

# HARRIETSTOWN HOUSING AUTHORITY

14 KIWASSA ROAD, SUITE 1  
SARANAC LAKE, NEW YORK 12983-2373



**LAKE FLOWER APARTMENTS  
ALGONQUIN APARTMENTS  
HOUSING CHOICE VOUCHER PROGRAM**

SARAH A. CLARKIN, EXECUTIVE DIRECTOR  
sclarkin@harrietstownha.org

## **APPLICATION FOR LAKE FLOWER APARTMENTS ALGONQUIN APARTMENTS**

*Failure to provide all required information will delay processing of your application.*

*All individuals 18 years and older must sign the application.*

*A citizenship verification form MUST be completed for everyone in the household.*

1. Complete the attached application and all applicable attachments for housing rental assistance.
2. Return to:  
Harrietstown Housing Authority  
14 Kiwassa Road, Suite 1  
Saranac Lake, NY 12983
3. Include the following information with your completed application:
  - ✓ A copy of birth certificate for everyone listed on the application.
  - ✓ A copy of the social security card for everyone listed on the application.
  - ✓ Proof of income (wage statements covering the most recent four-week period, child support, SSI, etc.). Income of some type is a requirement for eligibility/tenancy.
  - ✓ A copy of Public Assistance Grant Award Letter, if applicable.
  - ✓ Bank statements for the last six months for all accounts.
4. A copy of the current year's Social Security Award Benefits letter indicating the amount of your monthly benefit (SSI, SSD, and/or SS), if applicable. Include this for all family members as applicable.
5. If at least 62-years of age and/ or disabled, the last page of a pharmacy printout with total cost of all medications for the past twelve months and receipts for all medical expenses you paid that were not reimbursed by an insurance company (include doctor visits, hearing aids, eye glasses, etc.).
6. If at least 62-years of age and/ or disabled, documentation of health insurance premiums for medical expense reimbursement or payment (Blue Cross/Blue Shield, AARP, EPIC, etc.).

Upon receipt of a completed application with all required information, the Harrietstown Housing Authority will process the information and contact you if an interview is required. Upon verification of all information provided, a written determination of your eligibility and the availability of apartments for your family size will be sent to the address provided.

If you have any questions, call the office at 518-891-3050 ext. 102. Thank you for your interest.

Tammy Burdt  
Public Housing Assistant

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## PUBLIC HOUSING APPLICATION

### General Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Current Physical Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Current Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Number to Contact You \_\_\_\_\_

- What was your physical address prior to your current physical address?

\_\_\_\_\_  
(Street) (City) (State) (Zip)

- Household members: List the legal names of all household members. Start with the head of household, then spouse or co-head, then minors (oldest to youngest), and then any other adults. This list includes any foster children and live-in aides (if needed for the care of a family member). Only those listed on this form may live in the unit.

No	Legal Name (Please Print)	Relation to Head of Household	Sex	Race *	Ethnicity *	Social Security Number	Date of Birth	School Name/ Occupation
1								
2								
3								
4								
5								
6								
7								
8								

**\*Race:** W-White; B/AA-Black or African American; A-Asian; AI/AN-American Indian/Alaskan Native; H/PI-Hawaiian or Pacific Islander

**\*Ethnicity:** L/H-Latino or Hispanic; NL/H-Not Latino or Hispanic

- Do you anticipate anyone moving in or out of your household in the next 12 months?  Yes  No

If yes, please explain. \_\_\_\_\_

• Do you have pets?

Yes

No

Type	Number

There is a \$25 per pet annual fee and a \$200 pet security deposit. At the time you submit this application, you must also submit a completed pet application (available from the office).

### Preferences

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• Is the head of household, spouse, co-head or sole family member employed at least 20 hours per week? (Families where head and spouse, co-head or sole family member is age 62 or older, or is a person with disabilities, are also eligible for this preference.)

Yes

No

• Is the head of household a veteran or surviving spouse of a veteran?  
✓ A veteran must submit DD Form 214 – Certificate of Release of Discharge from Active Duty. If a surviving spouse, s/he must submit a marriage certificate.

Yes

No

• Is a member(s) of the household a victim of domestic violence, dating violence, sexual assault, or stalking who has either been referred by a partnering service agency or consortia or is seeking an emergency transfer under VAWA (Violence Against Women Act) from another covered housing program operated by the Harrietstown Housing Authority?

Yes

No

- ✓ The applicant must certify that the abuser will not reside in the household.
- ✓ The Housing Authority must verify qualification for this preference.

• Has the household been terminated from the Housing Choice Voucher Program due to insufficient program funding?

Yes

No

- ✓ The Housing Authority will verify this with the applicable housing authority.

## Work History

- For all working members of the household, whether part- or full-time, please provide the last place of employment. If none, please write "none"

No.	Legal Name (Please Print)	From (Year)	To (Year)	Employer (Name and Address)
1	Self			
2				
3				
4				
5				
6				

## Financial Information

Income. Provide the following information for all current income received by all family members, including yourself. Also, include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc.

Family Member	Source of Income	Amount	Frequency (Check One)			
			Per Week	Bi-Weekly	Per Month	Per Year

- Did you file an income tax return for the most recent year?  Yes  No
- Is any adult member of the household enrolled in a job training program, including one required under TANF?  Yes  No

If yes, who can verify this?

\_\_\_\_\_  
 (Name) (Street) (City) (State) (Phone)

- Is any adult member of the household enrolled in an education program full time?  Yes  No

If yes, who can verify this?

\_\_\_\_\_  
 (Name) (Street) (City) (State) (Phone)

Banking. List all checking and/or savings accounts and certificates of deposit.

Bank	Account Type	Account Number	Joint or Individual Account	Balance	6-month Average Balance

Assets. This includes stocks, bonds, and real estate. If none, please write "none".

Family Member	Description	Market Value	Cash Value	Interest Rate	Annual Income

- Has anyone in your household sold any real estate in the past two years?  Yes  No

If yes, what was the address? \_\_\_\_\_

Expenses. Please provide the following information for all current monthly expenses.

Rent	Phone	Medical	Credit Card
Electric	Auto Payment	Cable	Credit Card
Gas	Auto Insurance	Insurance	Loan
Water	Child Care	Rentals	Loan

- Do you have any other regular monthly payments?  Yes  No

If yes, please specify: \_\_\_\_\_

- Does anyone outside your household occasionally or regularly pay any of your bills or expenses?  Yes  No

If yes, please specify: \_\_\_\_\_

- If anyone in the household is at least 62-years of age and/ or disabled and there are monthly medical expenses, describe the type of expense(s) (not the medical condition) and the unreimbursed amount you spend per month on all medical expenses.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- If anyone in the household is at least 62-years of age and/ or disabled and there are unreimbursed monthly medical expenses, who can verify this?

