

August 11, 2025



Dear Community Member:

Ashley Arms in Syracuse, NY is well underway! The property is located at 1818 South Salina Street, Syracuse NY 13205.

This property includes 13 affordable housing units within 2 buildings, the main building has 7 two-bedroom units and the carriage house back building has 6 one-bedroom units (3 units at 30% AMI, 10 units @ 50% AMI). The Syracuse Housing Authority has awarded 13 Project Based Vouchers to Housing Portfolio Unlimited, Inc. for use at all 13 units at Ashley Arms

Unit Type	# of Units	Monthly Rent (tenant paid utilities in 1 BR)
1BR	6	\$958 (tenant portion subsidized)
2BR	7	\$1,300 (tenant portion subsidized)

Monthly Rent includes water, sewer and trash collection.

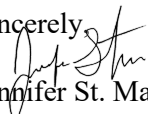
Income and other eligibility restrictions apply. The project is registered with NYHousingSearch.gov.

Please be advised that applications are available beginning on August 11, 2025, and must be postmarked by October 10, 2025 to Housing Visions 214 W. 1st Street, PO Box 490, Fulton NY 13069. In addition, we will be conducting a lottery on October 27, 2025 at 11:00am at 1201 East Fayette Street, Syracuse NY. The lottery will also be live streamed at <https://www.facebook.com/housingvisionsorg>.

After the application deadline and lottery, applications will be accepted continuously.

Please have your referrals call our office at 315-472-3820 ext. 279 to receive an application, or email jstmark@housingvisions.org

Or if more convenient, we have also enclosed a copy application for your potential referrals.

Sincerely,

Jennifer St. Mark
Lease Up Manager



**Homes and
Community Renewal**

**KATHLEEN HOCHUL Governor
RUTHANNE VISNAUSKAS Commissioner/CEO**



Ashley Arms

This property includes 13 affordable housing units within 2 buildings, the main building has 7 two-bedroom units and the carriage house back building has 6 one-bedroom units. The Syracuse Housing Authority has awarded 13 Project Based for use at Ashley Arms



Application Due: October 10, 2025

Amenities: On Site Laundry, Off Street Parking

Income Restrictions Apply – No Application Fee – No Broker's Fee

Applicants will *not* be automatically rejected based on credit or most background check info

More Information: <https://www.housingvisions.org>

Your household must meet these income restrictions:

AMI	Unit Size	# Units	Monthly Rent*	Household Size	Household Income**
30%	1BR	3	\$958	1	\$0 - \$19,950
				2	\$0 - \$22,800
50%	1 BR	3	\$958	1	\$0 - \$33,200
				2	\$0 - \$37,950
	2 BR	7	\$1300	3	\$0 - \$37,950
				4	\$0 - \$42,700
				5	\$0 - \$47,400

*Rent includes Water, Sewer and Trash Collection. Income guidelines & permitted household size are subject to change.

Application Due Date: October 10, 2025

Must be postmarked by this date. Sending more than 1 application will disqualify you.

How to Apply:

Request Application By Phone or Email: 315-472-3820 ext.279 or jstmark@housingvisions.org

By Mail or In-Person: Housing Visions, 1201 East Fayette Street, Syracuse NY 13210

Lottery Date & Location: October 27, 2025 at 11:00AM

1201 East Fayette Street, Syracuse NY 13210 or live streamed at <https://www.facebook.com/housingvisionsorg>

The lottery will determine which applications will be reviewed for tenancy



YOU HAVE RIGHTS!

- If you have experienced housing discrimination: <https://dhr.ny.gov/journey-fair-housing> or call 844-862-8703
- Learn about how your credit and background check will be individually reviewed: <https://on.ny.gov/3uLNLw4>



ACCESSIBILITY INFORMATION

- Reasonable accommodation and modifications may be requested



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Please fill out and submit

to:

Ashley Arms
214 S First Street
PO BOX 490
Fulton, NY 13069
Phone: 315-472-3820 Ext 279
TTY: 711

Application Due: October 10, 2025

Lottery Date: October 27, 2025



HOUSINGVISIONS

Ashley Arms

Date Received: _____

Time Received: _____

I was referred by: (please check all that apply)

- ☐ Agency: _____
☐ Friend/Relative: _____
☐ Newspaper ☐ Flyer ☐ TV ☐ Article

I am interested in living in the following bedroom size: (please check all that apply):

- ☐ One ☐ Two

Household Information

Complete the following information for each household member that will occupy the unit at the time of move-in.

