartments will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug related criminal activity within the past 3 years? YES____NO____
2. Do you currently use illegal drugs or abuse alcohol? YES____NO____
3. Are you currently subject to lifetime registration requirements under the sex offender registration program? YES____NO____
4. Have you been convicted of any drug related crime within the past five years? YES____NO____
5. Have you been convicted of any felony within the past five years? YES____NO____
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? YES____NO____
7. Have you been convicted of any crime involving violence within the past five years? YES____NO____
8. Are you currently charged with any of the above-mentioned criminal activities? YES____NO____
9. Please list all states in which you have lived or have held licenses to drive and driver's license #'s of each:
   _____
10. Have you ever used or been known as another name? YES____NO____

    If yes, please list names used:_____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Marketview Apartments to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Marketview Apartments, to an agency contracted by Marketview Apartments to conduct criminal background checks.

APPLICANT'S SIGNATURE_____ DATE_____

APPLICANT'S NAME _____
(Please Print)

Marketview Apartments

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

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2. Do you currently use illegal drugs or abuse alcohol? YES____NO____
3. Are you currently subject to lifetime registration requirements under the sex offender registration program? YES____NO____
4. Have you been convicted of any drug related crime within the past five years? YES____NO____
5. Have you been convicted of any felony within the past five years? YES____NO____
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? YES____NO____
7. Have you been convicted of any crime involving violence within the past five years? YES____NO____
8. Are you currently charged with any of the above-mentioned criminal activities? YES____NO____
9. Please list all states in which you have lived or have held licenses to drive and driver's license #'s of each:
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    If yes, please list names used:_____

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I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Marketview Apartments, to an agency contracted by Marketview Apartments to conduct criminal background checks.

APPLICANT'S SIGNATURE_____ DATE_____

APPLICANT'S NAME _____
(Please Print)

MarketView Apartments

Baldwin Real Estate Corp.

Notice of Occupancy Rights under the Violence Against Women Act[2]

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.[3] The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the Project Based Section 8 Program 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 the Project Based Section 8 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

If you are receiving assistance under the Project Based Section 8 program, 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.
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 the Project Based Section 8 Program 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.

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[1] The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD's program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

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

[3] 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.

Removing the Abuser or Perpetrator from the Household

MarketView Apartments 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 MarketView Apartments chooses to remove the abuser or perpetrator, MarketView Apartments 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, MarketView Apartments 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, MarketView Apartments must follow Federal, State, and local eviction procedures. In order to divide a lease, MarketView Apartments 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, MarketView Apartments 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, MarketView Apartments 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.

MarketView Apartments 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.

MarketView Apartments emergency transfer plan provides further information on emergency transfers, and MarketView Apartments 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

MarketView Apartments 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 MarketView Apartments must be in writing, and MarketView Apartments 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. MarketView Apartments 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 MarketView Apartments as documentation. It is your choice which of the following to submit if MarketView Apartments 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 MarketView Apartments 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 MarketView Apartments has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, MarketView

Apartments does not have to provide you with the protections contained in this notice.

If MarketView Apartments 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), MarketView Apartments 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, MarketView Apartments does not have to provide you with the protections contained in this notice.

Confidentiality

MarketView Apartments 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.

MarketView Apartments must not allow any individual administering assistance or other services on behalf of MarketView Apartments (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.

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

- You give written permission to MarketView Apartments to release the information on a time limited basis.

- MarketView Apartments 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 MarketView Apartments or your landlord to release the information.

VAWA does not limit MarketView Apartments 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, MarketView Apartments 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 MarketView Apartments 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 MarketView Apartments can demonstrate the above, MarketView Apartments 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 Baldwin Real Estate Corporation, 1950 Brighton Henrietta Townline Road, Rochester, NY 14623 or US Dept. of Housing and Urban Development, Buffalo Area Office, 465 Main Street, Lafayette Court, Buffalo, NY 14203 (NYS) or US Dept. of Housing and Urban Development, The Wanamaker Building, 100 Penn Square East Philadelphia, PA 19107-3380 (PA).

For Additional Information

You may view a copy of HUD's final VAWA rule at:
https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs

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

For questions regarding VAWA, please contact US Dept. of Housing and Urban Development, Buffalo Area Office, 465 Main Street, Lafayette Court, Buffalo, NY 14203 (NYS) or US Dept. of Housing and Urban Development, The Wanamaker Building, 100 Penn Square East Philadelphia, PA 19107-3380 (PA).

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 this website at https://www.nyscadv.org/statewide-dv-directory or call The New York State Coalition Against Domestic Violence 24 hour hot line at 1-800-942-6906 or 711, this directory has all the local shelters by County. The State of Pennsylvania's local organization website is http://www.pcadv.org, Pennsylvania Coalition Against Domestic Violence 24 hour hot line is 1-800-799-Safe (7233) or TTY 1-800-787-3224

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 this website at https://www.rainn.org or call the **24 hour hot line at 1-800-656-hope (4673) or TTY**: 800.799.4TTY (4889. **RAINN is** (Rape, Abuse & Incest National Network) is the nation's largest anti-sexual violence organization.

Victims of stalking seeking help may contact see above.

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.