\_\_\_\_\_  
 (Name) (Street) (City) (State) (Phone)

- Are there expenses on behalf of a household member with disabilities so an adult in the family can work?  Yes  No

If yes, describe the nature of the expense and the monthly amount. \_\_\_\_\_

If yes, who can verify this?

\_\_\_\_\_  
 (Name) (Street) (City) (State) (Phone)

- Is any member of the household aged 18 or older, other than the head of household and spouse, a full time student or person with a disability?  Yes  No

If yes, what is the person's name? \_\_\_\_\_

If yes, who can verify this?

\_\_\_\_\_  
 (Name) (Street) (City) (State) (Phone)

### Residential History

- Has anyone in your household been homeless at any time over the last twelve months?  Yes  No

If yes, has this been reported to another agency?  Yes  No

- What was the address of the place you lived prior to where you live now?

\_\_\_\_\_  
 (Street) (City) (State) (Zip)

- Provide the landlord names and complete addresses for the last three years. *Failure to provide will result in your application being rejected.*

Landlord Name	Landlord Telephone	Address	From	To

- Have you ever been evicted?  Yes  No

If yes, when? \_\_\_\_\_ Why? \_\_\_\_\_

Address of unit evicted from?

\_\_\_\_\_  
 (Street) (City) (State) (Zip)

**Program Integrity**

- Has anyone in the household lived in assisted housing before?  Yes  No  
 If yes, where? \_\_\_\_\_ When? \_\_\_\_\_  
 What agency administered the program? \_\_\_\_\_
- Has anyone in the household ever used a name other than the one(s) being used now?  Yes  No  
 If so, who and what name(s)? \_\_\_\_\_
- Does anyone in the household owe money to a public housing agency and/or landlord?  Yes  No  
 If yes, what public housing agency/landlord? \_\_\_\_\_
- Has anyone in the household every violated a family obligation in a HUD-assisted housing program?  Yes  No  
 If yes, where? \_\_\_\_\_
- Has anyone in the household ever engaged in the use, sale, manufacture, or distribution of a controlled substance?  Yes  No  
 If yes, who? \_\_\_\_\_ When? \_\_\_\_\_  
 What? \_\_\_\_\_
- Has anyone in the household ever been arrested or convicted of a crime?  Yes  No  
 If yes, please provide the information requested in the table below.

Name	Date	City/State	Charge(s)

- Is anyone in the household a registered sex offender?  Yes  No  
 If yes, who? \_\_\_\_\_  
 Where is s/he registered? \_\_\_\_\_

**Vehicles**

Please provide vehicle information for all vehicles in the household.

Owner	Make	Model	Year	Color	License Plate	State

**Authorization, Representations and Certifications – All Family Members 18 Years of Age and Older**

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I do hereby authorize the Harrietstown Housing Authority to obtain a “consumer report” as defined in the Fair Credit Report Act, 15 U.S.C. Section 1681a(d), seeking information on the credit worthiness, credit standing, credit capacity, general reputation, or mode of living of applicants.

\_\_\_\_\_  
Signature Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Member 18 or Older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Member 18 or Older

\_\_\_\_\_  
Date

I/we certify that the statements on this application, including all attachments, are true to the best of my/our knowledge and belief, and understand they will be verified. I/we understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

\_\_\_\_\_  
Signature Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Member 18 or Older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Member 18 or Older

\_\_\_\_\_  
Date

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



## **Attachments – To Ensure a Complete and Acceptable Application, Complete All Required/Applicable Attachments**

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- ✓ Supplement to Application for Federally Assisted Housing (HUD-92006)\*
- ✓ Declaration of Citizenship\*
- ✓ Authorization for the Release of Information / Privacy Act Notice (HUD-9886)\*
- ✓ Authorization for the Release of Information\*
- ✓ Debts Owed to Public Housing Agencies and Terminations (HUD-52675)\*
- ✓ Reasonable Accommodation Request/Verification of Need for Reasonable Accommodation
- ✓ Violence Against Women Act (VAWA)
  - Notice of Occupancy Rights (HUD-5380)
  - Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation (HUD-5382)
- ✓ Acknowledgement of Receipt of VAWA notice and information\*
- ✓ Landlord Verification Form and Reference\*
- ✓ Employment Verification Form
- ✓ Verification – Child Support
- ✓ Verification – Child Care Expenses
- ✓ No Smoking Policy
- ✓ Acknowledgement of Receipt of Smoking Policy, Penalties\*
- ✓ Pet Policy

***\*Required For All Applicants***

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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**Signature of Applicant**

**Date**

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

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

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## DECLARATION OF CITIZENSHIP

As of June 19, 1995, the Housing Authority is required to obtain evidence of citizenship or eligible immigration status from all housing program applicants and participants. Rental assistance will not be provided to any person(s) who is not a citizen or eligible immigrant.

- You are a U.S. Citizen if:
  - You were born in the U.S. or certain territories or outlying possessions of the U.S., and subject to the jurisdiction of the U.S.; or
  - You had a parent or parents who were citizens at the time of your birth (if you were born abroad) and meet other requirements; or
  - You received, derived or acquired citizenship through parents; or
  - You have met the requirements to be a naturalized citizen of the U.S.

Citizens are required to sign a written declaration. Eligible immigrants are required to sign a written declaration and verification consent form and show an acceptable U.S. Immigration and Customs Enforcement (ICE) document. The ICE assists this office in verifying current eligible immigration status.

For each person under 18 years of age, this form must be completed and signed by the adult of the household who is responsible for the child. If a member of the household cannot complete the declaration, please contact the office for assistance.

Are all members of the household U.S. citizens?  Yes  No

If no, who is not a citizen? \_\_\_\_\_  
\_\_\_\_\_

### Declarations

I, \_\_\_\_\_, certify that I was born in the U.S. and am a citizen of the U.S.  
Print Name

\_\_\_\_\_  
Signature

I, \_\_\_\_\_, certify that I was born in the U.S. and am a citizen of the U.S.  
Print Name

\_\_\_\_\_  
Signature

I, \_\_\_\_\_, certify that I was born in the U.S. and am a citizen of the U.S.  
Print Name

\_\_\_\_\_  
Signature

I, \_\_\_\_\_, certify that I was born in the U.S. and am a citizen of the U.S.  
Print Name

\_\_\_\_\_  
Signature

I, \_\_\_\_\_, certify that I was born in the U.S. and am a citizen of the U.S.  
Print Name

\_\_\_\_\_  
Signature

I, \_\_\_\_\_, certify that I was born in the U.S. and am a citizen of the U.S.  
Print Name

\_\_\_\_\_  
Signature

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Acceptable ICE documents include:

