



## DEPAUL HOUSING MANAGEMENT CORPORATION

10 Carondelet Drive, Watervliet, New York 12189

Phone: (518) 389-6335 Fax: (518) 608-0104

NYS TTY/TDD: #711

Dear Applicant(s):

Thank you for your interest in the affordable housing communities managed by DePaul Housing Management.

Included in this packet are the following materials:

- DePaul Housing Management Brochure
- Application
- Attachments #1 Mobility-Impairment Consent Form
- Attachment #2 Criminal Background Screening Consent Form
- Attachment #3 Residence History Consent Form
- HUD Supplement to Application for Federally Assisted Housing
- Owner's Notice No. 1 – Citizenship Declaration Forms
- Tenant Selection Plan

As you begin the application process, **please first review the enclosed Tenant Selection Plan & keep this document for your reference. This helpful tool will give you important information on the eligibility requirements for each of our communities.**

**The application must be completed in full, signed and dated.** If this application is being signed on behalf of the applicant by a person assigned power of attorney, a photocopy of the full executed power of attorney document must be submitted with the application. Additional personal documents and photocopies of photo identification should not be submitted with this application (except those that document eligible immigration status).

If you wish to tour any of our housing communities or have questions regarding a specific community including wait-list timeframes, please contact the rental office at the community directly. The complete contact list of all our communities can be found on the back side of this page.

If you have any questions regarding the application screening process or require assistance in reading, understanding, or completing this application please call me at (518) 389-6335 Monday – Friday between 9:00 a.m. and 2:00 p.m. (*Hours are subject to periodic Change*)

**Please Send Completed Applications To:**

**Brenda Rosekrans**

**c/o DePaul Housing Management Corporation**

**10 Carondelet Drive, Watervliet, NY 12189**

**Fax: (518) 608-0104 Email: [applications@depaulhousing.com](mailto:applications@depaulhousing.com)**

Sincerely,

*Brenda Rosekrans*

Manager, Marketing and Supervision

DePaul Housing Management

Enclosures

TSP Update 04/01/2025

**-OVER-**

**ALBANY COUNTY**

**Carondelet Commons Senior Apartments**

2 Carondelet Drive  
Watervliet, New York 12189  
Phone: (518) 783-0444

**Cabrini Acres Senior Apartments**

4 Carondelet Drive  
Watervliet, New York 12189  
Phone: (518) 785-0050

**Sanderson Court Senior Apartments**

6 Carondelet Drive  
Watervliet, New York 12189  
Phone: (518) 782-1123

**Fontbonne Manor Senior Apartments**

10 Carondelet Drive  
Watervliet, New York 12189  
Phone: (518) 782-2780

**Bishop Broderick Apartments**

50 Prescott Street  
Albany, New York 12205  
Phone: (518) 869-7441

**St. Vincent's Apartments**

475 Yates Street  
Albany, New York 12208  
Phone: (518) 482-8915

**Marie-Rose Manor**

100 Marquis Drive  
Slingerlands, New York 12159  
Phone: (518) 459-0204

**DELAWARE COUNTY**

**Delhi Senior Communities I & II**

7 Main Street  
Delhi, New York 13753  
Phone: (607) 746-8142

**RENSSELAER COUNTY**

**Branson Manor Senior Apartments**

3 Grandview Drive  
Rensselaer, New York 12144  
Phone: (518) 283-8280

**St. Jude Apartments**

50 Dana Avenue  
Wynantskill, New York 12198  
Phone: (518) 283-5690

**SARATOGA COUNTY**

**Bishop Hubbard Senior Apartments**

54 Katherine Drive  
Clifton Park, New York 12065  
Phone: (518) 383-2705

**SCHENECTADY COUNTY**

**Father Leo O'Brien Senior Community**

3151 Marra Lane  
Rotterdam, NY 12303  
Phone: (518) 357-4424

**The Lawrence Commons**

2660 Albany Street  
Schenectady, New York 12304  
Phone: (518) 393-2412




# DePaul Housing Management Corporation

[www.depaulhousing.com](http://www.depaulhousing.com)

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Please place a  next to the name of the building(s) to which you are applying:

## ALBANY COUNTY

- Carondelet Commons Senior Apartments  
Latham – Smoke Free Community  
**55+ and/or 18+ Mobility-Impaired**
- Cabrini Acres Senior Apartments \*\*  
Latham – Smoke Free Community  
**62+ and/or 18+ Mobility-Impaired**
- Sanderson Court Senior Apartments  
Latham – Smoke Free Community  
**62+**
- Fontbonne Manor Senior Apartments  
Latham – Smoke Free Community  
**62+**
- Bishop Broderick Apartments \*\*  
South Colonie – Smoke Free Community  
**62+ and/or 18+ Mobility-Impaired**
- St. Vincent’s Apartments \*\*  
Albany  
**62+ and/or 18+ Mobility-Impaired**
- Marie-Rose Manor  
Bethlehem – Smoke Free Community  
**62+**

## DELAWARE COUNTY

- Delhi Senior Community I  
Delhi – Smoke Free Community  
**62+**
- Delhi Senior Community II  
Delhi – Smoke Free Community  
**62+**

## RENSSELAER COUNTY

- Branson Manor Senior Apartments \*\*  
East Greenbush – Smoke Free Community  
**62+ and/or 18+ Mobility-Impaired**
- St. Jude Apartments \*\*  
Wynantskill – Smoke Free Community  
**62+ and/or 18+ Mobility-Impaired**

## SARATOGA COUNTY

- Bishop Hubbard Senior Apartments \*\*  
Halfmoon – Smoke Free Community  
**62+ and/or 18+ Mobility-Impaired**

## SCHENECTADY COUNTY

- Father Leo O’Brien Senior Community  
Rotterdam – Smoke Free Community  
**62+**
- The Lawrence Commons \*\*  
Schenectady  
**18+ Mobility-Impaired**

**\*\* Citizenship Declaration Required – See Owner’s Notice No. 1 Following Application**

**1st Applicant** (Head of Household) **PLEASE PRINT NEATLY**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Full Social Security Number: \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
(street address) (apartment #)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

**Mailing Address:** \_\_\_\_\_  
*(if different from above)* (street address) (apartment #)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Preferred method of communication:** \_\_\_\_\_

**Race, Ethnicity & Gender**

*Requested by HUD for statistical purposes only, this information will have no effect on your application. Completion is optional.*

Please check any or all categories that apply regarding **1st Applicant**

**Race:**

- |  |   |
|--|---|
| _____ American Indian or Alaska Native | _____ Native Hawaiian or Other Pacific Islander |
| _____ Asian                            | _____ White                                     |
| _____ Black or African American        | _____ Other                                     |

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**Ethnicity:**

- \_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ Not Hispanic or Latino

**Gender:**

- \_\_\_\_\_ Male  
\_\_\_\_\_ Female

Have you, the **1st Applicant**, ever used any name(s) or social security number(s) other than the one you're currently using? **Circle Answer** YES NO

If yes, **other** name: \_\_\_\_\_ **other** social security number: \_\_\_\_\_

Have you, the **1st Applicant** resided in any other state? **Circle Answer** YES NO

Please list other states: \_\_\_\_\_

\*\*\*\*\*

**2nd Applicant** (Name of Person Who Will Occupy This Apartment with You) **PLEASE PRINT NEATLY**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Full Social Security Number: \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
(street address) (apartment #)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

