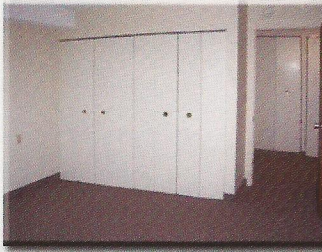


# Dunn Tower

## APARTMENTS



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



- 13 story residential apartment community for people 62 & over as well as for people with physical and/or mobility disabilities.
- All Utilities and Standard Cable Included in rent.
- Updated, all-electric kitchens with self-defrosting refrigerators.
- Convenient rubbish disposal facilities on each floor.
- Intercom to front door & closed circuit TV.
- Heat and smoke detectors.
- State-of-the-art security system.
- Elevated electrical outlets.
- Carpeted Apartments & Hallways.

Managed By



- Modern elevators with Braille markings.
- 24 hour on-site maintenance.
- City bus at front door.
- Pharmaceutical delivery available.
- Onsite Resident Coordinator.
- Activities include bingo, crafts, religious services & other entertainment programs.
- Convenient location to churches, dining, shopping & recreational facilities.
- Sound conditioning throughout.
- Solid, completely fire-proof construction.
- Centrally located Laundry Room.
- 1st Floor Handicap Accessibility.

Office: (585) 429 - 5520  
Fax: (585) 429 - 9720

100 Dunn Tower Drive  
Rochester, NY 14606

TTY: (800) 662 - 1220



# Dunn Tower Apartments

100 Dunn Tower Drive / Rochester, New York / Telephone (585) 429-5520

TTY Hearing Impaired please call: 800-662-1220

MANAGED BY Philippone Realty, Inc.

Dear Applicant:

Dunn Tower Apartments is a 13 story high rise for well-aging senior citizens, 62 years of age or older, Veterans and their surviving spouses, who submit satisfactory proof of eligibility according to the Civil Service Law Section 85 and people with physical and/or mobility disabilities, 18 years of age and older. Starting April, 1<sup>st</sup>, 2018 Dunn Tower Apartments did become a smoke-free complex.

Enclosed is the preliminary application you requested. Please fill it out as completely as possible in pen. Also, fill out the enclosed tenant profile sheet and all the forms.

Please sign and return all original forms to Dunn Tower Apartments at the address above as soon as possible. Please be advised by signing the application you are authorizing Dunn Tower Apartments to obtain all the reports listed on the application procedures page.

When your preliminary application is returned to the office, it will be time stamped, dated, numbered and placed in numerical order on the waiting list, if you are eligible. Once your application has been received you can contact our office and we will be able to give you your application number. If you would like to see

where you are on the waiting list, you use that number by going online to [www.nysdhr.gov](http://www.nysdhr.gov) click on "Forms & Applications", scroll down to "Online Services", click on "Mitchell-Lama Automated Waiting List (AWL) Public Access Functions – New" to review your eligibility.

Please note that the income limits for Dunn Tower Apartments are \$54,350 for one person and \$62,100 for two people. If your combined income per year, from all sources, is higher than these figures, you are not eligible for housing here. Additionally, even if an applicant's income is below these limits and the calculated rent that would be required exceeds the market rent for the unit, the applicant is deemed ineligible under HUD rules.

Thank you for your interest in Dunn Tower Apartments.

Sincerely,



Marisa Belles  
On-Site Manager  
Philippone Realty Inc. as Managing Agent



**DUNN TOWER APARTMENTS  
PRELIMINARY APPLICATION**

**OFFICE USE ONLY**  
DATE REC'D \_\_\_\_\_  
SIZE \_\_\_\_\_ WL# \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
Head of Household: First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_ M or F \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ZIP \_\_\_\_\_  
TELEPHONE NO. \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
Spouse or 2<sup>nd</sup> Applicant: First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_ M or F \_\_\_\_\_  
SOCIAL SECURITY NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**INCOME:**