- ❖ Form I-551: Permanent Resident Card (Green Card)
- ❖ Form I-94: Arrival and Departure Record
- ❖ Form I-688: Temporary Resident Card
- ❖ Form I-688B: Employment Authorization Document
- ❖ An ICE receipt documenting application for issuance or replacement of one of the above forms

I, \_\_\_\_\_, certify that I have eligible immigration status. I offer  
Print Name

the following evidence to support this certification: \_\_\_\_\_

\_\_\_\_\_  
Signature

I, \_\_\_\_\_, certify that I have eligible immigration status. I offer  
Print Name

the following evidence to support this certification: \_\_\_\_\_

\_\_\_\_\_  
Signature

I, \_\_\_\_\_, certify that I have eligible immigration status. I offer  
Print Name

the following evidence to support this certification: \_\_\_\_\_

\_\_\_\_\_  
Signature

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

Town of Harrietstown Housing Authority  
14 Kiwassa Road, Suite 1  
Saranac Lake, NY 12983

IHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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 HA or the owner responsible for the unauthorized disclosure or improper use.

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**sclarkin@harrietstownha.org**

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

Sensitive Information: The consent granted by this form may be used as a basis to collect sensitive information, which is protected by the Privacy Act (5 U.S.C. §552a). Such information will not be disclosed or released outside of HUD except to appropriate Federal, State and local agencies, when relevant, and to civil, criminal, or regulatory investigator and prosecutors. Please see the Federal Privacy Act for a more detailed description of your privacy rights.

PURPOSE: This form enables the US Department of Housing And Urban Development (HUD) and the above named Public Housing Agency, to secure your signature and the signature of each member of your household 18 years of age or older to obtain:

- employee income information from current and previous employers;
- wage and claim information from the State Wage Information Collection Agency (SWICA);
- references from previous landlords;
- criminal activity (drug, alcohol and crime) records in accordance with the Housing Opportunity Program Extension Act of 1996 signed into law on March 28, 1996.

This information will be used to determine eligibility for Public Housing and Housing Choice Voucher Program within the Harrietstown Housing Authority.

COMPUTER MATCHING NOTICE & CONSENT: I understand that the Harrietstown Housing Authority and/or HUD may conduct computer matching programs with other government agencies including but not limited to Federal, State, Tribal and/or local agencies. Examples include:

- US Office of Personnel Management
- State Welfare and Food Stamp Agencies
- State Employment Security Agencies
- US Social Security Administration
- US Department of Defense
- US Postal Service
- Law Enforcement Agencies

The match will be used to verify information supplied by my family

EMPLOYMENT AND CRIMINAL INFORMATION: I authorize the Harrietstown Housing Authority and HUD to obtain information as set forth above.

All Family Members 18+ Years Print Name	Date of Birth	SSN	Signature



**U.S. Department of Housing and Urban Development**  
**Office of Public and Indian Housing**

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

**NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

**What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.



**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

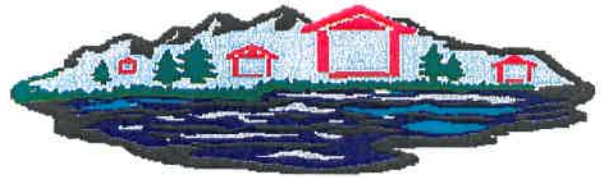
The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p><b>This Notice was provided by the below-listed PHA:</b>                  Harriestown Housing Authority                  14 Kiwassa Road, Suite 1                  Saranac Lake, NY 12983                   518-891-3050</p>	<p><b>I hereby acknowledge that the PHA provided me with the                  Debts Owed to PHAs &amp; Termination Notice:</b></p>	
	<p><b>Signature</b></p>	<p><b>Date</b></p>
	<p><b>Printed Name</b></p>	

# HARRIETSTOWN HOUSING AUTHORITY

14 KIWASSA ROAD STE 1  
SARANAC LAKE, NEW YORK 12983-2373

**LAKE FLOWER APARTMENTS  
ALGONQUIN APARTMENTS  
HOUSING CHOICE VOUCHER PROGRAM**



SARAH A. CLARKIN, EXECUTIVE DIRECTOR  
SClarkin@Harrietstownha.org

## REASONABLE ACCOMMODATION REQUEST

The Harrietstown Housing Authority is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices or services when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing communities.

A reasonable accommodation is a change, exception, or adjustment to a policy, practice or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling, including public and common spaces.

If you or anyone in your family is a person with disabilities and requires a specific accommodation in order to fully utilize our programs and services, please complete and submit this form.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Request: \_\_\_\_\_

• Describe the requested accommodation: \_\_\_\_\_  
\_\_\_\_\_

• Describe how the requested accommodation is necessary for your use and enjoyment of your apartment community. (If needed, write on the back of this form or attach additional sheets.)  
\_\_\_\_\_  
\_\_\_\_\_

If the need for the accommodation is not obvious or otherwise known to the Housing Authority, the Housing Authority must verify that the person requesting the accommodation meets the definition of a person with a disability and that the limitations imposed by the disability require the requested accommodation. The Housing Authority does not need to know the nature or extent of the disability.

If applicable, please complete and submit the top half of the attached Verification of Need for Reasonable Accommodation.

**(518) 891-3050**

**sclarkin@harrietstownha.org**

**TTD (518) 891-2860**

**FAX (518) 891-3630**

# HARRIETSTOWN HOUSING AUTHORITY

14 KIWASSA ROAD STE 1  
SARANAC LAKE, NEW YORK 12983-2373



**LAKE FLOWER APARTMENTS  
ALGONQUIN APARTMENTS  
HOUSING CHOICE VOUCHER PROGRAM**

SARAH A. CLARKIN, EXECUTIVE DIRECTOR  
SClarkin@Harrietstownha.org

## VERIFICATION OF NEED FOR REASONABLE ACCOMMODATION

Professional's Name: \_\_\_\_\_  
Occupation/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Applicant/Resident Name: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the release of requested information.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Accommodation Requested: \_\_\_\_\_  
\_\_\_\_\_

Dear Sir/Madam:

The above-named person is applying for (or living in) public housing and has submitted a request for a reasonable accommodation. The applicant has named you as someone who can verify the need for the accommodation. Please indicate whether, in your professional judgement, the applicant/resident needs the above-described accommodation(s) to a disability.

If you have questions, please contact me at the number below. Your prompt return of this form is greatly appreciated.

Verification and Explanation of Need(s): Please do not provide any information about the nature or extent of the applicant's/resident's disability. Simply indicate whether, in your professional judgement, the applicant/resident needs the requested accommodation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## **Harriestown Housing Authority**

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

#### **To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Harriestown Housing Authority (HHA) 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 either the Public Housing or Housing Choice Voucher programs, 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 Public Housing or Housing Choice Voucher programs, you may not be denied assistance, terminated from participation, or be evicted from your rental

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

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

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 Public Housing or Housing Choice Voucher programs 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**

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

HHA 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.

