LOG # _____(for office use only)

MARY THE QUEEN, 35 Vark Street, Yonkers, NY 10701

Application Deadline: February 26, 2026
Where to Send Completed Application: Griffin House, C/O Mary The Queen, 122 South Broadway, Yonkers, NY 10701 or via email at info@hhmgmt.com
Lottery Date: **March 11, 2026**
Contact Information: Mary The Queen, Phone: (914) 996-1300; Email: info@hhmgmt.com: Website: https://hoghillmanagement.com/properties/marythequeen

Applicant and Contact Information:

_____
First Name Middle Initial Last Name

Current Living Address:

_____
Street Address Apartment #

_____
City State Zip

Mailing Address (if different from above):

_____
Street Address Apartment # or PO Box #

_____
City State Zip

Email: _____

Phone Number(s): _____ _____ _____
Cell Phone Home Phone Work Phone

Preferred Method of Contact: (Email/Paper Mail/Phone Call/Text Message) _____

Preferred Language of Contact: In what language would you prefer to receive written communications about your application? _____

(Optional) Contact Person or Organization Information (If we are unable to reach you)**:**

Name: _____ Email: _____ Phone Number: _____
Relationship: ☐ Friend ☐ Family ☐ Case Manager ☐ Housing Counselor ☐ Other_____

Household Information:

1. **How many persons (including yourself) will live in the unit you are applying for?** _____
2. **Do you anticipate any changes in the size of your household within the next 12 months? (Future spouse, a minor entering the home through adoption, child returning from foster care, etc.) If yes, please describe any changes here:**

   _____

   _____

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3. List **ALL** the people who will live in the unit for which you are applying (household members), starting with yourself as "Self" on chart below.

Unit with Additional Accessible Features: If a household member has an ongoing mobility (M), hearing (H), or visual (V) disability and can benefit from a unit adapted for these disabilities, **check the relevant box on the chart below.** If selected for further processing, you may be required to provide supporting documentation

First, Middle Initial & Last Name, Suffix	Relationship to Applicant	Birth Date MM/DD/YY	Student Status (Specify No, Full-time or Part-time)	Have a Disability?		
				Mobility	Visual	Hearing
	Self					

Reasonable Accommodations/Modifications: You have a right to request a reasonable accommodation or modification for the disability of someone in your household. To learn more, read the attached Notice Disclosing Tenant's Rights to Reasonable Accommodation also available here: https://dhr.ny.gov/legalupdates#notice-of-tenant's-rights-to-reasonable-accommodation

If you are seeking a reasonable accommodation/modification, please describe:

Information About Tenant Screening

Criminal Legal System and Credit History: The landlord must consider individual circumstances regarding most criminal legal events or negative credit history you may have. You have rights! Find out more in the attached Know Your Rights documents and here: https://hcr.ny.gov/marketing-plans-policies#credit-&-criminal-history-assessment-policies

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Domestic Violence: 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. To learn more, read the Notice of Occupancy Rights attached to this application.

Rental Subsidy

1. **Does your household have a transferable rental subsidy like Section 8, VASH or NYC FHEPS?**
   NOTE: This information *will not affect the processing of the application.* Rental subsidy information may make your household eligible for more units (example: units with higher income requirements than your current household income).

☐ No

☐ Yes – Section 8 Voucher

☐ Yes – NYC FHEPS

☐ Yes – Other Rental Subsidy/Certificate: _____

NOTE: Housing providers in New York State cannot discriminate against you based on the lawful source of your income, including rental subsidies.

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Income and Assets

Note: Be sure to review the lottery advertisement or income chart to see if your income qualifies for this project.

1. Income from Employment

List all full-time and/or part-time employment income (for example: wages and self-employment) for **ALL** household members. All wages listed must be GROSS income except for self-employment income. Self-Employment must be listed as NET income, which is the amount made after deductions.

Household Member	Income Source or Employer Name & Address	Length of Time Receiving this Income		Income Amount ($)	Frequency? (Ex: weekly, bi-weekly, semi-monthly, monthly, annually)	Annual Income
		Yrs.	Mos.			
Self				$		$
				$		$
				$		$
				$		$
				$		$
				$		$
				$		$
				$		$
				$		$
				$		$
				$		$
TOTAL ANNUAL HOUSEHOLD INCOME FROM EMPLOYMENT (Add all amounts from "Annual Income" column):						$

2. Income from Other Sources

List all other income sources for **ALL** household members. For example, welfare (including housing allowance), Social Security, SSI, pension, workers' compensation, unemployment compensation, interest income, babysitting, caretaking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants, gift income, etc. This must be GROSS income.

