SENECA APARTMENTS
GENEVA HOUSING AUTHORITY - MANAGING AGENT

Date & Time Stamp
(For Office Use Only)

_____

Initials_____Date entered_____

NOTE TO APPLICANT: PLEASE PRINT CLEARLY -- This application must be filled out completely. You must answer all questions and do NOT leave any blanks. If anything doesn't apply, please write N/A.

An application must be submitted in order to determine eligibility. The application will be reviewed for a PRELIMINARY determination of eligibility, and the applicant will be notified. Applications are placed on the waiting list in the order of date and time received. A FINAL determination of eligibility will occur when the application reaches the top of the waiting list.

This is an application for housing at **(check all that apply):**	☑ **Seneca Apartments - 529 Exchange St., Geneva, NY 14456**
Please complete this application and return to:	**Geneva Housing Authority** **P.O. Box 153, 41 Lewis Street** **Geneva, NY 14456**

APPLICATION FOR HOUSING

PROVIDING FALSE INFORMATION MAY RESULT IN LOSS OF YOUR HOUSING

Applicant Name:		Home Telephone Number: ( )
Address:	Apt. Number:	Cell Phone Number: ( )
City, State, Zip:	Email Address if you want us to communicate with you by email:	

HOUSEHOLD COMPOSITION

List yourself and anyone who will live with you ***within the next 12 months***. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home. Head of Household must be **55** years or older.

Please list household members starting with Head of Household on line 1, then in order of oldest to youngest. If you have more than six total household members, please add a separate sheet of paper with the same information as below.

	Last Name, First Name	Relationship to Head of Household	Birth Date	Age 55+	Social Security Number or ITIN	Student Status: (Includes Elementary through Higher)		
						Full Time	Part Time	N/A
1		Head						
2								
3								
4								
5								
6								

1) Do you anticipate any changes in the size of your household ***within the next 12 months***? ◯ YES ◯ NO

(Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)

If yes, please describe any changes here: _____

2) Will anyone under age 18 listed above live in the unit ***less than*** 50% of the next 12 months? ◯ N/A ◯ YES ◯ NO

If yes, please explain here: _____

3) Does any member in your household require a live-in care attendant because of a disability? ◯ YES ◯ NO

4) Are you currently receiving housing assistance from HUD or a Public Housing Agency? This information is not used as a basis for eligibility. New York State Human Rights Law prohibits the discrimination in housing based on lawful source of income like whether you have a Section 8 background. ◯ YES ◯ NO

If yes, please state where: _____

6) Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? ◯ YES ◯ NO

This means that smoking is prohibited in the unit, on unit porches, and in all indoor common areas and outdoor common areas that are within twenty-fine (25) feet of the building or any outdoor common area. This includes sidewalks, hallways, elevators, etc.

PREFERENCES: Please indicate if you qualify for any of the preferences indicated below by checking the box next to the appropriate preference.

☐	**I currently live on this property** and am requesting a new unit because: ☐ 1) I have a verifiable need for an accessible apartment ☐ 2) I have a verifiable medical need for a different apartment ☐ 3) My current apartment is too small or too large for my household ☐ 4) Other (state reason):
☐	I live in another property owned or managed by 529 Exchange HDFC/Geneva Housing Authority
☐	I am a victim of a recent presidentially declared disaster.
☐	I have been or am being involuntarily displaced due to circumstances beyond my control *(e.g. fire, flood)*
☐	I live, work or am hired to work in the City of Geneva or the Town of Geneva

UNIT SIZE/FEATURES: The owner/agent will take your unit preferences/requirements in to consideration. The owner/agent's occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. Please indicate unit size preferences below. Please indicate any necessary special features below.

Unit Size	***Available at:***	**Special Features Requested**
☐ 1 Bedroom Unit	*Seneca Apartments*	☐ Mobility Accessible Unit
		☐ Communication Accessible Unit (Hearing)
		☐ Communication Accessible Unit (Visual)
		☐ Special features: Please list below:

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

HOUSEHOLD HISTORY

The questions below apply to all members of your household, including minors and those temporarily absent from the home.