**Mailing Address:** \_\_\_\_\_  
(if different from above) (street address) (apartment #)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred method of communication: \_\_\_\_\_

**Race, Ethnicity & Gender**

*Requested by HUD for statistical purposes only, this information will have no effect on your application. Completion is optional.*

Please check any or all categories that apply regarding **2nd Applicant**

**Race:**

- \_\_\_\_\_ American Indian or Alaska Native      \_\_\_\_\_ Native Hawaiian or Other Pacific Islander
- \_\_\_\_\_ Asian      \_\_\_\_\_ White
- \_\_\_\_\_ Black or African American      \_\_\_\_\_ Other

## 2nd Applicant Continued

**Ethnicity:**

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Not Hispanic or Latino

**Gender:**

\_\_\_\_\_ Male

\_\_\_\_\_ Female

Have you, the **2nd Applicant**, ever used any name(s) or social security number(s) other than the one you're currently using? **Circle Answer** YES NO

If yes, **other** name: \_\_\_\_\_ **other** social security number: \_\_\_\_\_

Have you the **2nd Applicant** resided in any other state? **Circle Answer** YES NO

Please list other states: \_\_\_\_\_

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### **Unit Type Requested (Standard Unit or Handicapped Accessible)**

Please answer the following question:

Is the **1st Applicant** at least 18 years of age **AND** Mobility-Impaired **AND** in need of the special design features of a handicapped accessible apartment as described below:

**Must Circle One**

YES NO

- Wider doorways throughout the apartment
- Lowered kitchen counters and cabinets
- Roll-in kitchen sink (sink with cut-out for wheelchair access)
- Additional grab bars in the bathtub/shower
- Specially designed hand-held shower

If yes, please proceed to page 5 providing your physicians contact information.

**If no, skip to page 7.**

Because you are claiming a need for a specially designed handicap accessible apartment due to a mobility-impairment, please complete the following information. Your information will be verified by your physician during the application screening process prior to being placed on the waiting list(s).

**PLEASE PRINT NEATLY AND COMPELETE ALL FIELDS**

---

Doctors Name / Evaluator / Diagnostician / Medical Provider and/or Nurse Practitioner

---

Facility Name

---

Address

---

City

State

Zip Code

---

Area Code / Phone #

---

Area Code / Fax #

**Please double check phone and fax number**

**1st Applicant** – If you've completed this page because you are applying for a handicapped accessible apartment please sign the Mobility-Impairment Consent Form on Attachment 1 Page 6. If not, skip to page 7.



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**Mobility-Impairment Consent Form**

The person named herein has applied for Housing Assistance and has authorized verification of their mobility-impairment and their need for a specially designed handicap accessible apartment in our building. Please complete the attached form, sign, and date it and return it to this office on or before the date listed. The information you provide will be held in strict confidence for use only in determining the eligibility status of the applicant. Your prompt response will be appreciated.

REQUESTED BY: *Brenda Rosekrans* TITLE: Manager, Marketing and Supervision

\*\*\*\*\*

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is for verification of eligibility for a specially designed handicap accessible unit in this building.

\_\_\_\_\_  
**Signature of 1st Applicant (Head of household)**

\_\_\_\_\_  
**Date**

**PENALTIES FOR MISUSING THIS CONSENT:**

**Warning:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, and any owner (or any employee of HUD or the owner) may be subjected to penalties for unauthorized disclosure or improper use of information collected based on the consent form. Use of the information collected on this verification form is restricted to the purpose cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



**FINANCIAL INFORMATION**

When completing financial information, please refer to the Tenant Selection Plan for the income limits for each of our communities.

Please list **CURRENT GROSS INCOME AMOUNTS** (before deductions)

<b><u>1st Applicant</u></b>			<b><u>2nd Applicant</u></b>		
	Gross Monthly	Annually		Gross Monthly	Annually
<b><u>Before Deductions</u></b>			<b><u>Before Deductions</u></b>		
Wages/Salaries:	_____	_____	Wages/Salaries:	_____	_____
Social Security \$:	_____	_____	Social Security \$:	_____	_____
Supplemental Social Security (SSI):	_____	_____	Supplemental Social Security (SSI):	_____	_____
Pension:	_____	_____	Pension:	_____	_____
Annuity:	_____	_____	Annuity:	_____	_____
Interest/Dividends:	_____	_____	Interest/Dividends:	_____	_____
Other (unemployment, Alimony, worker's Compensation, etc.):	_____	_____	Other (unemployment, Alimony, worker's Compensation, etc.):	_____	_____
<b><u>Assets</u></b> List total amounts			<b><u>Assets</u></b> List total amounts		
Bank Accounts: \$	_____	_____	Bank Accounts: \$	_____	_____
Stocks & Bonds: \$	_____	_____	Stocks & Bonds: \$	_____	_____
Home/Property: \$ (Full market Value)	_____	_____	Home/Property: \$ (Full market Value)	_____	_____

**1st & 2nd Applicant**

**Criminal Background Screening**

**ALL applicants will be screened for criminal history.** This includes and is not limited to, a mandatory screening review of the lifetime registration list under a state’s sex offender registration program. Live-in aides are subject to the same screening requirements. This screening will be done as part of the application screening process prior to being placed on the waiting list(s).

*Please refer to the Tenant Selection Plan page 8, part C, Criminal Background Screening for our Criminal screening requirements following the application.*

**Must Circle Each Answer**

- |  |     |    |
|--|-----|----|
| Have You or the 2 <sup>nd</sup> applicant been convicted of a felony?  | YES | NO |
| Have You or the 2 <sup>nd</sup> applicant been convicted of a drug-related crime?  | YES | NO |
| Have You or the 2 <sup>nd</sup> applicant been convicted of a violent crime?   | YES | NO |
| Are You or the 2 <sup>nd</sup> applicant subject to a lifetime registration under a state sex offender registration program? | YES | NO |

If you answer YES to any of the above questions, please provide the following information.

Which Applicant: \_\_\_\_\_

Conviction: \_\_\_\_\_

County and State of Conviction: \_\_\_\_\_

List Month and Year of Conviction: \_\_\_\_\_

**Both Applicants, *If Applicable*, Must Sign the Criminal Background Screening Consent Form on Attachment 2 Page 9.**



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**Criminal Background Screening Consent Form**

I hereby authorize DePaul Housing Management to conduct a criminal background check including, but not limited to, a mandatory screening of the lifetime sex offender registration list for any state in which I've lived.

I hereby authorize RentGrow, Inc./Yardi Resident Screening to obtain and verify such information by accessing a criminal record search.

I have been notified that a consumer report will be requested and understand that the information that RentGrow, Inc./Yardi Resident Screening obtains will be used in the processing of my rental application.

I hereby release and hold harmless DePaul Housing Management, RentGrow, Inc./Yardi Resident Screening, its affiliates, employees, agents and any other organization that provides information from any and all liabilities arising out of the use of such information in connection with RentGrow, Inc./Yardi Resident Screening.

\_\_\_\_\_  
**Signature of 1<sup>st</sup> Applicant (Head of Household)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of 2<sup>nd</sup> Applicant (Co- Head of Household)**

\_\_\_\_\_  
**Date**

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subjected to penalties for unauthorized disclosure or improper use of information collected based on the consent form. Use of the information collected on this verification form is restricted to the purpose cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Residence History Screening

Our Tenant Selection Plan requires that we verify **5 YEARS** of your most current and consecutive places of residency for each applicant. This includes living with family, a friend, significant other, motel or shelter.