**HEAD:** SOCIAL SECURITY GROSS: \$ \_\_\_\_\_ MEDICARE: \$ \_\_\_\_\_  
**2<sup>nd</sup> APP:** SOCIAL SECURITY GROSS: \$ \_\_\_\_\_ MEDICARE: \$ \_\_\_\_\_  
PENSION FROM: \_\_\_\_\_ AMT/MO: \$ \_\_\_\_\_  
SALARY IF EMPLOYED FROM: \_\_\_\_\_ AMT/MO: \$ \_\_\_\_\_  
SUPPLEMENTARY SOCIAL SECURITY/MO GROSS: \$ \_\_\_\_\_

**ASSETS:**

TOTAL PRINCIPAL IN ALL BANK ACCOUNTS: \$ \_\_\_\_\_  
TOTAL INTEREST RECEIVED/YEAR: \$ \_\_\_\_\_  
TOTAL VALUE OF STOCKS: \$ \_\_\_\_\_  
TOTAL DIVIDENDS RECEIVED/YEAR: \$ \_\_\_\_\_  
VALUE OF EQUITY IN REAL PROPERTY: \$ \_\_\_\_\_  
ANY OTHER INCOME: \$ \_\_\_\_\_  
LIST ANY ASSETS DISPOSED OF WITHIN THE LAST TWO YEARS: \$ \_\_\_\_\_

**EXPENSES:**

MEDICAL INSURANCE PREMIUM(S) PAID: \$ \_\_\_\_\_  
TOTAL PRESCRIPTIONS /YEAR PAID: \$ \_\_\_\_\_  
TOTAL DOCTOR PAYMENTS/YEAR PAID: \$ \_\_\_\_\_

**CHECK TYPE OF APARTMENT YOU ARE INTERESTED IN:**

STUDIO/SM. 1 BDRM \_\_\_\_\_ LG.1 BDRM \_\_\_\_\_ 2 BDRM \_\_\_\_\_  
(475 SQ. FT.) (560 SQ. FT.) (MUST BE TWO PEOPLE)

1. Have you ever lived at Dunn Tower Apartments? Y or N – if yes, when \_\_\_\_\_
2. Have you ever been denied tenancy at Dunn Tower Apartments? Y or N – if yes, when \_\_\_\_\_
3. Are you a Veteran or surviving spouse as defined in Section 85 of the Civil Service Law? No \_\_\_ Yes \_\_\_  
If yes please submit proof of eligibility.

**(SEE REVERSE SIDE AND SIGN)**



“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 employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or 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 \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD 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).\*\*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I certify the accuracy and completeness of the information provided on this application

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# Dunn Tower Apartments

Managed By

**Philippone Realty Inc.**

One Hundred Dunn Tower Drive\* Rochester, New York 14606

\*Telephone: (585) 429-5520\*Fax: (585) 429-9720\*TTY (800) 662-1220

This letter is to inform you of the procedures we go through to process your application. When you fill out and sign the application, as well as sign the back of this form, you are allowing Dunn Tower Apartments to verify all the information listed below.

The office hours are Monday through Friday 8:30am to 3:30pm. We are closed for lunch from 12:00pm to 1:00pm. If you have any questions please feel free to contact us during business hours.

## APPLICATION PROCESS

- Send out Application
- Receive application back
- Make a folder for applicant. Enter name on the Waiting List
- Run a credit check (Verified through TransUnion, 2 Baldwin Place, PO Box 1000, Chester, PA 19022, 1-800-898-6196)
- Run a Criminal Background Check (Verified through AMRENT, PO Box 605, Columbus, OH 43216-0605, 1-888-898-6196)
- Run a Sex Offenders Background Check (Sex offender registry website: <http://www.nsopw.gov>)  
**Dru Sjodin Sex Offender Registry**
- Are you a "Veteran or their surviving spouse" who served on active duty in time of war, as defined in Section 85 of the Civil Service Law – Proof sent
- Send out disability papers (if applicant is under 62 years of age)
- Send Rental History form
- Call when the name is close to the top of the list to see if they are still interested
- Set up an appointment for applicant to see an apartment
- Give a copy of the application and home visit form and the move-in packet to the Tenant Coordinator so she can set up the appointment to do a Home Visit.
- Receive final approval from the Property Manager (before prospect is called)
- Contact prospect and tell them if they qualify. Set up appointment to process their move in paperwork.
- Perform an EIV (Enterprise Income Verification) Existing Tenant Search screening for new resident.