YES **NO**

○ ○ Have you or anyone else named on this application filed for bankruptcy in the previous 12 months?
Please explain: _____

_____

○ ○ Have you or anyone in your household over age 18 had a felony conviction within the past 5 years or a misdemeanor conviction in the past 1 year?
Please explain: _____

○ ○ Have you or anyone else named on the application been subject to the lifetime registration requirement under a state sex offender registration program in any state?
Please explain: _____

_____

○ ○ Have you or anyone else named on the application ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine in the home or on the premises of federally-assisted housing? _____
Please explain:

_____

○ ○ Are there any special needs or accommodations the household will require, such as grab bars or a unit for mobility impaired or hearing/vision impaired?
Please explain: _____

_____

Criminal Legal System and Credit History: The Landlord must consider individual circumstances regarding most criminal legal events or negative credit history you may have. You have rights! Find out more in the attached KNOW YOUR RIGHTS documents and here:

https://hcr.ny.gov/marketing-plans-policies#credit-&-criminal-history-assessment-policies

EQUAL HOUSING OPPORTUNITY

Smokefree Property

STUDENT ELIGIBILITY QUESTIONS

7) Are **ALL** members of your household full-time students? ◯ YES ◯ NO

8) Will **ALL** members of your household be full-time students during any 5 months of **this** year? ◯ YES ◯ NO
(Example: a student who goes to school full-time in any parts of January, February, April, October and November)

9) Will **ALL** members of your household be full-time students during any 5 months of **next** year? ◯ YES ◯ NO

10) Is **ANY ADULT** member of your household a part or full time student in an institute of higher education? ◯ YES ◯ NO
If yes, who is enrolled?_____ Which school are they enrolled in? _____
How do they pay for their education?_____ What is the cost of tuition per semester? $_____

11) Does **ANY ADULT** member of your household intend to become a student ***within the next 12 months***? ◯ YES ◯ NO
If yes, who will be enrolling in school?_____ Name of School _____
If yes, will they be enrolling as a full-time or part-time student? _____

ALIMONY / CHILD SUPPORT INFORMATION

12) Does any member of your household have a COURT ORDER to receive Child Support or Alimony payments, even if no child support or alimony is being received? (Case ID # or #'s)_____ ◯ YES ◯ NO

IF "NO", SKIP TO QUESTION 12

a.) Name of person with court order:_____ Payment Amount: $_____ per _____

b.) Name of person(s) paying support / alimony: _____

Are the **FULL** court-ordered amount(s) being received? ◯ YES ◯ NO

If "**NO**", are you making efforts to collect the amounts due? ◯ YES ◯ NO

If "**YES**", please explain the efforts you're making here: _____

13) Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**?

(This includes help from children's father or mother for clothes, groceries, etc.) ◯ YES ◯ NO

IF "NO", SKIP TO NEXT SECTION

a.) Payment Amount: $_____ per _____

b.) Name of person(s) paying support / alimony:

_____ Phone:_____ for child: _____

_____ Phone:_____ for child: _____

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
○	○	**14) Is any member of the household employed?**	
		Job 1) Who is employed? _____	$ _____ AMT PER MONTH
		What company?_____ Phone:_____	
		_____	
		Job 2) Who is employed? _____	$ _____ AMT PER MONTH
		What company?_____ Phone:_____	
		Check if there are any additional jobs in the household ☐ **(attach a separate sheet with contact information)**	
○	○	**15) Are any household members self-employed?**	
		Who is self-employed? _____	$ _____ AMT PER MONTH
		What type of work does this person do? _____	
○	○	**16) Are any adult members of your household unemployed?**	
		Which adult members are unemployed? _____	
○	○	**17) Does any household member receive pay from the military?**	
		Who is paid by the military? _____	$ _____ AMT PER MONTH
		Which branch of the military? _____	
		Contact Person:_____ Phone: _____	
○	○	**18) Does any household member receive any payments from the Social Security Administration? Which type: ☐SS ☐SSI ☐SSDI ☐Other**	$ _____ AMT PER MONTH
		Who receives payments from the Social Security Office? _____	
○	○	**19) Does any household member receive severance pay or worker's compensation?**	
		Who is receiving severance pay or worker's compensation? _____	$ _____ AMT PER MONTH
		What company pays them? _____	
		Contact Person:_____ Phone: _____	
○	○	**20) Is any household member unemployed and receiving Unemployment Benefits payments?**	
		Who is receiving unemployment benefits? _____	$ _____ AMT PER MONTH
		What State: _____ Contact Person:_____ Phone: _____	
○	○	**21) Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here.)**	
		Who is receiving TANF or AFDC benefits? _____	$ _____ AMT PER MONTH
		Caseworker:_____ Phone: _____	