HHA's emergency transfer plan provides further information on emergency transfers, and HHA 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**

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

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



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

### **Confidentiality**

HHA 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.

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

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

- You give written permission to HHA to release the information on a time limited basis.
- HHA 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 HHA or your landlord to release the information.

VAWA does not limit HHA'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, HHA 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 HHA 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 HHA can demonstrate the above, HHA 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 the HUD Buffalo Field Office.

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

For questions regarding VAWA, please contact HHA's Housing Assistant or Housing Choice Voucher Specialist.

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 STOP Domestic Violence of Behavioral Health Services North of Clinton, Franklin and Essex counties at its 24-hour hotline, 1-866-563-6904.

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 STOP Domestic Violence of Behavioral Health Services North of Clinton, Franklin and Essex counties at its 24-hour hotline, 1-866-563-6904.

Victims of stalking seeking help may contact STOP Domestic Violence of Behavioral Health Services North of Clinton, Franklin and Essex counties at its 24-hour hotline, 1-866-563-6904.

**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): \_\_\_\_\_

<p>In your own words, briefly describe the incident(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
---

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.

# HARRIETSTOWN HOUSING AUTHORITY

14 KIWASSA ROAD, SUITE 1  
SARANAC LAKE, NEW YORK 12983-2373  
(518) 891-3050 FAX (518) 891-3630



**LAKE FLOWER APARTMENTS**  
**ALGONQUIN APARTMENTS**  
**HOUSING CHOICE VOUCHER PROGRAM**

SARAH A. CLARKIN, EXECUTIVE DIRECTOR  
sclarkin@harriestownha.org

## ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION VIOLENCE AGAINST WOMEN ACT (VAWA)

To be signed by all family members 18 years of age and older.

I acknowledge receipt of:

- (1) Notice of Occupancy Rights under the Violence Against Women Act (Form HUD-5380); and
- (2) Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation (Form HUD-5382)

\_\_\_\_\_  
Print Name – Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Head of Household

\_\_\_\_\_  
Print Name – Spouse or Co-Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Spouse or Co-Head

\_\_\_\_\_  
Print Name – Other Family Member 18 or Older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Other Family Member 18 or Older

\_\_\_\_\_  
Print Name - Other Family Member 18 or Older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Other Family Member 18 or Older

(518) 891-3050

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# HARRIETSTOWN HOUSING AUTHORITY

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**LAKE FLOWER APARTMENTS  
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SARAH A. CLARKIN, EXECUTIVE DIRECTOR  
sclarkin@harrietstownha.org

## LANDLORD VERIFICATION FORM AND REFERENCE

We have received an application for housing from the following individual(s) \_\_\_\_\_

In the application, the(se) individual(s) identified you as a prior landlord. We would appreciate some information regarding their tenancy or personal knowledge you have of this applicant. The applicant has signed a release, below, giving you permission to provide the information. Please complete and return the questions to the Harrietstown Housing Authority in the enclosed stamped addressed envelope.

Sincerely,

Tammy Burdt  
Public Housing Assistant

.....  
Landlord Name \_\_\_\_\_

Are you a relative or friend of the applicant? \_\_\_\_\_ If so, what is the relationship? \_\_\_\_\_

Dates of Tenancy: From \_\_\_\_\_ To \_\_\_\_\_ Did you have a lease? \_\_\_\_\_

### Rent Payment

- Amount of monthly rent? \_\_\_\_\_
- Does/did the applicant pay rent on time? \_\_\_\_\_
- Has the applicant ever been late paying rent? \_\_\_\_\_  
If yes, how late? \_\_\_\_\_ How many times? \_\_\_\_\_
- Have you ever started eviction proceedings for non-payment of rent? \_\_\_\_\_
- Does the applicant owe you money? \_\_\_\_\_
- Have tenant-paid utilities ever been disconnected? \_\_\_\_\_

### Care of Unit

- Does (did) the applicant keep their unit clean? \_\_\_\_\_
- Has the applicant damaged the unit or any common areas? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_
- If applicable, did the applicant pay for the damages? \_\_\_\_\_
- Does (did) the applicant have an insect/rodent infestation? \_\_\_\_\_  
If yes, did housekeeping contribute to the infestation? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_



**General**

- Did the applicant interfere with their neighbors' peaceful enjoyment of their units? \_\_\_\_\_
- Would you rent to this applicant again? \_\_\_\_\_
- Does (did) the Applicant permit persons other than those listed on the lease to live in the unit?  
\_\_\_\_\_

Have there been any other problems, not identified above, with tenant? \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

.....  
**Applicant Release**

I, \_\_\_\_\_, hereby authorize the release of requested information.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Spouse or other Adult: \_\_\_\_\_

# HARRIETSTOWN HOUSING AUTHORITY

14 KIWASSA ROAD, SUITE 1  
SARANAC LAKE, NEW YORK 12983-2373  
(518) 891-3050 FAX (518) 891-3630



**LAKE FLOWER APARTMENTS**  
**ALGONQUIN APARTMENTS**  
**HOUSING CHOICE VOUCHER PROGRAM**

SARAH A. CLARKIN, EXECUTIVE DIRECTOR  
sclarkin@harrietstownha.org

## EMPLOYMENT AND INCOME VERIFICATION FORM

Applicant/Resident Name: \_\_\_\_\_

Address: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the release of requested information.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Dear Sir/Madam:

The Housing Authority is required to verify the incomes of all family members applying for admission to or living in federally assisted housing. To comply with this requirement, we ask your cooperation in supplying the information requested regarding the individual named above. We use this information only to determine eligibility and/or rent and will keep the data in confidence.

If you have questions, please contact me at the number below. Your prompt return of this form is greatly appreciated.