If you owned your own home during this period, please indicate that on the top of Page 12 and return it with copies of the documents listed. We will mail our Residence Verification form to each residence so we can gather the information required per our Tenant Selection Plan. This screening will be done as part of the application screening process prior to being placed on the waiting list(s). If you have lived with another renter and you were not on the lease please provide supporting documentation with your name, address, and date on it for each residence for each year.

**LIST YOUR CURRENT RESIDENCE #1**

When did you move in: Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you the lease holder to this residence: YES \_\_\_\_\_ NO \_\_\_\_\_

**OWNER or MANAGER of this property: (Do not list another renter)** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Area Code / Phone #: \_\_\_\_\_ Area Code / Fax #: \_\_\_\_\_

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**LIST YOUR PRIOR RESIDENCE #2**

Dates: **From:** Month \_\_\_\_\_ Year \_\_\_\_\_ **To:** Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Were you the lease holder to this residence: YES \_\_\_\_\_ NO \_\_\_\_\_

**OWNER or MANAGER of this property: (Do not list another renter)** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Area Code / Phone #: \_\_\_\_\_ Area Code / Fax #: \_\_\_\_\_

**1<sup>st</sup> Applicant Continued**

**LIST YOUR PRIOR RESIDENCE #3**

Dates: **From:** Month \_\_\_\_\_ Year \_\_\_\_\_ **To:** Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Were you the lease holder to this residence: YES \_\_\_\_\_ NO \_\_\_\_\_

**OWNER or MANAGER of this property: *(Do not list another renter)* Name: \_\_\_\_\_**

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Area Code / Phone #: \_\_\_\_\_ Area Code / Fax #: \_\_\_\_\_

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**LIST YOUR PRIOR RESIDENCE #4**

Dates: **From:** Month \_\_\_\_\_ Year \_\_\_\_\_ **To:** Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Were you the lease holder of this residence: YES \_\_\_\_\_ NO \_\_\_\_\_

**OWNER or MANAGER of this property: *(Do not list another renter)* Name: \_\_\_\_\_**

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Area Code / Phone #: \_\_\_\_\_ Area Code / Fax #: \_\_\_\_\_

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**LIST YOUR PRIOR RESIDENCE #5**

Dates: **From:** Month \_\_\_\_\_ Year \_\_\_\_\_ **To:** Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Were you the lease holder to this residence: YES \_\_\_\_\_ NO \_\_\_\_\_

**OWNER or MANAGER of this property: *(Do not list another renter)* Name: \_\_\_\_\_**

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Area Code / Phone #: \_\_\_\_\_ Area Code / Fax #: \_\_\_\_\_

**HOMEOWNERS**

If you own your own home now or within the last **5 Years**, please list property address and duration below:

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

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_

**Please attach a COPY of your deed for proof of ownership and the most recent property tax bill: (the deed will show when you purchased your home, and the current property tax bill will show you still own it) OR Bill of Sale if your home was sold within the last 5 years OR foreclosure paperwork.**

**Applicants Must Sign the Residence History Consent Form on Attachment 3 Page 14.**

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**2nd Applicant**

**Residence History Screening**

**LIST YOUR CURRENT RESIDENCE #1**

When did you move in: Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you the lease holder to this residence: YES \_\_\_\_\_ NO \_\_\_\_\_

**OWNER or MANAGER of this property: (Do not list another renter)** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Area Code / Phone #: \_\_\_\_\_ Area Code / Fax #: \_\_\_\_\_

## 2nd Applicant Continued

### **LIST YOUR PRIOR RESIDENCE #2**

Dates: **From:** Month \_\_\_\_\_ Year \_\_\_\_\_ **To:** Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Were you the lease holder to this residence: YES \_\_\_\_\_ NO \_\_\_\_\_

**OWNER or MANAGER of this property: (Do not list another renter)** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Area Code / Phone #: \_\_\_\_\_ Area Code / Fax #: \_\_\_\_\_

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### **LIST YOUR PRIOR RESIDENCE #3**

Dates: **From:** Month \_\_\_\_\_ Year \_\_\_\_\_ **To:** Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Were you the lease holder to this residence: YES \_\_\_\_\_ NO \_\_\_\_\_

**OWNER or MANAGER of this property: (Do not list another renter)** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Area Code / Phone #: \_\_\_\_\_ Area Code / Fax #: \_\_\_\_\_

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### **LIST YOUR PRIOR RESIDENCE #4**

Dates: **From:** Month \_\_\_\_\_ Year \_\_\_\_\_ **To:** Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Were you the lease holder to this residence: YES \_\_\_\_\_ NO \_\_\_\_\_

**OWNER or MANAGER of this property: (Do not list another renter)** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Area Code / Phone #: \_\_\_\_\_ Area Code / Fax #: \_\_\_\_\_

**Both Applicants, *If Applicable*, Must Sign the Residence History Consent Form on Attachment 3 Page 14.**



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Phone: (518) 389-6335 Fax: (518) 608-0104 NYS TTY/TDD: #711



**Residence History Consent Form**

The person named herein has applied for Housing Assistance and has authorized verification of their residency. Please complete the attached form, sign, and date it and return it to this office on or before the date listed. The information you provide will be held in strict confidence for use only in determining the eligibility status of the applicant. We do not currently have an apartment available for them. Your prompt response will be appreciated.

REQUESTED BY: *Brenda Rosekrans* TITLE: Manager, Marketing and Supervision

\*\*\*\*\*

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is for a residence history only.

\_\_\_\_\_  
**Signature of 1<sup>st</sup> Applicant (Head of Household)** **Date**

\_\_\_\_\_  
**Signature of 2<sup>nd</sup> Applicant (Co-Head of Household)** **Date**

**PENALTIES FOR MISUSING THIS CONSENT:**

Warning: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subjected to penalties for unauthorized disclosure or improper use of information collected based on the consent form. Use of the information collected on this verification form is restricted to the purpose cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



Please complete the following to help us identify how you heard about DePaul Housing Management. This information is used for marketing / outreach purposes only:

- Newspaper Advertisement (*please indicate which newspaper*) \_\_\_\_\_
- Referral from Community Resource (*please list resource*) \_\_\_\_\_
- Current / Former Resident: \_\_\_\_\_
- Internet
- Brochure (*please indicate where you received brochure*) \_\_\_\_\_
- Other: \_\_\_\_\_

I (We) understand that the information listed in my application for housing is complete and true to the best of my knowledge.

I (We) understand that upon completing this application, it will go through an application screening process to determine eligibility for DePaul Housing Management Corporation prior to being placed on the eligible communities waiting list(s).

I (We) agree that upon request, I (We) will provide documentation of any information needed to fully screen the application to deem eligible for communities selected and to furnish any further documents during the eligibility interview once selected for an apartment.

I (We) agree that it is my (our) responsibility to provide updated application information including contact information so my (our) application is up to date and current.

I (We) authorize DePaul Housing Management Corporation to verify the information contained in this application or obtained during the eligibility interview.

I (We) also understand that my (our) filing of this application does not entitle me (us) to an apartment.

