

# RENTAL APPLICATION JULIANNA APARTMENTS

Rev. 4/30/18



Please complete and return all 8 pages of this application to:

Julianna Apartments

505 Abbott Road, Buffalo, NY 14220

Phone: (716) 825-5611 or TDD 711

In filling out this application, please print clearly, check all the appropriate boxes and provide all the information requested in all sections of this form. Thank you for your interest in our apartments.

## PERSONAL INFORMATION

Full Names of All Household Members	Date of Birth	Social Security Number	Relationship to Head of Household
			HEAD
			CO-HEAD

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ E-Mail Address: (optional) \_\_\_\_\_

Present Address: \_\_\_\_\_  
STREET ADDRESS APT. # CITY/TOWN STATE ZIP

How did you hear about this complex? \_\_\_\_\_

Please check your preference for apartment size: ☐ Studio/Efficiency ☐ One (1) Bedroom

## ELIGIBILITY INFORMATION

The complex for which you are applying is funded under the U.S. Department of Housing and Urban Development Section 202 Housing for the Elderly. Applicants may be admitted only if the household is income eligible. The following questions are intended to give us information to determine if you are eligible for housing funded under these programs.

The complex is designated for elderly families and persons with disabilities. An elderly family is defined as a household where the tenant or co-tenant is at least 62 years old. A disabled family is a family whose head, spouse, or sole member is a person with disabilities. A person with disabilities means any adult having a physical, mental, or emotional impairment that is expected to be of long continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.

Do you or your co-applicant qualify under this definition? ☐ Yes ☐ No

## ACCESSIBLE UNITS

Some apartments may contain special features designed to enhance accessibility to and within the unit. In renting these units, preference must be extended to households which include a person or persons with a disability or handicap who could benefit from such features.

Do you wish to be considered for this preference? ☐ Yes ☐ No

If yes, please indicate the type of design features for which you request consideration:

☐ Mobility Impairments ☐ Hearing Impairments ☐ Visual Impairments

Please also complete the attached Housing Requirements Questionnaire (see page 5).

In the spaces provided below, list the income and benefits received by **ALL** members of your household, **INCLUDING ANYONE WHO IS LIVING WITH YOU BUT IS NOT RELATED TO YOU.**

INCOME / BENEFIT		Gross Amount	Indicate if weekly, monthly or annually	Name of Household Member(s) who receive this income
Employment (before deductions)				
NYS Disability / Workmen's Compensation				
Social Security / SSI				
Veterans Benefits				
Retirement Pensions / Annuities				
Social Services (Welfare) (Do NOT include food stamps)				
Unemployment Insurance Benefits				
Child Support / Alimony				
Self-Employment				
Other (Please specify):				
<b>VALUE OF ASSETS</b>				
Cash in Checking Account (Number of accounts: _____)				
Cash in Savings Account (Number of accounts: _____)				
Certificate of Deposit (Number of accounts: _____)				
Stock / Bond Value				
IRA / Keough Accounts (Number of accounts: _____)				
Real Estate Owned				
Other (Please specify):				
List the dollar amount of assets disposed of for less than fair market value in the past two (2) years.				
<b>ANTICIPATED EXPENSES</b>				
Cost of Medical Insurance Premiums				
Cost of Prescriptions Not Paid By Insurance				
Cost of Dr./ Dentist Visits Not Paid By Insurance				
Handicap Assistance in order for family members to work (including handicapped person).	Attendant Care			
	Auxiliary Apparatus			

## **APPLICATION ASSISTANCE AND INFORMATION STATEMENT**

**If you are handicapped or disabled or have difficulty completing this application, please advise us of your needs when you receive this application or call us to schedule assistance. Appropriate assistance will be provided in a confidential manner and setting.**

### ***Answering questions on your application:***

**Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowances, rent, family composition, or prior resident history is grounds for rejection. Additionally, you should be aware that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.**

### ***Answering questions relating to handicap or disability:***

**Answers to questions on your application concerning handicap or disability status are optional, but please note that families with handicapped or disabled members may be entitled to units designed to be accessible for individuals with handicaps or disabilities. So, without this information we may not be able to verify your eligibility to live in an accessible unit.**

**If you answer the questions relating to your handicap or disability, we will need to verify that you or a family member are handicapped or disabled. We do**

**not need to know the nature, extent, or current condition of the handicap or disability, but we will need to know that you meet the definitions that apply to these terms and that you can abide by the terms of our lease.**

**Information you provide on handicap or disability status will be treated as confidential by management. In accordance with program regulations, information may be released to appropriate federal, state or local agencies.**

### ***Housing Requirements Questionnaire:***

**Please complete the Housing Requirements Questionnaire that accompanies your application. This information is needed so that we may assign you a unit appropriate to any needs that exist for your family. Your answers will be verified.**

**If, however, there are no family members with a handicap or disability, or if you do not wish to complete the document for any reason, simply indicate that choice in the space provided at the top of the Housing Requirements Questionnaire. Choosing not to complete this document will in no way affect the processing of your application for an apartment or dwelling.**

## NOTICE TO ALL APPLICANTS

### OPTIONS FOR APPLICANTS WITH DISABILITIES OR HANDICAPS

This property is managed by Belmont Housing Resources for WNY, whose main offices are located at 1195 Main Street, Buffalo, New York 14209, 716-884-7791/TDD 711.