**(IF YOU ARE INTERESTED IN CONTINUING WITH THE APPLICATION PROCESS PELASE SIGN THE BACK OF THIS FORM)**

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or 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 \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD 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).\*\*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Updated 8/16/2012

- Read and understand the application form.
- Complete and sign the application form.
- Make a follow up appointment - Date shown on the Waiting List.
- Make your check (Verified through TransUnion 2 Webster Place, PO Box 1800, Chelsea, MA 01922) 1-800-298-4100
- Run a Criminal Background Check (Verified through AMBLYN, PO Box 605, Colmar, NY 12516-0605) 315-265-6100
- Run a Sex Offender Background Check (For offender registry website: <http://www.nys.gov>) - The State of New York
- Are you a "Veteran or their surviving spouse" who served on active duty in time of war, as defined in Section 85 of the Civil Service Law - (Proof sent)
- Good and disability papers (If applicant is under 65 - send to age)
- Good Rental History form
- Call when the name is close to the top of the list to see if they are still interested
- Set up an appointment for applicant to see an apartment
- Give a copy of the application and interview form and a move-in packet to the Tenant Coordinator to the car set up the apartment to do a Home Visit
- Receive final approval from the property manager (before project is called)
- Contact project and set date to visit (if they qualify). Set up appointment to process their name in paperwork.
- Perform an HIV (Hepatitis B and C) Blood (Tenant Health Screening) for new tenants.

IF YOU ARE INTERESTED IN CONTINUING WITH THE APPLICATION PROCESS PLEASE SIGN THE BACK OF THIS FORM



TENANT PROFILE SHEET

NAME \_\_\_\_\_  
Head of Family

Last Employer: \_\_\_\_\_

Type of Work \_\_\_\_\_

Education \_\_\_\_\_

Specialty Education \_\_\_\_\_

Hobbies \_\_\_\_\_

Interests \_\_\_\_\_

Do you volunteer work? Please list.

Can you speak a foreign language?

Do you drive? \_\_\_\_\_

Have you ever been convicted of a

Felony? \_\_\_\_\_ Explain \_\_\_\_\_

Are you subject to a lifetime state Sex

Offender Program in any State? \_\_\_\_\_

NAME \_\_\_\_\_  
Co-Head/Spouse

Last Employer: \_\_\_\_\_

Type of Work \_\_\_\_\_

Education \_\_\_\_\_

Specialty Education \_\_\_\_\_

Hobbies \_\_\_\_\_

Interests \_\_\_\_\_

Do you volunteer work? Please list.

Can you speak a foreign language?

Do you drive? \_\_\_\_\_

Have you ever been convicted of a

Felony? \_\_\_\_\_ Explain \_\_\_\_\_

Are you subject to a lifetime state Sex

Offender Program in any State? \_\_\_\_\_

HOUSING INFORMATION:

Do you own a home? \_\_\_\_\_ Or are you renting? \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

If renting, do you have a lease? \_\_\_\_\_ How much notice do you have to give to your present landlord before leaving? \_\_\_\_\_

If you own your home, are you presently trying to sell it? \_\_\_\_\_

How soon could you take an apartment, if one was available? \_\_\_\_\_

Dunn Tower Apartments is an independent living, 13 story high rise for seniors citizens 62 years of age or older, disabled veterans, and people with physical and/or mobility disabilities **ONLY** 18 years of age and older.