---

Signature of 1<sup>st</sup> Applicant (Head of Household)

Date

---

Signature of 2<sup>nd</sup> Applicant (Co-Head of Household)

Date

**Return Completed Applications to: (*Do Not Exclude Any Pages*)**

**Brenda Rosekrans  
c/o DePaul Housing Management  
10 Carondelet Drive  
Watervliet, New York 12189**

**OR**

**Fax: (518) 608-0104 Email: [applications@depaulhousing.com](mailto:applications@depaulhousing.com)**



## IMPORTANT NOTICE TO APPLICANT

Regarding the form which follows:

### **“SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING”**

When we have an apartment available, we contact those who are next on our waiting list. Sometimes, applicants do not respond to our calls and letter(s) because they are not available to receive them. For example, they may be visiting friends or relatives out of town or they may be hospitalized or in a rehabilitation facility. If an applicant does not respond to our attempts to reach him, he will be removed from our waiting list, following the procedures outlined in our Tenant Selection Plan.

By completing the attached form **“SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING”**, you can provide us with additional people or organizations to contact regarding your application. If you do not respond to our messages left for you, perhaps for the kind of reasons outlined above, we would contact those people or organizations that you have provided on this form to see if they can help us locate you. Having these contacts may prevent us from having to remove your name from our waiting list.

Please complete this form **OR** check the box at the bottom and sign and date.

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>Applicant Mailing Address:</b>											
<b>Applicant Telephone No:</b>	<b>Applicant 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> <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late Payment of rent</td> <td></td> </tr> </table>		<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	
<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.**

<b>Signature of Applicant</b>	<b>Date</b>
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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.**

**You MUST complete the following citizenship declaration forms only if you wish to be considered for an apartment at St. Vincent's Apartments, Bishop Broderick Apartments, Bishop Hubbard Senior Apartments, St. Jude Apartments, Branson Manor Apartments, Cabrini Acres Senior Apartments, or the Lawrence Commons.**

**Owner's Notice No. 1**

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

**a. Section 8 Housing Assistance Payments program**

You have applied, or are applying for, assistance under this program; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

- 1. Complete a Family Summary Sheet, using the attached blank form to list all family members who will reside in the assisted unit.**
- 2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration. If there are 2 people listed on the Family Summary Sheet, you should have 2 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.**
- 3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence with the attached application.**

The Section 214 review will be completed in conjunction with the verification of the other aspects of eligibility for assistance. If you have any questions or difficulty completing the attached items or determining the type of documentation required, please contact DePaul Housing Management at 518-389-6335. We will be happy to assist you. Also, if you are unable to provide the required documentation, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Form. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If Section 214 results in a determination of ineligibility, you will have an opportunity to appeal against the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

**Family Summary Sheet**

<b>Member No.</b>	<b>Last Name of Family Member</b>	<b>First Name of Family Member</b>	<b>Relationship To Head of Household</b>	<b>Gender (Optional)</b>	<b>Date of Birth</b>
<b>1st Applicant</b>					
<b>2nd Applicant</b>					

# Citizenship Declaration

**INSTRUCTIONS:** Complete this Declaration for each member of the household listed on the Family Summary Sheet and return with application. Each family member must complete his/her own form.

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD: \_\_\_\_\_

GENDER (OPTIONAL): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ ALIEN REGISTRATION NO: \_\_\_\_\_

ADMISSION NUMBER: \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY: \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth)

SAVE VERIFICATION NO. \_\_\_\_\_  
(TO BE ENTERED BY OWNER IF AND WHEN RECEIVED)

**INSTRUCTIONS:** Complete the Declaration below by printing or by typing the person's first name, middle initial and last name in the space provided. Then review the blocks shown below and complete either block 1, 2, or 3:

## DECLARATION

I, \_\_\_\_\_, hereby declare, under  
*(Print or type first name, middle initial, last name)*

penalty or perjury that I am: *Of the 3 choices that follow, select the one that applies to you. (Opt. 1, 2 OR 3)*

\_\_\_\_\_ **1. A citizen or national of the United States.**

Sign below and return with the attached application. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Check here if adult signed for a child: \_\_\_\_\_

## 1st Applicant

\_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidence by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this signed declaration of eligible immigration status and sign below.

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Form (see attached)
- b. The signed declaration of eligible immigration status

**AND**

- c. One of the following documents:
  1. Form I-551, Permanent Resident Card
  2. Form I-94, Arrival-Departure Card, with one of the following annotations
    - a. "Admitted as Refugee Pursuant to Section 207";
    - b. "Section 208" or "Asylum";
    - c. "Section 243 (h)" or "Deportation stayed by Attorney General"; or
    - d. "Paroled Pursuant to Sec. 212 (d) (5) of the INA"
  3. If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
    - a. A final court decision granting asylum (but only if no appeal is taken)
    - b. A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS director granting asylum (if application was filed after October 1, 1990);
    - c. A court decision granting withholding of deportation; or
    - d. A letter from DHS asylum office granting withholding of deportation (if application was filed on or after October 1, 1990).
  4. A receipt issued by the DHS indication that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
  5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

**1st Applicant**

If this block (item # 2 on prior page) is checked, sign and date below and submit the documentation required above with this declaration and a verification consent form with the attached application. If this block is checked off on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
**Signature** **Date**

Check here if adult signed for a child: \_\_\_\_\_

<b><u>REQUEST FOR EXTENSION</u></b>	
<p>I hereby request that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain the evidence.</p>	
_____	
<b>Signature</b>	<b>Date</b>
Check if adult signed for a child: _____	

\_\_\_\_\_ **3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.**

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form with attached application. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
**Signature** **Date**

Check here if adult signed for a child: \_\_\_\_\_



**1st Applicant**

# Verification Consent Form

**INSTRUCTIONS:** Complete this form for each **NONCITIZEN** family member who declared eligible immigration status on the **\*\*Citizenship\*\*** Declaration Form. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

## CONSENT

I, \_\_\_\_\_  
(Print or type first name, middle initial, last name)

Hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a. HUD, as required by HUD; and
  - b. The DHS for purposes of verification of the immigration status of the individual.

## NOTIFICATION:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of evidence or other information by the DHS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**2nd Applicant**

## Citizenship Declaration

**INSTRUCTIONS:** Complete this Declaration for each member of the household listed on the Family Summary Sheet and return with application. Each family member must complete his/her own form.

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD: \_\_\_\_\_

GENDER (OPTIONAL): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ ALIEN REGISTRATION NO: \_\_\_\_\_

ADMISSION NUMBER: \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY: \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth)

SAVE VERIFICATION NO. \_\_\_\_\_  
(TO BE ENTERED BY OWNER IF AND WHEN RECEIVED)

**INSTRUCTIONS:** Complete the Declaration below by printing or by typing the person's first name, middle initial and last name in the space provided. Then review the blocks shown below and complete either block 1, 2, or 3:

### DECLARATION

I, \_\_\_\_\_, hereby declare, under  
*(Print or type first name, middle initial, last name)*

penalty or perjury that I am: *Of the 3 choices that follow, select the one that applies to you. (Opt. 1, 2 OR 3)*

\_\_\_\_\_ **1. A citizen or national of the United States.**

Sign below and return with the attached application. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

## 2nd Applicant

\_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidence by one of the documents listed below:

**NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this signed declaration of eligible immigration status and sign below.**

**If you checked this block and you are less than 62 years of age, you should submit the following documents:**

- a. Verification Consent Form (see attached)
- b. The signed declaration of eligible immigration status