We provide assisted housing to the general public under a variety of government assistance programs. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, familial status, disability or handicap. In addition, we have an obligation to make "reasonable accommodations" to applicants if they or any family members have a disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the programs under which we operate. Examples of reasonable accommodations and structural modifications include, but are not limited to:

Making reasonable alterations to a unit so it could be used by a family member with a wheelchair;

Installing strobe type flashing-light smoke detectors in an apartment for a family with a hearing-impaired member;

Permitting a family to have a seeing-eye dog to assist a vision-impaired applicant family member where existing pet rules would not allow the dog;

Making large type documents or a reader

available to a vision-impaired applicant during the application process;

Making a sign language interpreter available to a hearing-impaired applicant during the application process;

Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria.

As applicant family that has a member with a disability must still be able to meet essential obligations of tenancy – they must be able to pay rent, to maintain their apartment in a safe and sanitary condition, to report required information to the building manager, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

The next page of this application is a Housing Requirements Questionnaire. If you wish to complete the document and provide management with information regarding any family member with a handicap or disability, please do so. If no family member has a handicap or disability or if you do not wish to complete the questionnaire for any reason, please indicate so, sign the form, and return to the manager.

## RESIDENCE HISTORY

Professional property managers look for tenants who will pay rent on time, take care not to damage an apartment, and be a considerate neighbor. The following information is requested to help us determine if you have demonstrated these qualities in the past.

**ALL REFERENCES AND PREVIOUS RESIDENCES MUST BE FILLED IN COMPLETELY, INCLUDING FULL NAMES, STREET ADDRESS, CITY/TOWN, STATE, ZIP AND PHONE.**

**Present Address:**

STREET ADDRESS      APT. #      CITY/TOWN      STATE      ZIP

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Rent: \$\_\_\_\_\_/month      Utils. Inc.? ☐ Yes ☐ No

Reason for moving: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
STREET ADDRESS      APT. #      CITY/TOWN      STATE      ZIP

**Previous Address:**

STREET ADDRESS      APT. #      CITY/TOWN      STATE      ZIP

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Rent: \$\_\_\_\_\_/month      Utils. Inc.? ☐ Yes ☐ No

Reason for moving: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
STREET ADDRESS      APT. #      CITY/TOWN      STATE      ZIP

**Previous Address:**

STREET ADDRESS      APT. #      CITY/TOWN      STATE      ZIP

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Rent: \$\_\_\_\_\_/month      Utils. Inc.? ☐ Yes ☐ No

Reason for moving: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
STREET ADDRESS      APT. #      CITY/TOWN      STATE      ZIP

**If you do not have a previous rental history, list at least two (2) individuals who could verify your ability to live by the conditions of a lease. (For example, an employer, caseworker or clergy)**

NAME	FULL ADDRESS	PHONE

Current/Previous Housing Experience	Check One Box		Household Member
	Yes	No	
Have you or any member of your household been evicted from a federally assisted site for drug-related criminal activity within the past three (3) years?			
Have you or any member of your household ever been evicted from rental housing for lease violations?			
Have you or any member of your household ever broken a rental agreement or lease?			

If you answered yes to any of these questions, please explain: \_\_\_\_\_

## HOUSING REQUIREMENTS QUESTIONNAIRE

**Please read the following regarding this questionnaire:**

This questionnaire is administered to every applicant. It is used to determine whether your family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features. Completing this questionnaire is optional on your part. If you choose not to complete this form, please check the box that indicates that choice, sign and date the form, and return it to the manager.

The choice not to complete this questionnaire will not in any way affect the processing of your application for an apartment. If you choose to complete this form, please check the box that indicates your choice to furnish this information, complete the information requested, sign and date the form, and return it to the manager.

### Applicant election to provide special needs information:

Household head: \_\_\_\_\_ Social Security #: \_\_\_\_\_

☐ I choose to complete this form.

☐ I choose NOT to complete this form.