INCOME INFORMATION CONTINUED

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
○	○	**22) Does any household member receive periodic payments from a pension, annuity or retirement benefit account?**	
		Please check one: ☐ **Pension** ☐ **Annuity** ☐ **Other Retirement**	
		Who receives these benefits? _____	**$** _____ **AMT PER MONTH**
		What company pays this person? _____	
		Contact Person: _____ Phone: _____	
○	○	**23) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries?**	
		What is the name of the person that pays you? _____	**$** _____ **AMT PER MONTH**
		What is their address? _____	
		Phone number? _____	
○	○	**24) Is there any other source of income we haven't already asked about above that you receive?** Please Describe: _____	
○	○	**25) Does your household expect any changes in their income *within the next 12 months*?** Please Describe: _____	
○	○	**26) Does your household receive long-term care insurance payments, *in excess of $180 per day*, for a family member residing in a long-term care facility?**	
		Which household member is in a long-term facility? _____	
		Which household member are the payments made to? _____	
		What company pays this person? _____	
		Contact Person: _____ Phone: _____	
○	○	**27) Do any adult members of your household have zero income?** Which adult members have zero income? _____	

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	ACCOUNT INFORMATION
○	○	**28) Does any household member have a Checking, Savings, CD or Money Market account?**

Bank 1) Bank Name: _____ Name(s) on Account: _____

Account Type: ☐ Checking ☐ Savings ☐ CD ☐ Money Market

Bank 2) Bank Name: _____ Name(s) on Account: _____

Account Type: ☐ Checking ☐ Savings ☐ CD ☐ MoneyMarket

☐ **Check if there are additional accounts of the above types belonging to the household. Attach a separate piece of paper listing the bank name, account type and name(s) on all additional accounts.**

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

○ ○ **29) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy** (life insurance that you can make withdrawals from even if there isn't a death. We do not count **TERM** insurance)**?**
Institution Name:_____ Name(s) on Account: _____
Contact Phone: _____ Account Type: ☐ Stocks ☐ Bonds ☐ Mutual Funds
☐ Whole Life Insurance ☐ Other:_____

○ ○ **30) Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account?**
Institution Name:_____ Name(s) on Account: _____
Contact Phone:_____ Account Type: ☐ IRA ☐ Keogh ☐ 401K ☐ Other: _____

○ ○ **31) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401K or Annuity accounts)?**
Institution Name:_____ Name(s) on Account: _____
Contact/Phone:_____ Account Type: _____

○ ○ **32) Does any household member own any Real Estate?** (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Property being sold by deed of trust or Contracts for Deed)
Property Owner(s):_____ Type of Property: _____
What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc.)
Contact:_____ Phone: _____

○ ○ **33) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit?** (Examples include: coin or stamp collections, antique cars, jewelry, etc.)
Property Type:_____ Estimated Cash Value: $_____

○ ○ **34)Does any household member have a Trust Account?**
Institution Name:_____ Name(s) on Account: _____
Is this account a Revocable or Non-Revocable Trust Account?_____ Contact Phone: _____

○ ○ **35) Does any household member have any Treasury Bills or Government Savings Bonds?**
Which household member: _____
Series: _____ Face Value: $_____ Serial Number: _____ Issue Date: _____

○ ○ **36) Does any household member have cash on hand or safe deposit boxes?**
Which household member?_____ What amount is kept on hand? $_____

○ ○ **37) Does any household member have any accounts or assets that were not described above?** (Please **DO NOT** include personal use vehicles, furniture, clothing, etc.)
What type of account or asset is this? _____

What is the estimated value of this asset if you were to sell it today? $_____

○ ○ **38) In the past two years, has any household member given away any asset(s) for less than they were worth?**
(Examples include property, transferring an asset account into someone else's name, charitable contributions etc.)

What was the estimated value of this asset? $_____

○ ○ **39) Does any household member receive money which is direct-deposited and accessed by a debit card?**
(Examples are a Social Security Direct Express card, a payroll Emerald card, a card issued by DSS to access benefits or child support, etc.)
Which household member(s)?_____

CRIMINAL BACKGROUND CHECKS

Geneva Housing Authority, as Management Agent for 529 Exchange HDFC, conducts criminal background checks on all applicants when they are contacted for an apartment. Information obtained in the background check will be considered during the processing of the application for tenancy, and may result in denial of tenancy.

If tenancy is denied on the basis of a criminal background check, the applicant has the right to review, contest, and/or explain the information contained in the background check. The applicant may also present evidence of rehabilitation for consideration by management. **Anyone flagged under the background check will have an individual assessment performed. "Know Your Rights" information is attached to this application.**

Please indicate each state or U.S. territory where you or any adult member of your household have lived. This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state or territory listed and via national criminal/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.