**AND**

- c. One of the following documents:
  - 1. Form I-551, Permanent Resident Card
  - 2. Form I-94, Arrival-Departure Card, with one of the following annotations
    - a. "Admitted as Refugee Pursuant to Section 207";
    - b. "Section 208" or "Asylum";
    - c. "Section 243 (h)" or "Deportation stayed by Attorney General"; or
    - d. "Paroled Pursuant to Sec. 212 (d) (5) of the INA"
  - 3. If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
    - a. A final court decision granting asylum (but only if no appeal is taken)
    - b. A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS director granting asylum (if application was filed after October 1, 1990);
    - c. A court decision granting withholding of deportation; or
    - d. A letter from DHS asylum office granting withholding of deportation (if application was filed on or after October 1, 1990).
  - 4. A receipt issued by the DHS indication that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
  - 5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

**2nd Applicant**

If this block (item # 2 on prior page) is checked, sign and date below and submit the documentation required above with this declaration and a verification consent form with the attached application. If this block is checked off on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**REQUEST FOR EXTENSION**

I hereby request that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain the evidence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ **3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.**

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form with attached application. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**2nd Applicant**

# Verification Consent Form

**INSTRUCTIONS:** Complete this form for each **NONCITIZEN** family member who declared eligible immigration status on the **\*\*Citizenship\*\*** Declaration Form. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

**CONSENT**

I, \_\_\_\_\_  
*(Print or type first name, middle initial, last name)*

Hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a. HUD, as required by HUD; and
  - b. The DHS for purposes of verification of the immigration status of the individual.

**NOTIFICATION:**

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of evidence or other information by the DHS.

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

Check here if adult signed for a child: \_\_\_\_\_

*DePaul Housing Management Corporation*  
**TENANT SELECTION PLAN**

For: Carondelet Commons; Cabrini Acres; Sanderson Court; Fontbonne Manor; Bishop Broderick Apartments; St. Vincent's Apartments; Marie Rose Manor; Fr. Leo O'Brien Senior Community; The Lawrence Commons; Branson Manor; St. Jude Apartments; Bishop Hubbard Senior Apartments; Delhi Senior Communities  
Updated: 04/01/2025

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*DePaul Housing Management Corporation and the properties it manages are pledged to the letter and the spirit of U.S. policy of achievement of equal housing opportunity throughout the nation. We encourage and support affirmative advertising and marketing programs in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin. We also comply with section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance from the U.S. Department of Housing & Urban Development, the Fair Housing Act Amendments of 1988 and Title VI of the Civil Rights Act of 1964.*

*Regardless of sexual orientation or gender identity, HUD's core housing programs are open to all eligible persons regardless of sexual orientation, gender, identity or marital status. The owner/agent will comply with this rule and state and local laws that provide the same or similar protection.*

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Completed Applications are accepted by mail to: DePaul Housing Management, 10 Carondelet Drive, Watervliet, NY 12189 or by fax # (518) 608-0104 or by email: [applications@depaulhousing.com](mailto:applications@depaulhousing.com).

Requests for applications may be made by calling (518) 389-6335 or obtained from our website at [www.depaulhousing.com](http://www.depaulhousing.com) or by utilizing the TTY/Voice Relay Services #7-1-1.

**Note:** It is the policy of DePaul Housing Management that Waiting Lists for any of its buildings remain always open; Waiting Lists are never closed to applicants.

Questions regarding specific communities and apartments showings, please contact the rental office at the community directly.

## **ELIGIBILITY REQUIREMENTS**

Failure to meet eligibility requirements in any one or more of these categories will result in the rejection of the applicant. In order to be accepted as a resident, each applicant will be required to provide third party verification for required information in each of the categories listed below at an in-person eligibility interview.

### **1. Household Composition**

[Definition of head of household: As listed on the application, the 1st or primary applicant. If only one person is applying, that person will be the head of household. Definition of co-head: The 2<sup>nd</sup> applicant, as listed on the application.]

- A. For St. Vincent's Apartments, Bishop Broderick Apartments, Bishop Hubbard Senior Apartments, Cabrini Acres Senior Apartments, St. Jude Apartments, and Branson Manor Senior Apartments:**

The applicant must be a single person who is 62 years of age or older, OR a non-elderly mobility-impaired person between the ages of 18-61 in need of the accessibility features of an apartment designed for the mobility impaired, OR a household of two persons whose head of household is 62 years of age or older OR is a non-elderly mobility-impaired person between the ages of 18-61.

**B. For Sanderson Court Senior Apartments, Marie Rose Manor, Delhi Senior Communities, Fontbonne Manor Senior Apartments, and Fr. Leo O'Brien Senior Community:**

The applicant must be a single person who is 62 years of age or older, OR a household of two persons whose head of household is 62 years of age or older.

**C. For Carondelet Commons Senior Apartments:**

The applicant must be a single person who is 55 years of age or older, OR a non-elderly mobility-impaired person between the ages of 18-54, OR a household of two persons, whose head of household is 55 years of age or older, OR a non-elderly mobility-impaired person, between the ages of 18-54.

**D. For The Lawrence Commons:**

The applicant must be a single person who is 18 years of age or older, who is mobility impaired, OR a household of two persons, whose head of household is 18 years of age or older, AND mobility impaired.

**2. Citizenship**

**For St. Vincent's Apartments, Branson Manor Senior Apartments, Cabrini Acres Senior Apartments, Bishop Broderick Apartments, Bishop Hubbard Senior Apartments, St. Jude Apartments, and The Lawrence Commons the applicant must meet the requirements regarding citizenship according to Section 214 of the Housing and Community Development Act of 1980 (see related application attachment). *Citizenship information will be verified, as applicable and required, through the Department of Homeland Security and the SAVE system.***

Applicants who hold a non-citizen student visa are ineligible for assistance as are any non-citizen family members living with the student. Noncitizen students and their non-citizen families may not receive assistance. Noncitizen students are not eligible for continuation of assistance, prorated assistance, or temporary deferral of termination of assistance.

A noncitizen student is defined as follows:

- A resident of another country to which the individual intends to return:
- A bona fide student pursuing a course of study in the United States; and

- A person admitted to the United States solely for the purpose of pursuing a course of study as indicated on an F-1 or M-1 student visa

This prohibition applies to the noncitizen student’s noncitizen spouse and children. However, children who are citizens may receive assistance. For example, a family that includes a noncitizen student married to a U.S. citizen is a mixed family.

- *Citizenship/Immigration Status Requirements. Household must submit evidence and meet requirements established by the subsidy program for occupancy by non-citizens. See Attachment 1A and Attachment 1B.*

3. **Income**

A. **For Bishop Broderick Apartments, Bishop Hubbard Senior Apartments, Cabrini Acres Senior Apartments, St. Jude Apartments, Branson Manor Senior Apartments, Sanderson Court Senior Apartments, Marie Rose Manor, Fontbonne Manor Senior Apartments, The Lawrence Commons, Fr. Leo O’Brien Senior Community:**

Maximum annual gross income must not exceed the HUD defined very low-income level which is:

For one person:	\$40,650*
For two persons:	\$46,450*

B. **For St. Vincent’s Apartments and Carondelet Commons:**

Maximum annual gross income must not exceed the HUD defined low-income level which is:

For one person:	\$65,050*
For two persons:	\$74,350*

C. **For Delhi Senior Community I & II:**

Maximum annual gross income must not exceed the HUD defined very low-income level which is:

For one person:	\$31,000*
For two persons:	\$35,400*

**(\*\* For St. Vincent’s Apartments, Bishop Broderick Apartments, Bishop Hubbard Senior Apartments, Cabrini Acres Senior Apartments, St. Jude Apartments, Branson Manor Senior Apartments, & The Lawrence Commons: at least 40% of each buildings’ apartments that become available each fiscal year must be made available first to those families whose income does not exceed the HUD defined Extremely Low-income level which is: \$24,400\* for one person per year or \$27,900\* for two persons per year. See below for full procedure.)**

(\* These income limits were updated April 1, 2025, and are subject to periodic change by the U.S. Department of Housing and Urban Development [HUD]).