1. Date of employment \_\_\_\_\_ Position/Occupation \_\_\_\_\_
2. Date of termination (if applicable) \_\_\_\_\_
3. Current regular pay \$ \_\_\_\_\_ per (hour, week, month)
4. Total regular pay over last 12 months \_\_\_\_\_
5. Current overtime pay \$ \_\_\_\_\_ per (hour, week, month)
6. Total overtime pay over last 12 months \_\_\_\_\_
7. Number of hours/weeks employee normally works \_\_\_\_\_
8. Anticipated number of hours of overtime over next 12 months \_\_\_\_\_
9. Gross annual earnings anticipated for the next 12 months including tips, bonuses, overtime and commissions \_\_\_\_\_

10. Is the individual paid for vacation?  Yes  No

If so, how many days per year? \_\_\_\_\_

11. Do you anticipate a change in the employee's rate of pay in the near future?  Yes  No

12. If employee's work is seasonal or sporadic, indicate lay-off periods \_\_\_\_\_

Any comments that may apply \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

# HARRIETSTOWN HOUSING AUTHORITY

14 KIWASSA ROAD STE 1  
SARANAC LAKE, NEW YORK 12983-2373



**LAKE FLOWER APARTMENTS  
ALGONQUIN APARTMENTS  
HOUSING CHOICE VOUCHER PROGRAM**

SARAH A. CLARKIN, EXECUTIVE DIRECTOR  
SClarkin@Harrietstownha.org

## VERIFICATION OF CHILD SUPPORT

Applicant/Resident Name: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the release of requested information.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Dear Sir/Madam:

The Housing Authority is required to verify the incomes of all family members living in or applying for housing. We ask your cooperation by supplying the information requested, below. We use this information only to determine eligibility and/or rent and will keep the data in confidence.

If you have questions, please contact me at the number below. Your prompt return of this form is greatly appreciated.

• Number of children for whom support is paid: \_\_\_\_\_

• Name(s) of child(ren) for whom support is paid:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

• Is the child support court ordered?  Yes  No

• Child support to be paid in coming year? \$ \_\_\_\_\_ per week per month per year (circle one)

Agency Name (if applicable): \_\_\_\_\_

Name of Person Completing This Form: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

**(518) 891-3050**

**sclarkin@harrietstownha.org**

**TTD (518) 891-2860**

**FAX (518) 891-3630**

# HARRIETSTOWN HOUSING AUTHORITY

14 KIWASSA ROAD, SUITE 1  
SARANAC LAKE, NEW YORK 12983-2373



**LAKE FLOWER APARTMENTS  
ALGONQUIN APARTMENTS  
HOUSING CHOICE VOUCHER PROGRAM**

SARAH A. CLARKIN, EXECUTIVE DIRECTOR  
sclarkin@harrietstownha.org

## CHILD CARE VERIFICATION

Applicant/Resident Name: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the release of requested information.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Dear Sir/Madam:

The Housing Authority is required to verify certain expenses of all family members living in or applying for housing. We ask your cooperation by supplying the information requested, below. We use this information only to determine eligibility and/or rent and will keep the data in confidence.

If you have questions, please contact me at the number below. Your prompt return of this form is greatly appreciated.

- I provide child care for \_\_\_\_\_
- Name(s) of child/children: \_\_\_\_\_
- I am paid \$ \_\_\_\_\_ per week during the school year.  
\$ \_\_\_\_\_ per month during the school year.
- I am paid \$ \_\_\_\_\_ per week during school vacation.  
\$ \_\_\_\_\_ per month during school vacation.
- Is child care provided through Title XX funding via County's Office of Economic Assistance?  
If so, please indicate the amount paid \$ \_\_\_\_\_

### COMPLETE BELOW ONLY IF CHILD CARE IS ON AN IRREGULAR BASIS

- I am paid \$ \_\_\_\_\_ per hour for \_\_\_\_\_ hours per week during the school year.
- I am paid \$ \_\_\_\_\_ per hour for \_\_\_\_\_ hours per weey during school vacation.

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

**(518) 891-3050**

**sclarkin@harrietstownha.org**

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**FAX (518) 891-3630**

# HARRIETSTOWN HOUSING AUTHORITY

14 KIWASSA ROAD STE 1  
SARANAC LAKE, NEW YORK 12983-2373

LAKE FLOWER APARTMENTS  
ALGONQUIN APARTMENTS  
SECTION 8 RENTAL ASSISTANCE



SARAH A. CLARKIN, EXECUTIVE DIRECTOR  
sclarkin@harrietstownha.org

## HARRIETSTOWN HOUSING AUTHORITY SMOKE-FREE POLICY

### 1. Purpose.

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This policy, which complies with the U.S. Department of Housing and Urban Development's Smoke-Free Public Housing Rule (24 CFR Part 965 and Part 966), intends to:

- Improve indoor air quality in housing;
- Benefit the health of public housing residents, visitors, and staff;
- Reduce the risk of fire; and
- Lower maintenance costs.

### 2. Definitions.

---

2.1 **Electronic Cigarettes.** Handheld electronic devices that vaporize a flavored liquid. The user inhales the vapor. Also known as e-cigarettes, e-cigs, electronic nicotine delivery systems, electronic non-nicotine delivery systems, or personal vaporizers.

2.2 **Marijuana.** The psychoactive dried resinous flower buds and leaves of the female hemp or cannabis plant that contain high levels of THC and are smoked, vaped or ingested.

2.3 **Prohibited Tobacco Products.**

- a. Items that involve the ignition and burning of tobacco leaves, such as, but not limited to, cigarettes, cigars, and pipes.
- b. To the extent not covered in (a), above, waterpipes (hookahs).

2.4 **Smoking.** The inhaling, exhaling, using, carrying, or disposing of any activated or lighted electronic cigarette, prohibited tobacco product, marijuana, or any other illegal drug.

### 3. Implementation of Policy.

---

Smoking is prohibited everywhere inside buildings owned by the Harrietstown Housing Authority. Smoking is prohibited everywhere outside on properties owned by the Harrietstown Housing Authority.

**4. Applicability of Policy.**

All individuals including but not limited to residents, visitors, guests, aides, employees, and contractors are required to comply with this policy. Residents are responsible for their own visitors, guests, and aides.

**5. Lease.**

This policy is deemed part of the lease between the tenant and the Housing Authority. Those living in the Lake Flower and Algonquin apartments at the time this policy goes into effect will have signed a lease addendum, in effect, making this a part of the lease.

**6. Violations, Enforcement and Penalties.**

6.1 **Violations.** All complaints of smoking, in order to be addressed by the Housing Authority, must be submitted in writing via the Smoking Incident Report Form, attached, to Housing Authority staff. All submitted complaints will be investigated. Residents, Staff, and Visitors can submit an Incident Report Form.

6.2 **Enforcement/Penalties.** As tobacco products are legal and marijuana and other illegal drugs are not, the treatment of reports differs.

6.2.1. If the Incident Report pertains to marijuana or any other illegal drug, and hard evidence (photo, video, physical) is available, the resident's lease is terminated immediately. If there is no such hard evidence of the use of marijuana or any other illegal drug, or if the Incident Report relates to use of prohibited tobacco products, the enforcement and penalties provisions of Section 6.2.2. will control.

6.2.2.