☐ Alabama	☐ Iowa	☐ New Hampshire	☐ Texas
☐ Alaska	☐ Kansas	☐ New Jersey	☐ Utah
☐ Arizona	☐ Kentucky	☐ New Mexico	☐ Vermont
☐ Arkansas	☐ Louisiana	☐ New York	☐ Virginia
☐ California	☐ Maine	☐ North Carolina	☐ West Virginia
☐ Colorado	☐ Maryland	☐ North Dakota	☐ Wisconsin
☐ Connecticut	☐ Massachusetts	☐ Ohio	☐ Wyoming
☐ Delaware	☐ Michigan	☐ Oklahoma	☐ Washington (State)
☐ Florida	☐ Minnesota	☐ Oregon	☐ Washington, D.C.
☐ Georgia	☐ Mississippi	☐ Pennsylvania	☐ Puerto Rico
☐ Hawaii	☐ Missouri	☐ Rhode Island	☐ US Virgin Islands
☐ Idaho	☐ Montana	☐ South Carolina	☐ Mariana Islands
☐ Illinois	☐ Nebraska	☐ South Dakota	☐ Samoa
☐ Indiana	☐ Nevada	☐ Tennessee	☐ Guam

I certify that I have indicated above every U. S. state or territory where I, or any other adult member of my household, have lived at any time.

Applicant Signature _____ Date _____

DEMOGRAPHIC QUESTIONS

Race of Head of Household (check all that apply): ☐ I prefer not to answer ☐ White ☐ Black or African American ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander

Ethnicity of Head Household: ◯ Hispanic or Latino ◯ Non-Hispanic or Latino

What is your marital status? ◯ Married, ◯ Single, ◯ Divorced, ◯ Separated, ◯ Widowed

PENALTIES FOR MISUSING THIS FORM

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

HOUSEHOLD CERTIFICATION

I understand that the information provided on this questionnaire will be used to determine my eligibility for housing at Seneca Apartments. Under penalties of perjury, I certify that the information provided is true and accurate to the best of my knowledge. I also understand that false or omitted information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

By signing this application, I also grant the owner the right to obtain all information needed to determine my eligibility in accordance with the owner's Resident Selection Criteria. Resident Selection Criteria may include but is not limited to criminal history checks, credit screening, landlord references, ability to pay rent, etc. All background checks are conducted in accordance with New York State Law and New York State Homes and Community Renewal policies.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility for housing at the above-mentioned properties.

CERTIFICATION: All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.

_____ _____
Head of Household Date

_____ _____
Other Adult Member Date

_____ _____
Other Adult Member Date

_____ _____
Other Adult Member Date

IN KEEPING WITH THE FAIR HOUSING ACT, WE DO NOT DISCRIMINATE BASED ON FAMILIAL STATUS, RACE, SEX, DISABILITY, COLOR, RELIGION OR NATIONAL ORIGIN.

Seneca Apartments is a SMOKE-FREE PROPERTY

529 Exchange HDFC
c/o Geneva Housing Authority, Managing Agent
P.O. Box 153, 41 Lewis St.
Geneva, New York 14456

Phone: 315-789-8010
Toll-free: 1-800-825-1191
Fax: 315-789-8024
TDD: 315-789-4399

529 Exchange HDFC does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Geneva Housing Authority, Director of Leased Housing
P.O. Box 153, 41 Lewis St.
Geneva, New York 14456
Telephone – Voice: 315-789-8010
Telephone – TTY: 315-789-4399

OMB Control # 2502-0581
Exp. (02/28/19)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

Signature of Applicant **Date**

NEW YORK STATE OF OPPORTUNITY. Homes and Community Renewal

KATHY HOCHUL
Governor

RUTHANNE VISNAUSKAS
Commissioner/CEO

Know Your Rights: New York State's Credit Policy for Applicants to State-Funded Housing

A housing provider/landlord cannot automatically deny your application to state-funded rental housing based solely on your credit score or history. **If you have a low credit score or negative credit history, you must be provided with the opportunity to present additional information to explain or refute the findings.**

What is the policy?