Do you qualify under Dunn Tower Apartments criteria? \_\_\_\_\_

In order to be placed on the Dunn Tower waiting list, you must complete this form and the Income Verification form and return them to the office. When we receive it, **ONLY** at that time, will you be placed on the numerical waiting list, if you are eligible.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature



# Dunn Tower Apartments

MANAGED BY

**Philippone Realty, Inc.**

ONE HUNDRED DUNN TOWER DRIVE \* ROCHESTER, NEW YORK 14606  
(585) 429-5520 \* FAX (585) 429-9720 \* TTY (800) 662-1220

Federal law requires us to get drug and criminal background and sex offender, registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Dunn Tower Apartments will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years? Yes No
2. Do you currently use illegal drugs or abuse alcohol? Yes No
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? Yes No
4. Have you been convicted of any drug-related crime within the past five years?  
Yes No
5. Have you been convicted of any felony? Yes No
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years?  
Yes No
7. Have you been convicted of any crime involving violence within the past five years? Yes No
8. Are you currently charged with any of the above criminal activities? Yes No
9. Please list all states in which you have lived or have held licenses to drive (including driver's license #) \_\_\_\_\_
10. Have you ever used or been known by any other name? Yes No  
If yes, please list names used \_\_\_\_\_

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above question are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of any lease. I authorize Dunn Tower Apartments to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Dunn Tower Apartments, to a public housing authority, or to an agency contracted by Dunn Tower Apartments to conduct criminal background checks.

"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 employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of





the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or 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 \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD 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).\*\*

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S NAME (PLEASE PRINT) \_\_\_\_\_



**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

**Name of Property** **Project No.** **Address of Property**

**Name of Owner/Managing Agent** **Type of Assistance or Program Title:**

**Name of Head of Household** **Name of Household Member**

Date (mm/dd/yyyy): \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

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

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

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<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.

--	--

**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.

**NOTICE DISCLOSING TENANTS' RIGHTS TO  
REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES**

**Reasonable Accommodations**

The New York State Human Rights Law requires housing providers to make reasonable accommodations or modifications to a building or living space to meet the needs of people with disabilities. For example, if you have a physical, mental, or medical impairment, you can ask your housing provider to make the common areas of your building accessible, or to change certain policies to meet your needs.

To request a reasonable accommodation, you should contact your property manager by calling (585) 429-5520 or (585) 429-6735, or by e-mailing dt1@dunntower.com. You will need to inform your housing provider that you have a disability or health problem that interferes with your use of housing, and that your request for accommodation may be necessary to provide you equal access and opportunity to use and enjoy your housing or the amenities and services normally offered by your housing provider. A housing provider may request medical information, when necessary to support that there is a covered disability and that the need for the accommodation is disability related.

If you believe that you have been denied a reasonable accommodation for your disability, or that you were denied housing or retaliated against because you requested a reasonable accommodation, you can file a complaint with the New York State Division of Human Rights as described at the end of this notice.

Specifically, if you have a physical, mental, or medical impairment, you can request:<sup>†</sup>

Permission to change the interior of your housing unit to make it accessible (however, you are required to pay for these modifications, and in the case of a rental your housing provider may require that you restore the unit to its original condition when you move out); Changes to your housing provider's rules, policies, practices, or

---

\* The Notice must include contact information when being provided under 466.15(d)(1), above. However, when being provided under (d)(2) and when this information is not known, the sentence may read "To request a reasonable accommodation, you should contact your property manager."

<sup>†</sup> This Notice provides information about your rights under the New York State Human Rights Law, which applies to persons residing anywhere in New York State. Local laws may provide protections in addition to those described in this Notice, but local laws cannot decrease your protections.

services; Changes to common areas of the building so you have an equal opportunity to use the building. The New York State Human Rights Law requires housing providers to pay for reasonable modifications to common use areas.

Examples of reasonable modifications and accommodations that may be requested under the New York State Human Rights Law include:

If you have a mobility impairment, your housing provider may be required to provide you with a ramp or other reasonable means to permit you to enter and exit the building.

If your healthcare provider provides documentation that having an animal will assist with your disability, you should be permitted to have the animal in your home despite a “no pet” rule.