APPLICANT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Manager's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Information relative to the housing requirements of applicant's family:

1. Do you or any member of your household have a condition that requires: (Check all that apply.)

- ☐ Separate Bedroom
- ☐ One-level apartment
- ☐ Unit for hearing-impaired
- ☐ Barrier-free apartment
- ☐ Roll-in shower

- ☐ Unit for vision-impaired
- ☐ Physical modifications to a typical apartment
- ☐ Bedroom/Bath on 1<sup>st</sup> floor
- ☐ Special parking space
- ☐ Parking for a \_\_\_\_\_ van

Other: \_\_\_\_\_

2. If you checked any of the above-listed categories of units, please explain exactly what you need to accommodate your situation.

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3. Please list the name or names of those in your household who need the features identified above:

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4. Do you or any member of your household need special features to go up and down stairs other than traditional railings? ☐ Yes ☐ No

5. Will you or any member of your household require a live-in aide to assist you? ☐ Yes ☐ No

6. Who should be contacted to verify your need for the features you have identified above? (For example, a doctor or social service agency)

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS APT. # CITY/TOWN STATE ZIP

**Julianna Apartments adheres to HUD's Anti-Discrimination Policies as they pertain to conducting individualized assessments of applicants with criminal backgrounds. All applicants have the right to review, contest, and explain information contained in a background check and may present evidence of rehabilitation, if the event that the application is rejected due to criminal history.**

Criminal Background Information	Check One Box		Household Member
	Yes	No	
Have you or any member of your household ever been convicted of a drug-related crime?			
Do you or any member of your household currently use illegal drugs or abuse alcohol?			
Have you or any member of your household been convicted of a felony?			
Have you or any member of your household been convicted of a crime involving fraud or dishonesty?			
Have you or any member of your household been convicted of a crime involving violence?			
Are you or any member of your household currently subject to a lifetime registration requirement under a state sex offender registration program?			
Are you currently charged with of the above-mentioned criminal activities?			
Have you ever used or been known by another name? If yes, please specify: _____			

If you answered yes to any of these questions, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please check below the appropriate box of the state(s), including Washington DC, where you or any of the household members have previously resided.**

Alabama <input type="checkbox"/>	Alaska <input type="checkbox"/>	Arizona <input type="checkbox"/>	Arkansas <input type="checkbox"/>	California <input type="checkbox"/>	Colorado <input type="checkbox"/>
Connecticut <input type="checkbox"/>	Delaware <input type="checkbox"/>	Florida <input type="checkbox"/>	Georgia <input type="checkbox"/>	Hawaii <input type="checkbox"/>	Idaho <input type="checkbox"/>
Illinois <input type="checkbox"/>	Indiana <input type="checkbox"/>	Iowa <input type="checkbox"/>	Kansas <input type="checkbox"/>	Kentucky <input type="checkbox"/>	Louisiana <input type="checkbox"/>
Maine <input type="checkbox"/>	Maryland <input type="checkbox"/>	Massachusetts <input type="checkbox"/>	Michigan <input type="checkbox"/>	Minnesota <input type="checkbox"/>	Mississippi <input type="checkbox"/>
Missouri <input type="checkbox"/>	Montana <input type="checkbox"/>	Nebraska <input type="checkbox"/>	Nevada <input type="checkbox"/>	New Hampshire <input type="checkbox"/>	New Jersey <input type="checkbox"/>
New Mexico <input type="checkbox"/>	New York <input type="checkbox"/>	North Carolina <input type="checkbox"/>	North Dakota <input type="checkbox"/>	Ohio <input type="checkbox"/>	Oklahoma <input type="checkbox"/>
Oregon <input type="checkbox"/>	Pennsylvania <input type="checkbox"/>	Rhode Island <input type="checkbox"/>	South Carolina <input type="checkbox"/>	South Dakota <input type="checkbox"/>	Tennessee <input type="checkbox"/>
Texas <input type="checkbox"/>	Utah <input type="checkbox"/>	Vermont <input type="checkbox"/>	Virginia <input type="checkbox"/>	Washington <input type="checkbox"/>	Washington DC <input type="checkbox"/>
West Virginia <input type="checkbox"/>	Wisconsin <input type="checkbox"/>	Wyoming <input type="checkbox"/>			



## APPLICATION CERTIFICATION

**Certification:** I certify that the information set forth herein is completely true to the best of my knowledge. I further certify that the apartment will be my permanent place of residence, and I do / will not maintain a separate subsidized rental unit in a different location. I understand that deliberate submission of false information could result in the rejection of my application or other penalties. I hereby give permission to Belmont Housing Resources for WNY to verify all of the above information and references, and to obtain my consumer credit report and criminal background reports from your reporting agency.

**\*\*\* ALL ADULT HOUSEHOLD MEMBERS (AGE 18 YEARS AND OLDER) MUST SIGN AND DATE BELOW. \*\*\***

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

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

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

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

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

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

**Ethnicity:**

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

**Race: (Mark one or more)**

- ☐ White
- ☐ Black or African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other (Please specify) \_\_\_\_\_

Belmont Housing Resources for WNY does not discriminate on any legally-recognized basis including, but not limited to, race, color, religion, sex, national origin, age, marital status, disability, handicap, or the presence of children in admission to or access to the programs we administer or in the treatment of applicants and participants.