- You **CAN** avoid a credit check by evidencing that you paid your rent in full and on time during the last 12 months or the 12 months prior to the COVID-19 pandemic (March 1, 2019 – March 1, 2020).
- You **CANNOT** be rejected because of your credit score or credit history if:
  - Your FICO credit score is 580 or above (or 500 if you are homeless),
  - You have limited or nonexistent credit history,
  - Rent subsidies pay your entire rent,
  - Your credit score or credit history is a direct result of a Violence Against Women Act (VAWA)-covered crime (like domestic violence, stalking or harassment), or
  - You have a history of bankruptcy or outstanding debt but present evidence of on-time rental payments over the past 12 months or the 12 months prior to the COVID-19 Pandemic (March 1, 2019 – March 1, 2020).
- You **CANNOT** be rejected based on:
  - Medical debt or student loan debt.
  - Bankruptcies that occurred over 1 year ago.
  - Limited or no rent or credit history.
  - Unpaid debt that is less than $5,000.
  - A past eviction or housing court history.
  - Bankruptcies related to, or debt accrued during the New York State COVID-19 State of Emergency (March 7, 2020 – June 23, 2021) and due to financial hardship caused by the COVID-19 Pandemic.

What are my rights?

- Housing providers must accept evidence that you paid your rent in full and on time over the preceding 12 months, or the 12 months prior to the COVID-19 Pandemic (March 1, 2019 – March 1, 2020) instead of requiring a credit check.
- Housing providers may only reach out to your current or previous landlord without your permission to obtain information on major lease violations. If a current or previous landlord presents evidence of a major lease violation, you must be given the opportunity to present evidence of mitigating factors (for example, financial hardship due to the COVID-19 pandemic).
- Housing providers are limited in the fees that they can charge you:
  - A housing provider cannot charge you a credit or background check fee if you provide one to them that was run within the last 30 days.
  - A housing provider may not charge you more than $20 or the actual cost (whichever is less), to run both a credit check and a background check.
- *Before* rejecting your application based on your credit report, you must be given 14 days to present evidence of circumstances that explain negative credit findings such as such as errors in the credit report and short-term periods of unemployment/illness.
- If you are denied, you must be told why, and you must be provided with a copy of your credit report and background check.

Find more information about your rights when applying to state-funded housing, including if you have a criminal convictions, here: https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement--assessment-policies

NEW YORK STATE OF OPPORTUNITY. Homes and Community Renewal

KATHY HOCHUL
Governor

RUTHANNE VISNAUSKAS
Commissioner/CEO

Know Your Rights: New York State's Anti-Discrimination Policy When Assessing Justice-Involved Applicants for State-Funded Housing

If you are applying for state-funded housing and have a history of involvement with the criminal justice system, you have rights and protections.

There Are Only Two Mandatory Reasons That You Can Automatically Be Rejected:

1. Conviction for methamphetamine production in the home; and
2. Being a lifetime registrant on a state or federal Sex Offender database.

You Cannot Be Rejected Based On:

1. All pending arrests (including those with adjournments in contemplation of dismissal (ACOD));
2. Arrest records that were resolved in your favor;
3. Convictions for offenses committed before you turned 18 years old;
4. Misdemeanor convictions that occurred more than 1 year ago;
5. Felony convictions that occurred more than 5 years ago;
6. Convictions resulting in incarceration/parole supervision, from which you were released more than 1 year ago;
7. Convictions that did not involve physical violence or danger to persons or property, or did not affect the health, safety and welfare of others;
8. Convictions for which you have received a Certificate of Good Conduct or Certificate of Relief from Disabilities that is permanent and covers housing.
9. Youthful offender adjudications;
10. Convictions for violations sealed pursuant to Section 160.55 of New York State Criminal Procedure Law;
11. Convictions sealed pursuant to Section 160.58 or 160.59 of New York State Criminal Procedure Law;
12. Convictions that were excused by pardon, overturned on appeal or vacated;

You Cannot Be Asked About 9-12 Above

If a housing provider asks you about them or any pending arrest with an ACOD, you may answer as if the protected arrest, conviction or adjudication never occurred. If you believe you have been discriminated against based on these protections, file a complaint with the New York State Division of Human Rights: https://dhr.ny.gov/complaint

You Must be Given 14 Days to Provide Additional Information Before Any Rejection

You must be contacted and provided 14 business days to provide additional relevant information including:

1. How much time has passed since the conviction(s)?
2. How old were you at the time of the conviction(s)?
3. How serious was the conviction(s)?
4. Evidence about your rehabilitation, including treatment programs, volunteer work, paid employment, etc. since your conviction(s)
5. Were there mitigating circumstances surrounding the offense that reduce the severity of the offense?

If you were not given an opportunity to answer these questions, or if you feel the housing provider did not properly evaluate your application and wrongfully denied you housing, contact New York State Homes and Community Renewal's Fair and Equitable Housing Office at feho@hcr.ny.gov for assistance. More information is available here: https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement--assessment-policies