If you need grab bars in your bathroom, you can request permission to install them at your own expense. If your housing was built for first occupancy after March 13, 1991 and the walls need to be reinforced for grab bars, your housing provider must pay for that to be done.

If you have an impairment that requires a parking space close to your unit, you can request your housing provider to provide you with that parking space, or place you at the top of a waiting list if no adjacent spot is available.

If you have a visual impairment and require printed notices in an alternative format such as large print font, or need notices to be made available to you electronically, you can request that accommodation from your landlord.

### **Required Accessibility Standards**

All buildings constructed for use after March 13, 1991, are required to meet the following standards:

Public and common areas must be readily accessible to and usable by persons with disabilities;

All doors must be sufficiently wide to allow passage by persons in wheelchairs; and

All multi-family buildings must contain accessible passageways, fixtures, outlets, thermostats, bathrooms, and kitchens.

If you believe that your building does not meet the required accessibility standards, you can file a complaint

with the New York State Division of Human Rights.

### **How to File a Complaint**

A complaint must be filed with the Division within one year of the alleged discriminatory act or in court within three years of the alleged discriminatory act. You can find more information on your rights, and on the procedures for filing a complaint, by going to [www.dhr.ny.gov](http://www.dhr.ny.gov), or by calling 1-888-392-3644. You can obtain a complaint form on the website, or one can be e-mailed or mailed to you. You can also call or e-mail a Division regional office. The regional offices are listed on the website.

## **Know Your Rights**

### **NEW Anti-Discrimination Guidance Affecting People with Criminal Histories**



**If you are applying for state-funded housing and have a criminal record, you now have rights and protections. Read below to make sure you are not denied housing unjustly.**

There are only two mandatory reasons that you can be denied access to state-funded housing:

1. Conviction for methamphetamine production
2. Being a lifetime registrant on a state or federal Sex Offender database

If you have any other type of conviction, you are eligible to be considered for housing.

Housing operators will first look at whether your criminal conviction involved physical violence to persons or property, or affected the health, safety and welfare of others. If it did not, they should not consider your conviction in assessing your housing application. If it did, you must be provided with an opportunity to answer the following questions:

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. What evidence do you have about your rehabilitation, including treatment programs, volunteer work, paid employment, etc. since your conviction(s)?

The housing operator must evaluate your answers in determining your eligibility for housing. 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 access to housing, you may contact the Fair and Equitable Housing Office at [feho@nyshcr.org](mailto:feho@nyshcr.org) to obtain assistance.



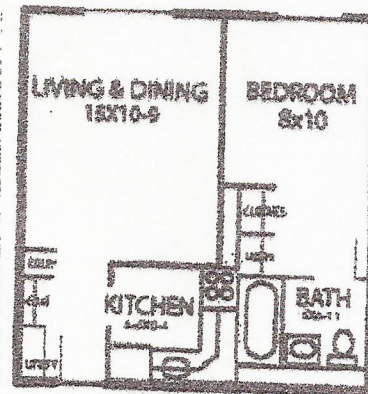
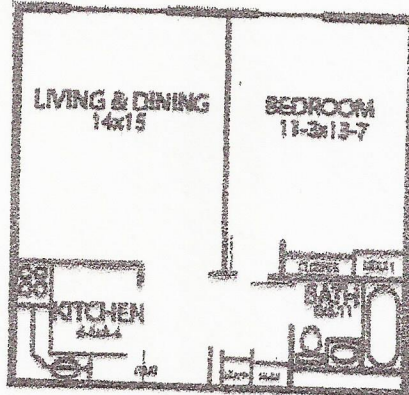
## **Know Your Rights**

### **NEW Anti-Discrimination Guidance Affecting People with Criminal Histories**



The Right Place for your retirement years...

### Dunn I Floor Plans



Download this floor plan in pdf format. [requires Adobe Reader]

Dunn I - 100 Dunn Tower Drive - Rochester NY 14608 - Telephone: (585) 428-5520 - Fax: (585) 428-5720  
Email: [info@dunntower.com](mailto:info@dunntower.com)