With submission of first Incident Report:

<b>Prohibited Tobacco Products</b>	<b>Marijuana or Any Other Illegal Drug</b>
The Housing Authority will send a warning letter to resident. Letter will include: <ul style="list-style-type: none"><li>➤ details of Incident Report</li><li>➤ a reminder that smoking is a lease violation</li><li>➤ health effects of smoking (first and second hand)</li><li>➤ other effects of smoking</li><li>➤ identification of resources to help quit</li><li>➤ a second Incident Report may result in a \$50 fine</li></ul>	The Housing Authority will send a warning letter to the resident. Letter will include: <ul style="list-style-type: none"><li>➤ details of incident report</li><li>➤ a reminder that marijuana is illegal</li><li>➤ impacts of smoking marijuana on living environment/HHA</li><li>➤ any subsequent Incident Report shall be shared with village police</li><li>➤ resident is jeopardizing lease</li></ul>

With submission of second Incident Report:

Prohibited Tobacco Products	Marijuana or Any Other Illegal Drug
<p>The Housing Authority will send a letter to resident. Letter will include:</p> <ul style="list-style-type: none"> <li>➤ details of Incident Report</li> <li>➤ \$50 fine</li> <li>➤ resident is jeopardizing lease</li> <li>➤ any subsequent Incident Report will result in termination of lease</li> </ul>	<p>The Housing Authority will send a letter to resident. Letter will include:</p> <ul style="list-style-type: none"> <li>➤ details of Incident Report</li> <li>➤ Incident Report and letter shared with police</li> <li>➤ resident is jeopardizing lease</li> <li>➤ any subsequent Incident Report will result in termination of lease</li> </ul>

With submission of third Incident Report:

Prohibited Tobacco Products	Marijuana or Any Other Illegal Drug
<p>The Housing Authority will send a letter to resident. Letter will include:</p> <ul style="list-style-type: none"> <li>➤ details of Incident Report</li> <li>➤ lease is terminated</li> <li>➤ grievance/appeal process</li> </ul>	<p>The Housing Authority will send a letter to resident. Letter will include:</p> <ul style="list-style-type: none"> <li>➤ details of Incident Report</li> <li>➤ Incident Report and letter shared with police</li> <li>➤ lease is terminated</li> </ul>

**6.3 Resident Recourse.** A resident who feels injured by someone’s smoking can bring a claim directly against another resident based on secondhand smoke intrusion. The resident bringing the claim can get a court order requiring that the smoking resident stop the smoke infiltration or the resident may be able to recover monetary damages.

## 7. Grievances.

---

**7.1 Use of Tobacco Products.** A tenant aggrieved by a decision of the Housing Authority, as the decision pertains to use of tobacco products in violation of this policy, may request an informal settlement of grievance and, if deemed appropriate by the tenant, a hearing using the procedure set forth in the Housing Authority’s Admissions and Continuing Occupancy Plan (ACOP) and available in the Housing Authority’s office.

**7.2 Use of Marijuana or Any Other Illegal Drug.** Per Housing Authority policy set forth in Section 14-III.C. of the ACOP,

*The PHA [Public Housing Authority] is located in a due process state. Therefore, the PHA will not offer grievance hearings for lease terminations involving criminal activity that threatens the health, safety, or right to peaceful enjoyment of the premises of other residents or employees of the PHA....*



**8. Disclaimer.**

---

The Housing Authority is not the guarantor of this policy. While the Housing Authority will do all it can to enforce this policy, it cannot, and shall not, be liable for claims brought by residents injured because of policy violations unknown to the Housing Authority.

# HARRIETSTOWN HOUSING AUTHORITY SMOKING INCIDENT REPORT

---

Name of Individual *SEEN* or *SUSPECTED OF* (circle one) smoking: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

Product Seen/Suspected: \_\_\_\_\_ Tobacco Product \_\_\_\_\_ Marijuana or Other Illegal Drug

Where was the individual (check one)?

\_\_\_\_\_ In an apartment. If an apartment, which apartment? \_\_\_\_\_

\_\_\_\_\_ Indoor common area – please specify \_\_\_\_\_

\_\_\_\_\_ Outdoors on Housing Authority property – please specify \_\_\_\_\_  
\_\_\_\_\_

Where were you at the time? \_\_\_\_\_

Remarks/Detailed Description of Incident:  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach or email any hard evidence, e.g., photo, video.**

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please submit to Tammy Burdt, Housing Assistant*

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**LAKE FLOWER APARTMENTS  
ALGONQUIN APARTMENTS  
HOUSING CHOICE VOUCHER PROGRAM**



SARAH A. CLARKIN, EXECUTIVE DIRECTOR  
sclarkin@harrietstownha.org

## ACKNOWLEDGEMENT – SMOKE-FREE POLICY

*To be signed by all household members 18 years of age and older.*

I acknowledge that I have received, read, and understand the Harrietstown Housing Authority's Smoke Free Policy. Specifically, I acknowledge:

- There is no smoking of any kind anywhere on Housing Authority property – indoors and outdoors.
- If I do not comply with the policy, the penalty for a first offense is a warning letter.
- If I do not comply with the policy, the penalty for a second offense is a \$50 fine or incident report.
- If I do not comply with the policy, the penalty for a third offense is termination of lease.

I acknowledge that I am responsible for all non-adult household members, guests, visitors, and aides complying with this policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# HARRIETSTOWN HOUSING AUTHORITY

14 KIWASSA ROAD STE 1  
SARANAC LAKE, NEW YORK 12983-2373

LAKE FLOWER APARTMENTS  
ALGONQUIN APARTMENTS  
HOUSING CHOICE VOUCHER PROGRAM



SARAH A. CLARKIN, EXECUTIVE DIRECTOR  
sclarkin@harrietstownha.org

## PET POLICY

### 18.1 EXCLUSIONS

This policy does not apply to animals that are used to assist persons with disabilities. Assistive animals are allowed in all public housing facilities with no restrictions other than those imposed on all tenants to maintain their units and associated facilities in a decent, safe, and sanitary manner and to refrain from disturbing their neighbors.

### 18.2 PETS IN PUBLIC HOUSING

The Harrietstown Housing Authority allows for pet ownership in its developments with the written pre-approval of the Housing Authority. Residents are responsible for any damage caused by their pets, including the cost of fumigating or cleaning their units. In exchange for this right, resident assumes full responsibility and liability for the pet and agrees to hold the Harrietstown Housing Authority harmless from any claims caused by an action or inaction of the pet.

To be a responsible pet owner, each pet must be maintained responsibly and in accordance with this pet ownership lease addendum and in accordance with all applicable ordinance, state and local public health, animal control and animal anti-cruelty laws and regulations governing pet ownership. The tenant, to avoid any unpleasant and unsanitary odor from being in the unit, must properly and promptly dispose of any waste generated by a pet.