**PROCEDURE FOR INCOME TARGETING COMPLIANCE:** Income Targeting requirements stipulate that 40% of the units that become available each fiscal year must be rented



to Extremely Low-Income (ELI) households earning 30% or less of the median income. To meet this requirement, the site must alternate between the first extremely low-income applicant on the waiting list and the applicant at the top of the waiting list that is not extremely low income. This may mean some applicants with higher incomes might be skipped over for the available apartment. Once the ELI requirement is met, management is permitted to go to the other applicants on the Waiting List.

4. **Student Eligibility**

There are restrictions at our communities for providing Section 8 assistance to any individual who is enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential.

**For Bishop Broderick Apartments, Bishop Hubbard Senior Apartments, Cabrini Acres Senior Apartments, St. Jude Apartments, Branson Manor Apartments, The Lawrence Commons and St. Vincent Apartments, restrictions will apply if the student:**

Section 8 assistance will not be provided to any individual who:

- Who is enrolled as either a part time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential; and
- Is under the age of 24; and
- Is not married; and
- Is not a veteran of the US Military; and
- Does not have a dependent child; and
- Is not a person with disabilities, as such term is defined in 3(b)(3)(E) of the US Housing Act of 1937 (42U.S.C. 1437 a(b)(3)(E) and was not receiving section 8 assistance as of November 30, 2005); and
- Is not living with his or her parents who are receiving Section 8 assistance: and
- Is not individually eligible to receive Section 8 assistance or has parents (the parents individually or jointly) who are not income eligible to receive Section 8 assistance.

**For Sanderson Court Senior Apartments, Marie Rose Manor, Delhi Senior Communities, Fontbonne Manor and Father Leo O'Brien** to be eligible the student must meet **all** of the following criteria to be eligible. The student must:

- Be of legal contract age under state law
- Have established a household separate from parents or legal guardians for at least one year prior to application for occupancy OR
- Meet the US Department of Education's definition of an independent student
- Not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations, and,
- Obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support. This certification is required even if no assistance is provided.

5. **Assets**

There is no dollar limitation on the amount of assets an applicant may have. However, federal and state funding sources require us to consider the value of an applicant's assets or income from assets when determining an applicant's eligibility. **If the applicant has disposed of any assets for**

**less than fair market value within two years prior to the date of the application, the fair market value of that asset will be considered an (imputed) asset for two years from the date of disposal.**

6. **Social Security Number Requirement**

Applicants must disclose social security numbers (SSNs) for all applying household members at the time of application. This rule applies to all household members including live in aids, foster children and foster adults. Documentation verifying the social security numbers, such as the original social security card issued by the Social Security Administration, must be provided at the time of the In-Person (Eligibility) Interview. If no social security card is available, documents such as an original document issued by a federal or state government agency which contains the name of the individual and the complete social security number along with other identifying information of the individual must be provided.

If all household members have not disclosed and/or provided verification of their SSNs at the time an apartment becomes available, the next eligible applicant will be offered the available apartment. The applicant household that has not disclosed and/or provided of SSN s for all household members has 90 days from the date they were first offered an available apartment to disclose and verify the SSNs. During this 90-day period, the applicant household may retain its place on the waiting list. After 90 days, if all SSNs of the household are not verified the household will be determined ineligible and will be removed from the waiting list. The applicant may re-apply again after obtaining the appropriate documentation. The applicant will be placed on the waiting list based on the date and time the *new* application is approved.

**Exceptions to Disclosure of Social Security Numbers:**

1. Individuals age 62 or over as of January 31, 2010 whose initial determination of eligibility was begun before January 31, 2010.
  - a) The eligibility date is based on the initial effective date of the form HUD 50059.
  - b) Documentation that verifies the applicant's exemption status must be obtained from the owner of the property where the initial determination of eligibility was begun prior to January 31, 2010. An owner/agent must not accept a certification from the applicant stating they qualify for the exemption.
2. Individuals who do not provide eligible citizenship status. When applicants are required to declare their citizenship status, the existing regulations pertaining to proration of assistance or screening for mixed families must continue to be followed. In these instances, the owner will have each resident's Citizenship Declaration on file—whereby the individual did not provide eligible immigration status—to support exception to the requirements to disclose or provide verification of a social security number.
3. A child under the age of 6 years added to the applicant household within the 6-month period prior to the household's date of admission. The household will have a maximum of 90 days after the date of admission to provide the social security number and adequate documentation that the social security number is valid. An additional 90 days may be granted under certain circumstances. If the household does not provide the social security number and adequate documentation to verify the social security number within the prescribed timeframe, HUD requires that the owner/agent terminate tenancy.

Households unable to supply social security number verification or comply with the regulation will be determined ineligible and will be removed from the waiting list.

7. **Violence Against Women Act**  
**For All Properties:**

The Violence Against Women Act provides protections to women or men who are the victims of domestic violence, dating violence, sexual assault or stalking. The owner agent understands that, regardless of whether state or local laws protect victims of domestic violence, dating violence, sexual assault or stalking, people who have been victims of violence have certain rights under federal fair housing regulation.

This policy is intended to support or assist victims of domestic violence, dating violence, sexual assault or stalking and protect victims as well as members of their family, and affiliated persons from being denied housing or from losing their housing as a consequence of their status as a victim of domestic violence, sexual assault, dating violence or stalking.

Affiliated persons are defined as: a) a spouse, parent, brother, sister or child of that individual, or a person to whom that individual stands in the place of a parent or guardian (for example, the affiliated individual is a person in the care, custody or control of that individual: or b) Any individual, tenant or lawful occupant living in the household of that individual.

VAWA protections are not provided to guests, unauthorized resident (s), live in aids or service providers hired by the resident.

If any applicant or resident wishes to exercise the protections provided in the VAWA, he/she should contact the owner/agent immediately. The owner/agent is committed to ensuring that the Privacy Act is enforced in this and all other situations.

**The owner/agent will not assume that any act is a result of abuse covered under the violence Against Women Act. In order to receive the protection outlined in the VAWA, the applicant/resident must specify that he/she wishes to exercise these protections.**

If you believe this applies to you, please contact us for assistance.

## **8. Application Intake, Screening, Waiting List Placement, Denial Criteria and Appeal Process**

### **A. General**

Applicant screening is targeted toward determining the likelihood that an applicant will be able to meet the essential requirements of tenancy as expressed in the lease and the Handbook of Policies. These essential requirements are summarized in the section entitled "Ability to Meet the Requirements of Tenancy." Note: "Applicant" as used in this section, also includes any live-in aide.

### **B. Applicant Intake**

Upon intake, all applications are entered into the DePaul Housing database by date and time received. This information is used for tracking purposes.

### **C. Application Screening**

All applications are reviewed to determine if one meets the requirements for the communities selected. (i.e; age, income)

Verifying all required documents have been submitted with the application and that all paperwork is completed in full, signed and dated.