Name First, Middle Initial, Last	Relationship to Head of Household	Gender *response is optional and does not affect eligibility*	Social Security Number or Tax Payer Id Number	Birthdate Month/day/year	Disabled Yes/No	Student Status -Full time -Part time -No
	Head of Household					

Applicant Contact Information

Current Address : _____ Phone Number: (_____) _____ - _____

_____ Email Address: _____

Emergency Contact:

Name: _____ Phone Number: (_____) _____ - _____

Address: _____



Answer either YES or NO to each question.

YES **NO**

- ☐ ☐ 1. **Due to a disability, do you require a unit with special features? (please circle appropriate answer)**
Wheelchair Accessible Unit Unit for Vision-Impaired Unit for Hearing-Impaired One Level Unit Extra Bedroom
- ☐ ☐ 2. **Do you or anyone in your family require a live in care attendant?**
Name of Live in Care Attendant: _____
- ☐ ☐ 3. **Are you currently homeless or living in substandard housing?**
This information must be able to be documented by an agency attesting to the conditions.
Name of Agency: _____
Contact Name: _____ Phone Number: _____
- ☐ ☐ 4. **Do you currently reside in a Housing Visions apartment?**
Reason for Transfer Request: _____
- ☐ ☐ 5. **Will your household be receiving Section 8 rental assistance at time of move-in?**
**This information is not used as a basis for eligibility. New York State Human Rights Law prohibits the discrimination in housing based on lawful source of income like whether you have a Section 8 background.*
Name of Agency: _____
- ☐ ☐ 6. **Do you have full custody of all children on the application?**
If no, explanation of custody arrangements: _____
- ☐ ☐ 7. **Has anyone on the application been convicted of producing methamphetamine in the home?**
Name: _____
- ☐ ☐ 8. **Is anyone listed on the application legally required to be a lifetime registrant on the state sex offender registry?**
Name: _____

*If you are applying for state-funded housing and have a history of involvement with the criminal justice system, you have rights and protections including the opportunity for an individualized assessment. For more information visit <https://hcr.ny.gov/fair-housing-information> **

All questions above will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers where applicable and any other information required to expedite this process.

All qualified applicants will be afforded equal opportunities without discrimination because of race, creed, color, national origin, sex, age, physical or mental disability, marital status, sexual orientation, gender identity or expression, military status, pregnancy, predisposing genetic characteristics, familial status, status as a victim of domestic violence, source of income, arrest records and criminal convictions, and citizenship and immigration status.

Attachments:

VAWA Notice of Occupancy Rights

VAWA HUD Form 5382

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



Signature Clauses:

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

I/We authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I/We will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I/We authorize Housing Visions Unlimited, Inc. to obtain a criminal report. I/We understand that my/our occupancy is contingent on meeting management's resident selection criteria and the Low Income Housing Tax Credit Program or other applicable program requirements.

I/We do hereby authorize Housing Visions Unlimited, Inc. and/or its agents and its staff or authorized representatives to contact any individuals, agencies, offices, groups, or organizations to obtain and verify any information or materials, which are deemed necessary to complete my/our certification for housing in this project.

Authorization:

All Adult Household Members 18+ Must Sign Below

Signature of Applicant/Resident

Date

Signature of Applicant/Resident

Date

Signature of Applicant/Resident

Date

Signature of Applicant/Resident

Date





KATHY HOCHUL
Governor

Homes and Community Renewal

RUTHANNE VISNAUSKAS
Commissioner/CEO

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

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

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

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

You Cannot Be Rejected Based On:

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

You Cannot Be Asked About 9-12 Above

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

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

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

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

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



Homes and Community Renewal

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.

Protections for Applicants

If you otherwise qualify for the rental housing or program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

You may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

Landing at Burke Meadows (acronym HP for purposes of this document) may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

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

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

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families. HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser

or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.

- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

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

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

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

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP’s duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to

a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
 - 2) Could result in death or serious bodily harm to other tenants or those who work on the property.
- If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

For Additional Information

If you feel that they have been incorrectly denied your rights under VAWA, you should contact NYS Homes and Community Renewal (HCR) at (518-474-9583).

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

HCR has also created the HCR VAWA Local Services Provider List of local organizations, including housing and legal service providers, that support individuals who are or have been victims of domestic violence, available at <https://hcr.ny.gov/system/files/documents/2018/11/hcrvawaresourcelist.pdf>

You may view a copy of HUD's final VAWA rule at <https://www.federalregister.gov/documents/2016/12/06/2016-29213/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs-correction>.

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

Attachment: Certification form HUD-5382

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.