Pets shall not **“DISBURB, INTERFERE or DIMINISH”** the peaceful enjoyment of other tenants. The terms shall include but not be limited to barking, howling, chirping, biting, scratching and other like activities. This includes any pets that make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one-half hour or more and therefore disturbs any person at any time of the day or night. The Housing Assistant will terminate this authorization if a pet disturbs other tenants under this section of the lease addendum. The tenant will be given one week to make other arrangements for the care of the pet or the dwelling lease will be terminated.

### 18.3 APPROVAL

Residents must have the prior written approval of the Housing Authority before moving a pet into their unit. Residents must request approval on the Authorization for Pet Ownership Form (application for a pet) that must be fully completed before the Housing Authority will approve the request. Residents must give the Housing Authority a picture of the pet so it can be identified if it is running loose.

*Approved 09 19 2007*

#### 18.4 TYPES AND NUMBER OF PETS

The Harrietstown Housing Authority will allow only common household pets. This means only domesticated animals such as a dog, cat, bird, hamster, fish in aquariums or a turtle will be allowed in units. Common household pets do not include reptiles (except turtles). If this definition conflicts with a state or local law or regulation, the state or local law or regulation shall govern.

All dogs and cats must be spayed or neutered before they become six months old. A licensed veterinarian must verify this fact. Dog/cat must be matured for elderly occupancy.

Any animal deemed to be potentially harmful to the health or safety of others, including attack or fights trained dogs, will not be allowed.

Weight limit of pet and number of pets approved will be reviewed on a case basis and determined at the discretion of the Executive Director. (Approved BOC 5/19/04 Resolution #04-FY-MAY-05).

#### 18.5 INOCULATIONS

In order to be registered, pets must be appropriately inoculated against rabies, distemper and other conditions prescribed by state and/or local ordinances. They must comply with all other state and local public health, animal control, and anti-cruelty laws including any licensing requirements. A certification signed by a licensed veterinarian or state or local official shall be annually filed with the Harrietstown Housing Authority to attest to the inoculations.

#### 18.6 PET SECURITY DEPOSIT/ANNUAL FEE

**A pet security deposit of \$200 is required at the time of registering a pet. An Annual fee of \$25 is required upon approval and each year at re-certification. The deposit is refundable when the family vacates the unit, less any amounts owed due to damage beyond normal wear and tear. Annual fee is non-refundable. Existing pets living in the Lake Flower High-rise will be grand fathered for Security Deposit. Annual \$25 fee will begin January 1, 2002 upon the resident's annual re-certification date.**

#### 18.7 FINANCIAL OBLIGATION OF RESIDENTS

Any resident who owns or keeps a pet in their dwelling unit will be required to pay for any damages caused by the pet. Also, any pet-related insect infestation in the pet owner's unit will be the financial responsibility of the pet owner and the Harrietstown Housing Authority reserves the right to exterminate and charge the resident. **Tenants must show ability to handle financial responsibility of owning a pet. Examples of financial responsibility would be timely payment for monthly rents, utility account paid on time and current.**

#### 18.8 NUISANCE OR THREAT TO HEALTH OR SAFETY

The pet and its living quarters must be maintained in a manner to prevent odors and any other unsanitary conditions in the owner's unit and surrounding areas.

Repeated substantiated complaints by neighbors or Harrietstown Housing Authority personnel regarding pets disturbing the peace of neighbors through noise, odor, animal waste, or other nuisance may result in the owner having to remove the pet or move him/herself.

Pets who make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one half hour or more to the disturbance of any person at any time of day or night shall be considered a nuisance.

## 18.9 DESIGNATION OF PET AREAS

Pets must be kept in the owner's apartment or on a leash accompanied by an adult at all times when outside the unit (no outdoor cages may be constructed). Pets will be allowed only in the owner's own backyard. Pet owners must clean up after their pets and are responsible for disposing of pet waste.

With the exception of assistive animals no pets shall be allowed in the community room, community room kitchen, laundry rooms, public bathrooms, hallways or office in any of our sites. Pets shall not be allowed to wander the common spaces. **Apartment doors must be kept closed.**

## 18.10 MISCELLANEOUS RULES

Pets may not be left unattended in a dwelling unit for over 12 hours. If the pet is left unattended and no arrangements have been made for its care, the HA will have the right to enter the premises and take the uncared for pet to be boarded at a local animal care facility (Tri Lakes Human Society) at the total expense of the resident and charged a \$50 fee by the Housing Authority to cover the Housing Authority's expenses.

Residents must take appropriate actions to protect their pets from fleas and ticks.

All dogs/cat must wear a tag bearing the resident's name and phone number and the date of the latest rabies inoculation.

Pets cannot be kept, bred or used for any commercial purpose.

Residents owning cats shall maintain waterproof litter boxes for cat waste. Refuse from litter boxes shall not accumulate or become unsightly or unsanitary. Litter shall be disposed of in an appropriate manner. Cats must not be allowed to roam freely throughout the Complex.

All authorized pet(s) must be under the control of an adult. An unleashed pet, or one tied to a fixed object, is not considered to be under the control of an adult. Pets which are unleashed, or leashed and unattended, on HA property will be impounded and taken to the local Human Society. It shall be the responsibility of the Tenant to reclaim the pet at the expense of the Tenant. Also, if a member of the HA staff has to take a pet to the Human Society the Tenant will be **charged \$50** to cover the Housing Authority expense of taking the pet(s) to the Human Society.

A pet owner shall physically control or confine his/her pet during the times when Housing Authority employees, agents of the Housing Authority or others must enter the pet owner's apartment to conduct business, provide services, enforce lease terms, etc.

A pet owner who violated any other conditions of this policy may be required to remove his/her pet from the development within 10 days of written notice (hand delivered, mailed or posted on tenant apartment door) from the Housing Authority. The pet owner may also be subject to termination of his/her dwelling lease.

The Housing Authority's grievance procedures shall be applicable to all individual grievances or disputes arising out of violations or alleged violations of this policy.

### **18.11 VISITING PETS**

Pets that meet the size and type criteria outlined above (Section 19.4) may visit the projects/buildings where pets are allowed for **no more than twelve hours (12), one day per week, with Harrietstown Housing Authority approval.** Tenants who have visiting pets must abide by the conditions of this policy regarding health, sanitation, nuisances, and peaceful enjoyment of others. If visiting pets violate this policy or cause the tenant to violate the lease, the tenant will be required to remove the visiting pet.

### **18.12 REMOVAL OF PETS**

The Harrietstown Housing Authority, or an appropriate community authority, shall require the removal of any pet from a residence if the pet's conduct or condition is determined to be a nuisance or threat to the health or safety of other occupants of the project or of other persons in the community where the project is located.