1. **Residence History Screening**
  - During the screening process, we will verify successful, appropriate resident living history for (5) years prior to the date of the application for all applicants (1<sup>st</sup> and 2<sup>nd</sup>). Note: Any applicant or household member who was evicted from state- and/or federally assisted housing for drug related criminal activity within five years prior to the date of the application will NOT be accepted as a resident.
  - We will mail reference forms to each residence. The form(s) must be completed and mailed or hand-delivered to the office. This requirement will be waived ONLY if the applicant can document that he or she has been a homeowner residing in his/her home for five (5) years or more prior to the date of approval.
  - Negative responses to landlord reference questions may be cause for rejection.
2. **Mobility-Impairment Screening** (for those requesting the need of a handicapped accessible apartment)

**WHO IS ELIGIBLE:**

(Please see “Household Composition” requirements listed on page one for particular building regulations.)

Elderly or non-elderly single persons or a household of 2 members where the head of the household has a mobility impairment or physical disability. A person with a degenerative condition that will result in mobility impairment, if otherwise eligible, is also eligible for an accessible unit. Written verification of the mobility impairment from the attending physician will be required.

\* The applicant’s mobility impairment or physical disability must necessitate the need of the special design features of our accessible apartments as listed below:

- Wider doorways throughout the apartment
- Lowered kitchen counters and cabinets
- Roll-in kitchen sink (sink with cut-out for wheelchair access)
- Additional grab bars in the bathtub/shower
- Specially designed hand-held shower

3. **Criminal Background Screening**

All applicants will be subject to a criminal background check including, but not limited to, a mandatory screening review of the lifetime registration list under a state’s sex offender registration program. Live-in aides are subject to the same screening requirements. These screenings will be done as part of the application verification process.

1. As required by the United States Department of Housing & Urban Development’s Notice H2002-22 HUD, any applicant who is subject to a requirement of lifetime registration on any state’s sex offender registration program will NOT be admitted.

2. Any conviction or adjudication other than an acquittal of the following crimes is cause for rejection of an application to housing in any community managed by DePaul Housing Management:

- Murder
- Manslaughter
- Arson
- Armed Robbery
- Sex offenses, including forcible rape, child molestation, and aggravated sexual battery

3. Any conviction or adjudication other than the acquittal of the following crimes within five (5) years from the date of application is cause for rejection of an application to housing in any community managed by DePaul Housing Management:

- A crime involving the illegal possession, sale or manufacture of a controlled substance
- A felony that involved harm to another person or to property

4. Any conviction or adjudication other than acquittal of the following crimes within three (3) years from the date of application is cause for rejection of an application to housing in any community managed by DePaul Housing Management:

- Any other felony, not included above

D. **Waiting List Placement**

- Applications will be entered on the waiting list for each of the eligible communities selected as of the date and time approved
- Applications are then forwarded to each of the communities

E. **Denial Criteria and Appeal Process**

Under the guidance of the U.S. Department of Housing & Urban Development (H2002-22 HUD) regulations, an applicant will **not** be accepted for tenancy for any one of the following reasons:

1. Failure to meet any one or more of the Tenant Selection Criteria listed in this document.
2. Violent criminal behaviors or other criminal behaviors that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents, or of the site's employees, contractors or agents.
3. Any applicant/household member whom DePaul Housing Management has reasonable cause to believe abuses or has a pattern of alcohol or substance abuse which may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.

4. Inability/unwillingness to disclose and document all social security numbers or to execute a certification when numbers have not been assigned.
5. Failure to sign and submit all required verification consents.
6. Criminal activity:
  - Any applicant/household member who was a household member who was evicted from State- or Federally-Assisted housing for drug related criminal activity, for five years from the date of eviction.
  - Any applicant/household member who is currently engaging in illegal drug use.
  - Any applicant/household member whom DePaul Housing Management has reasonable cause to believe is involved in illegal use or a pattern of illegal use of a drug which may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.
  - Any applicant/household member who is a sex offender subject to a lifetime registration requirement under a state sex offender registration program.
  - As disclosed by background check.
7. Misrepresentation: Willful or serious misrepresentation in the application procedures

## **DENIAL PROCEDURE**

1. A letter is sent to the applicant, informing him/her of the rejection and the reason(s) for the rejection.
2. The applicant is advised in this letter that he/she has fourteen (14) days to request review of the rejection. The applicant may request a meeting with the DePaul Housing Management staff reviewer to appeal the rejection.
3. Another DePaul Housing Management staff member will review your appeal.
4. This review will be completed within fifteen (15) business days of the applicant's request via conference call. Please note all grievance appointments must be scheduled.
5. The applicant will be sent a written, final determination within five (5) business days of completion of this review.

## 9. **Waiting List Process**

Applicants are placed on the individual building's Waiting List in the order they are approved. When a vacancy occurs within a building, the Community Manager refers to the Waiting List and contacts the next person(s) on their List (at the "top of the List"), requesting that they come in to the office for an eligibility appointment \*\*.

Applicants may choose not to be considered for an apartment at the time they are contacted and may request that they remain on the Waiting List. In that case, their name will then go to the "bottom" of the

Waiting List, meaning that they will not be contacted again for one year or until the List has been exhausted, whichever comes first. If there are no successful candidates for an apartment found within the first contact group, the Community Manager will re-visit the Waiting List and contact the next person(s) on the list, and so on.

Applicants who repeatedly (two times) turn down the opportunity for an eligibility appointment (offer of an appointment) will be removed from the Waiting List. Applicants who successfully complete the eligibility process and are consequently offered an apartment but refuse the apartment, are removed from the Waiting List. Applicants will also be removed from the Waiting List if: the applicant no longer meets the eligibility requirements for the property or, the applicant fails to respond to our written notices or requests, or, mail sent to the applicant's address is returned as undeliverable, or if the family size changes the size of the unit needed and such size unit does not exist in the property. In all cases, those applicants who have been removed from the Waiting List must reapply in order to be considered for an apartment once again. Upon reapplication, the applicant will be placed at the bottom of the Waiting List.

The Waiting List update survey will be mailed to all applicants on each Waiting List as needed. This allows the applicant to reaffirm their interest in remaining on a Waiting List. Non-responders will be removed from the Waiting List. Note: Should an applicant have a change in address, it is their responsibility to notify the Application Specialist at (518) 389-6335 so that the Waiting List information may be kept accurate and up-to-date.

(\*\* **Reminder:** For St. Vincent's Apartments, Bishop Broderick Apartments, Bishop Hubbard Senior Apartments, Cabrini Acres Senior Apartments, St. Jude Apartments, Branson Manor Senior Apartments, & The Lawrence Commons: at least 40% of each buildings' apartments that become available each fiscal year must be made available first to those families whose income does not exceed \$24,400\* for one person per year or \$27,900\* for two persons per year. See Income Targeting Compliance Procedure on page 3.)

#### 10. Tenant Selection for Accessible Apartments

- A. Current tenant (within the same building) needing an accessible unit.
- B. The next eligible qualified applicant on the Waiting List who is mobility-impaired and needs an accessible unit. (Note: For St. Vincent's Apartments, Bishop Broderick Apartments, Bishop Hubbard Senior Apartments, Cabrini Acres Senior Apartments, St. Jude Apartments, Branson Manor Senior Apartments, & The Lawrence Commons: at least 40% of each buildings' apartments that become available each fiscal year must be made available first to those families whose income does not exceed \$24,400 for one person per year or \$27,900 for two persons per year. Income limits are subject to change by the U.S. Dept. of Housing & Urban Development.)
- C. Waiting Lists—The next eligible qualified applicant on the Waiting List who is not mobility impaired does not need an accessible unit. However, the tenant's lease will include a provision that the tenant will move to a standard unit when the next standard unit becomes available and a household from A or B above is available to move into the accessible unit.