**Acceptance of this application does not guarantee rental of an apartment.** All applicants must meet screening criteria, including landlord, credit and criminal background checks. Changes in family income, size, and address must be reported promptly to Belmont Housing Resources for WNY, Inc. in order to properly process your application. **A security deposit and lease are required.**

Tenants or their spouses living with them, who are sixty-two (62) years or older, or who will attain such age during the term of their leases, are entitled to terminate their leases if they relocate to an adult care facility, a residential health care facility, subsidized low-income housing, or other senior citizen housing. Owners or lessors of a facility of a unit of which a senior citizen is entitled to move after terminating a lease, must advise such tenant, in the admission application form, of the tenant's rights under the law. (Real Property Law 227-a.) A summary of the law is available upon request.



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.



## Division of Licensing Services

New York State  
Department of State, Division of Licensing Services  
(518) 474-4429  
[www.dos.ny.gov](http://www.dos.ny.gov)

New York State  
Division of Consumer Rights  
(888) 392-3644

### New York State Housing and Anti-Discrimination Disclosure Form

Federal, State and local Fair Housing and Anti-discrimination Laws provide comprehensive protections from discrimination in housing. It is unlawful for any property owner, landlord, property manager or other person who sells, rents or leases housing, to discriminate based on certain protected characteristics, which include, but are not limited to **race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, age, disability, marital status, lawful source of income or familial status**. Real estate professionals must also comply with all Fair Housing and Anti-discrimination Laws.

#### **Real estate brokers and real estate salespersons, and their employees and agents violate the Law if they:**

- Discriminate based on any protected characteristic when negotiating a sale, rental or lease, including representing that a property is not available when it is available.
- Negotiate discriminatory terms of sale, rental or lease, such as stating a different price because of race, national origin or other protected characteristic.
- Discriminate based on any protected characteristic because it is the preference of a seller or landlord.
- Discriminate by “steering” which occurs when a real estate professional guides prospective buyers or renters towards or away from certain neighborhoods, locations or buildings, based on any protected characteristic.
- Discriminate by “blockbusting” which occurs when a real estate professional represents that a change has occurred or may occur in future in the composition of a block, neighborhood or area, with respect to any protected characteristics, and that the change will lead to undesirable consequences for that area, such as lower property values, increase in crime, or decline in the quality of schools.
- Discriminate by pressuring a client or employee to violate the Law.
- Express any discrimination because of any protected characteristic by any statement, publication, advertisement, application, inquiry or any Fair Housing Law record.

#### **YOU HAVE THE RIGHT TO FILE A COMPLAINT**

**If you believe you have been the victim of housing discrimination** you should file a complaint with the New York State Division of Human Rights (DHR). Complaints may be filed by:

- Downloading a complaint form from the DHR website: [www.dhr.ny.gov](http://www.dhr.ny.gov);
- Stop by a DHR office in person, or contact one of the Division’s offices, by telephone or by mail, to obtain a complaint form and/or other assistance in filing a complaint. A list of office locations is available online at: <https://dhr.ny.gov/contact-us>, and the Fair Housing HOTLINE at (844)-862-8703.

You may also file a complaint with the NYS Department of State, Division of Licensing Services. Complaints may be filed by:

- Downloading a complaint form from the Department of State’s website  
[https://www.dos.ny.gov/licensing/complaint\\_links.html](https://www.dos.ny.gov/licensing/complaint_links.html)
- Stop by a Department’s office in person, or contact one of the Department’s offices, by telephone or by mail, to obtain a complaint form.
- Call the Department at (518) 474-4429.

There is no fee charged to you for these services. It is unlawful for anyone to retaliate against you for filing a complaint.



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### New York State Housing and Anti-Discrimination Disclosure Form

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For more information on Fair Housing Act rights and responsibilities please visit  
<https://dhr.ny.gov/fairhousing> and <https://www.dos.ny.gov/licensing/fairhousing.html>.

This form was provided to me by \_\_\_\_\_ (print name of Real Estate Salesperson/  
Broker) of \_\_\_\_\_ (print name of Real Estate company, firm or brokerage)

(I)(We) \_\_\_\_\_

(Buyer/Tenant/Seller/Landlord) acknowledge receipt of a copy of this disclosure form:

Buyer/Tenant/Seller/Landlord Signature \_\_\_\_\_ Date: \_\_\_\_\_

Buyer/Tenant/Seller/Landlord Signature \_\_\_\_\_ Date: \_\_\_\_\_

Real Estate broker and real estate salespersons are required by New York State law to provide you with this Disclosure.