Household Member	Income Source or Employer Name & Address	Length of Time Receiving this Income		Income Amount ($)	Frequency? (Ex: weekly, bi-weekly, semi-monthly, monthly, annually)	Annual Income
		Yrs.	Mos.			
Self				$		$
				$		$
				$		$
				$		$
				$		$
				$		$
				$		$
				$		$
				$		$
				$		$
				$		$
				$		$
				$		$
				$		$
				$		$
				$		$
TOTAL ANNUAL HOUSEHOLD INCOME FROM OTHER SOURCES Add all amounts from "Annual Income" column)					$	

3. Total Annual Household Income from Employment and Other Sources
Add total amounts from Table 1 and 2, above

$

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4. Total Current Household Assets

Below please list **ALL** assets for all household members. Examples of assets include checking account, savings account, investment assets (stocks, bonds, vested retirement funds, etc.), real estate, cash savings, miscellaneous investment holdings, etc.

Household Member	Bank/Institution Name	Type of Asset or Account	Cash Value
Self			$
			$
			$
			$
			$
			$
			$
			$

Race and Ethnicity (OPTIONAL)

This information is optional and will not affect the processing of the application. ***You can choose to SKIP all or any part of this section.***

1. [OPTIONAL] Ethnicity: Please check the group(s) that best identifies the household:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Choose not to answer

2. [OPTIONAL] Race: Please check the group(s) that best identifies the household:

☐ White	☐ Black or African American
☐ Asian	☐ Native Hawaiian or Other Pacific Islander
☐ American Indian or Native Alaskan	☐ Other _____
☐ Choose not to answer	

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Signatures

(Required for All Household Members 18 and over)

I (WE) DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. I (we) understand that consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my (our) application, the termination of my (our) lease (if discovery is made after the fact), and referral to the appropriate authorities for potential prosecution.

I (WE) DECLARE THAT NEITHER I (WE), NOR ANY MEMBER OF MY (OUR) IMMEDIATE FAMILY, ARE EMPLOYED BY THE BUILDING OWNER OR ITS PRINCIPALS.

_____	_____
Signature	Date
_____	_____
Signature	Date
_____	_____
Signature	Date
_____	_____
Signature	Date
_____	_____
Signature	Date
_____	_____
Signature	Date
_____	_____
Signature	Date

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Exp. 1/31/2028

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

Confidentiality Note: Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

Purpose of Form: If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act ("VAWA"), you may use this form to comply with a covered housing provider's request for written documentation of your status as a "victim". This form is accompanied by a "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

VAWA protects individuals and families regardless of a victim's age, sex, or marital status.

You are not expected **and cannot be asked or required** to claim, document, or prove victim status or VAWA violence/abuse other than as stated in "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

This form is **one of your available options** for responding to a covered housing provider's written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, "What do I need to document that I am a victim?". Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

Will my information be kept confidential? Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person's access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, **or** (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

What if I require this information in a language other than English? To read this in Spanish or another language, please contact

or go to

. You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Need further help? For additional information on VAWA and to find help in your area, visit https://www.hud.gov/vawa. To speak with a housing advocate, contact

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

1. **Name(s) of victim(s):** _____

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

3. **Name(s) of other member(s) of the household:** _____

   _____

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

5. **What is the safest and most secure way to contact you? (You may choose more than one.)**

   If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

   ☐ Phone Phone Number: _____

   Safe to receive a voicemail: ☐ Yes ☐ No

   ☐ E-mail E-mail Address: _____

   Safe to receive an email: ☐ Yes ☐ No

   ☐ Mail Mailing Address: _____

   Safe to receive mail from your housing provider: ☐ Yes ☐ No

   ☐ Other Please List: _____

6. **Anything else your housing provider should know to safely communicate with you?**

Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:

Domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

Dating violence means violence committed by a person:

(1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; **and**

(2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

Sexual assault means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

(1) Fear for the person's individual safety or the safety of others **or**

(2) Suffer substantial emotional distress.

Certification of Applicant or Tenant: By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

_____ _____

Signature **Date**

NEW YORK STATE OF OPPORTUNITY. | Homes and Community Renewal

Notice of Occupancy Rights under the Violence Against Women Act[1]

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.

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[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.

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

_____ [Insert the project name, owner, or covered housing provider (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.

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 FEHO@hcr.ny.gov.

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