Our communities do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities. If you require further information or assistance with the nondiscrimination requirements contact DePaul Housing

Management 504 Coordinator, Jill McLellan-Phelps at 41 N. Main Avenue, Albany NY 12203.  
Phone 518.459.0183. TTY 7.1.1.

11. **In-Person (Eligibility) Interview**

The applicant must successfully complete an in-person interview with the Community Manager. He or she must respond appropriately either personally or through an interpreter (in the case of hearing-impaired or non-English-speaking applicants) to a standard questionnaire.

12. **Ability to Meet the Requirements of Tenancy**

The applicant must demonstrate the capacity and willingness:

- To understand and comply with the lease.
- To understand and comply with the building's rules, regulations, and Handbook of Policies.
- To appropriately maintain the rental unit.
- To follow instructions and respond appropriately in emergency situations.
- To pay rent and other fair charges in a timely manner. And, at the time of move-in, security deposit collected will be the greater of one month's total tenant payment or \$50 (rent based on 30% of income plus the monthly Utility Allowance).
- To care for and avoid damaging the unit and common areas.
- To use facilities and equipment in a reasonable manner.
- To not create health, safety or sanitation hazards that threatens self or rights of others including any drug related activity.
- To support in actions and behaviors the quiet enjoyment of premises by self and other residents.
- To avoid criminal activity that threatens the health, safety or rights of others including any drug-related criminal activity.
- To comply with necessary and reasonable rules and program requirements of the U.S. Department of Housing and Urban Development (HUD), Housing and Community Renewal (HCR) and the housing provider.
- To comply with health and safety codes.
- To report maintenance needs.
- To comply with DePaul Housing Management managed properties' "Handbook of Policies."

13. **Screening for Current Receipt of HUD Housing Assistance:**

HUD provides the owner/agent with information about an applicant's current status as a HUD housing assistance recipient. The owner/agent will utilize the Enterprise Income Verification System to determine if any members of your household are currently receiving HUD assistance. Nothing prohibits a HUD housing assistance recipient from applying to another property. However, the applicant must move out of the current property and /or forfeit any rental assistance before HUD rental assistance for the new property will begin. If the applicant or any member of the applicant household fails to fully and accurately disclose rental history, including their current residence, the application may be denied based on the applicant's misrepresentation of information.

14. **Unit Occupancy**

No more than two (2) persons may reside in any apartment.



## 15. Terms of Residency

### Rent

- A. Rents are based on each individual's income in accordance with current HUD regulations or other appropriate regulations.
- B. At Carondelet Commons, rent is based on income categories. These rents are subject to periodic review by the New York State Housing and Community Renewal (HCR).

## 16. Security Deposit

At the time of move-in, the new tenant is required to pay a security deposit. At all buildings **except** Carondelet Commons, the security deposit is equal to the tenants' "total tenant payment" or \$50, whichever is **larger**. Total tenant payment equals the amount of the unit's HUD-approved utility allowance plus the monthly rent amount. At Carondelet Commons any applicant who utilizes a portable section 8 voucher, the security deposit will equal the tenant's portion of one month's rent (determined by Section 8). A separate check or money order for the security deposit is required. The security deposit will be placed in a bank account under the tenant's name and the deposit will accrue interest until such time that the apartment is vacated.

## 17. Apartments Transfers

### Within the Building

Residents may transfer from one apartment to another only as a reasonable accommodation for a disability. All reasonable accommodation requests will be subject to third party verification prior to placement on the transfer list. If an apartment is not available to accommodate the resident's needs in this regard, the resident will be placed on a transfer list. When an appropriate unit becomes available, it will be filled first from the transfer list and then from the waiting list.

### From One DePaul Building to Another

There is no shortcut way to "transfer" from one building to another; the resident must apply in the same manner as any other applicant.

### VAWA Emergency Transfer Plan

Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking. An Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking has been drafted for the property. The plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. It is available in the management office with a list of available referral agencies.

Thank you for your interest in the DePaul Housing Management communities.



## Attachment 1A

### Verification of Citizenship or Eligible Immigration Status

**For St. Vincent's Apartments, Branson Manor Senior Apartments, Cabrini Acres Senior Apartments, Bishop Broderick Apartments, Bishop Hubbard Senior Apartments, St. Jude Apartments, and The Lawrence Commons the applicant must meet the requirements regarding citizenship according to Section 214 of the Housing and Community Development Act of 1980. Key Requirements:**

1. Assistance in subsidized housing is restricted to the following:
  - U.S. citizens or nationals; and
  - Noncitizens that have eligible immigration status.
  
2. All applicants for assistance must be given notice of the requirement to submit evidence of citizenship or eligible immigration status at the time of application. The entity responsible for receiving the documentation, where possible, must arrange to provide the notice in a language that is understood by the individual if the person is not proficient in English. (See Exhibit 3-4 of the HUD handbook) Applicants must be notified in writing if they are found to be ineligible. (See Exhibit 3-8 and 3-9 of the HUD for sample notifications of ineligibility)
  
3. All family members, regardless of age, must declare their citizenship or immigration status.
  
4. (a) U.S. citizens must sign a declaration of citizenship. Owners may establish a policy of requiring additional proof of citizenship for those declaring to be U.S. citizens or nationals. (i.e. U.S. birth certificate or U.S. Passport)
  
- (b) Noncitizens under age 62 must sign a Verification Consent Form (See Exhibit 3-6 of the HUD Handbook for an example) and submit documentation of their status or sign a declaration that they do not claim to have eligible status. Noncitizen under the age of 62 claiming eligible status must submit a signed declaration of eligible declaration of eligible immigration status, a signed consent form and one of the DHS-approved documents listed in Figure 3-4 of the HUD Handbook (attached as Attachment 1B)
  
- (c) Noncitizens age 62 or older must sign a declaration of eligible immigration status and provide a proof of age document.

## Attachment 1B

### Section 1: Program Eligibility

#### HUD Occupancy Handbook 3-26 6/07

#### Chapter 3: Eligibility for Assistance and Occupancy

#### 4350.3 REV-1

#### Figure 3-4: Acceptable DHS Documents

- Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- Form I-94, *Arrival-Departure Record* annotated with one of the following:
  - ◆ “Admitted as a Refugee Pursuant to Section 207”;
  - ◆ “Section 208” or “Asylum”;
  - ◆ “Section 243(h)” or “Deportation stayed by Attorney General”;
  - ◆ “Paroled Pursuant to Section 212(d)(5) of the INA.”
- Form I-94, *Arrival-Departure Record* (with no annotation) accompanied by one of the following:
  - ◆ A final court decision granting asylum (but only if no appeal is taken);
  - ◆ A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
  - ◆ A court decision granting withholding of deportation; or
  - ◆ A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- Form I-688, *Temporary Resident Card* annotated “Section 245A” or “Section 210.”
- Form I-668B, *Employment Authorization Card* annotated “Provision of Law 274a.12(11)” or “Provision of Law 274a.12.”
- A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant’s entitlement to the document has been verified.
- Form I-151, *Alien Registration Receipt Card*.
- Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.