In the event of illness or death of pet owner, or in the case of an emergency which would prevent the pet owner from properly caring for the pet, the Harrietstown Housing Authority has permission to call the emergency caregiver designated by the resident or the local Pet Law Enforcement Agency to take the pet and care for it until family or friends would claim the pet and assume responsibility for it. Any expenses incurred will be the responsibility of the pet owner/surviving family.

Nothing prohibits the HHA or an appropriate community authority from requiring the removal of any pet from a premises, if the pet's conduct or condition is duly determined to constitute, under the provisions of State or local law, a nuisance or a threat to the health or safety of other occupants of the HHA premises or other persons in the community where the project is located. This includes, but is not limited to, situations in which immediate action is needed for removal of any pet from the premises pursuant to State or local laws, ordinances or regulations to preserve the health, safety, welfare, or right to peaceful enjoyment of the premises of any person.

Tenants are advised that pets may, among other things, be seized, impounded and disposed of, for a variety of State and local animal violations including, but not limited to stray pets, pets creating a threat to public health, safety or welfare, injury caused by pets, and cruelty to pets.

In cases in which State or local remedies, processes or procedures are not initially utilized for removal of the pet, any decisions made by judgement of the Executive Director that a pet must be removed from the premises shall be presented in writing to the owner, in which case the owner may request a grievance hearing pursuant to the HHA grievance procedure.

#### **18.13 DEATH OF A PET**

The pet owner is responsible for arranging for disposal of any dead pet. The remains of the pet must be removed from HHA property.

#### **18.14 WHEN YOU VACATE**

The pet owner must pay the full fees for professional rug shampooing, deodorizing and or defleaing of the apartment if, in the judgement of the Executive Director, it is necessary before a new tenant can take possession of the apartment and such fees are in excess of the security - deposit. Pet deposit will be returned within 60 days of vacating the premises less any reasonable charges for damages. Pet deposit can also be used for any unpaid rent or damage caused by tenant.

#### **18.15 INCORPORATION INTO LEASE**

This Pet Policy is incorporated by reference into the Lease of each Tenant of the Harrietstown Housing Authority. This Pet Policy shall be publicly posted in a conspicuous manner in the Harrietstown Housing Authority's office and shall be made available to any Tenant.

***Failure to follow Harrietstown Housing Authority policies and/or Housing Authority house rules is a violation of your lease and grounds for termination.***





# HARRIETSTOWN HOUSING AUTHORITY

14 KIWASSA ROAD, SUITE 1  
SARANAC LAKE, NEW YORK 12983-2373



LAKE FLOWER APARTMENTS  
ALGONQUIN APARTMENTS  
HOUSING CHOICE VOUCHER PROGRAM

EXECUTIVE DIRECTOR  
sclarkin@harrietstownha.org

## APPLICATION FOR PET OCCUPANCY

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

Name of Tenant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Type of Pet Requested: \_\_\_\_\_

Age of Pet: \_\_\_\_\_

Neutered/spayed: \_\_\_\_\_

Proof: \_\_\_\_\_

Inoculations: \_\_\_\_\_

Proof: \_\_\_\_\_

\*\*\*\*\*

### HOUSE AUTHORITY USE:

- 1) Does the tenant maintain a clean, safe, and sanitary household? \_\_\_\_\_
- 2) Does tenant pay rent in a timely manner? \_\_\_\_\_
- 3) Has tenant/guest disturbed neighbors' peaceful enjoyment of premises? \_\_\_\_\_
- 4) Is tenant current on electric charges? \_\_\_\_\_
- 5) Does tenant properly supervise their own children? \_\_\_\_\_
- 6) Does tenant properly maintain his/her private outdoor areas? \_\_\_\_\_

Annual Fee: \$25.00

Received: \_\_\_\_\_

Status of application: APPROVED \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

Reason for Housing Authority decision:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Failure to follow Harrietstown Housing Authority policies and/or Housing Authority house rules is a violation of your lease and grounds for termination.

Revised 7/26/2007

(518) 891-3050

[tburdtdt@harrietstownha.org](mailto:tburdtdt@harrietstownha.org)

TTD (518) 891-2860

FAX (518) 891-3630

**HARRIETSTOWN HOUSING AUTHORITY**  
**PET PERMIT**

**Parties and Dwelling Unit**

The parties of this permit are the **Harrietstown Housing Authority** ("Management) and

**Tenant**            Name \_\_\_\_\_  
                         Address \_\_\_\_\_

The tenant is allowed the following pet \_\_\_\_\_.

**Pet Security Deposit:** The tenant has deposited \$ \_\_\_\_\_ with the Housing Authority.  
**The Housing Authority will hold the pet security deposit until the tenant vacates the apartment.**

**License** The tenant agrees to file a copy of any Municipal Registration or license with the Housing Authority before the pet is admitted and to keep same current. Proof must be submittal at each annual recertification. **Information Received** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Inoculations** The tenant agrees to keep the pet properly inoculated for rabies and distemper and to keep same current. Proof must be submitted before the pet is admitted and at each annual recertification.  
**Information Received** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Damages** The tenant agrees to assume all personal financial responsibility for damages to any personal or project property caused by the pet and assumes personal responsibility for personal injury to any party caused by the pet. It is suggested that the resident obtain personal liability insurance to cover possible losses caused by the pet and provide a copy to the Housing Authority  
**Information Received** \_\_\_\_/\_\_\_\_/\_\_\_\_    **Effective Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Provision** The following person(s) have agreed to be responsible for taking care of the pet in the absence of the pet's owner:

**EMERGENCY CONTACT PERSON**

Name:  
Address:  
Phone #:

**VETERINARIAN INFORMATION**

Name:  
Address:  
Phone #:

**Failure to Comply with Pet Policy:** The tenant agrees to comply with the rules of the HHA Pet Policy. Any violation of the rules of the HHA Pet Policy may be grounds for removal of the pet or termination of the pet owner's tenancy (or both)), in accordance with the provisions of 24 CFR part 942 (governing pet ownership in public housing), 24 CFR part 966 (governing lease and grievance procedures), New York State Law, and local law.

**Tenant Signature and Date:** \_\_\_\_\_

**HARRIETSTOWN HOUSING AUTHORITY**

**By** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



Sarah Clarkin, Executive Director

### PET CARE, CUSTODY AND CONTROL

I, \_\_\_\_\_, have agreed to take care of  
\_\_\_\_\_ during \_\_\_\_\_'s  
*Pet's name* *Owner's name*

absence from his/her apartment.

As part of this agreement, I understand that I will be responsible for the pet's care, which may include but not be limited to taking the pet outside several times each day, feeding, cleaning up after the pet and ensuring the pet will not be left alone for several days in the resident's apartment while the resident is gone.

I can be reached at (address/telephone):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name/Signature

\_\_\_\_\_  
Date

