



Our Mission

To provide programs and services in an affordable, transitional housing community for low income, single parent families striving to achieve economic and social stability, increase their independent earning power, and break the cycle of poverty and DHS dependence.

Program & Services

Family Support Services- Individualized Case Management, next-step housing assistance, educational programs.

Housing- Wilson Commencement Park (WCP) has fifty 2 & 3 bedroom townhouse units (12 are Handicap Accessible). Destiny is for women and children only and has 18 2 & 3 bedroom apartments (all are Handicap Accessible).

WHO is eligible?

WCP is open to single-parent families who demonstrate the desire and motivation to benefit from and make maximum use of all services offered. However, there are certain restrictions and considerations:

- You must be at least 18 years old.
- You must have legal custody of your children, and they must be currently living with you (proof may be requested).
- You must have the ability to pay your monthly rent and be able to document your sources of income (ex: shelter allowance, earnings, etc.).
- You must understand that WCP is a transitional, drug-free program. It is NOT emergency housing. WCP is a two (2) year program.
- You must be in a 20 hour program outside of WCP (employment, school, volunteering, etc.).
- WCP considers many different factors in selecting program participants.
- Residents must follow all rules and policies of the WCP community. They must participate in Communi-versity/Life Skills Academy and follow a written guest policy.
- Residents are required to attend all quarterly Town Meetings.

HOW do I apply?

There are several steps to the WCP application process. To begin, please connect with:

- ❖ **Carlos Merriweather**
 - Email: CMerriweather@pathstone.org
 - Phone: 585.491.4354



WILSON COMMENCEMENT PARK *Developing Successful Families*

Wilson Commencement Park & Destiny Staff

Name & Position	Location	Office/ Cell Phone	Email Address
Cavelle Mighty Executive Director	Wilson Commencement Park/ Destiny	(585) 263-7942	cmighty@pathstone.org
Edna Chimhau Family Support Program Administrator	Wilson Commencement Park/ Destiny	(585) 263-7953 (585) 507-9820	echimhau@pathstone.org
Reneatha Holloway- Harper Family Services Case Manager/ Executive Assistant	Wilson Commencement Park/ Destiny	(585) 263-7942 (585) 491-4354	rhollowayharper@pathstone.org
Carlos Merriweather Resident Service Coordinator	Wilson Commencement Park/ Destiny	(585) 263-7937	cmerriweather@pathstone.org



Office Hours

Cavelle Mighty- Executive Director

- 251 Joseph Avenue, Rochester, NY 14605

Monday: 9AM-5PM

Tuesday: 9AM-5PM

Wednesday: 9AM-5PM

Thursday: 9AM-5PM

Friday: By Appointment Only (Administrative Day)

Edna Chimhau- Family Support Program Administrator

- 225 Joseph Avenue, Rochester, NY 14605 & 251 Joseph Avenue, Rochester, NY 14605

Monday: 9AM-5PM

Tuesday: 9AM-5PM

Wednesday: 9AM-5PM

Thursday: 9AM-5PM

Friday: By Appointment Only (Administrative Day)

Ilna Sankowski- Family Services Case Manager & Executive Assistant

- 251 Joseph Avenue, Rochester, NY 14605

Monday: 9AM-5PM

Tuesday: 9AM-5PM

Wednesday: 9AM-5PM

Thursday: 9AM-5PM

Friday: By Appointment Only (Administrative Day)

Carlos Merriweather- Resident Service Coordinator

- 225 Joseph Avenue, Rochester, NY 14605

Monday: 9AM-5PM

Tuesday: 9AM-5PM

Wednesday: 9AM-5PM

Thursday: 9AM-5PM

Friday: By Appointment Only (Administrative Day)



Please Submit ALL Documents within TEN (10) Business Days

Please contact us if there will be a delay in submission of required documents

Carlos Merriweather

585.491.4354

CMerriweather@pathstone.org

1. Rental application completed
2. Program Verification- minimum of 20 hours weekly. FT/PT or a combination of the following:
Employment, WEP, GED, College, Training Programs, Mental Health &/or Substance Abuse Counseling
3. RG&E Form
4. I.D. (Benefit Card OK-needs to have your picture) if no gov. I.D. available
5. Social Security Cards (ALL family members)
6. Birth Certificates (ALL family members)
7. Custody Papers (if applicable)
8. Vehicle Registration & Vehicle Insurance (if applicable)
9. Income Verification (paystubs)
10. DHS Scratch Budget Sheet (within 120 days)
11. SSI/SSD Award Letters (within 120 days)
12. Actual Child Support Order & one (1) year print out
13. Unemployment Statement
14. Bank Verification &/OR Debit Card with ATM receipt
15. Student Verification & Student Schedule
16. Professional Letter (ON letterhead)
17. Personal Letter (NO family members)
18. Letter of Support (Shelter)
19. List of Residency (Past 5 years) in Application
20. HMIS Form
21. Benefit Card (Parent)
22. Doctor's Statement- Proof of Pregnancy & Due Date
23. Financial Preparation (1st months' rent and security deposit)

Wilson Commencement Park | 251 Joseph Avenue, Rochester, NY
14605 | 585.263.7942 | www.wcpark.org



Wilson Commencement Park Destiny at WCP Tenant Application

PLEASE RETURN APPLICATION TO:

Wilson Commencement Park
251 Joseph Avenue
Rochester, New York 14605
Phone: (585) 263-7930 FAX: (585) 263-2497 TDD 800-545-1833

FOR OFFICE USE ONLY:

APPLICATION # _____
DATE: _____ **TIME:** _____
RECEIVED BY: _____

INFORMATION SOLICITED ON THIS APPLICATION IS REQUESTED BY THE APARTMENT OWNER IN ORDER TO ASSURE THAT FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICATIONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, MARITAL STATUS, AGE AND HANDICAP ARE COMPLIED WITH. THIS INFORMATION WILL NOT BE USED TO DISCRIMINATE AGAINST YOU. WE ARE AN EQUAL HOUSING OPPORTUNITY ORGANIZATION.

PathStone complies with federal and state disability laws and makes reasonable accommodations for applicants and residents with disabilities. If a reasonable accommodation is needed to participate in any part of the application, interview process as well as at any time during housing please contact the property manager to submit the request.

The Violence Against Women Act (VAWA) provides protection for victims of domestic violence, dating violence, sexual assault and stalking. These protections are available to all individuals regardless of sex, gender identity or sexual orientation. If you are seeking VAWA protections please complete HUD form 5382 attached or contact the property manager.

Please review your application carefully. If any questions are not answered, the application may be deemed incomplete and could be returned to you.

Applicant 1

Name _____
Address _____
City _____
Zip Code _____
Telephone _____
Cell Phone _____
Email _____

Age _____ Sex _____
Date of Birth _____
Social Security# _____

Applicant 2

Name _____
Address _____
City _____
Zip Code _____
Telephone _____
Cell Phone _____
Email _____

Age _____ Sex _____
Date of Birth _____
Social Security# _____

FAMILY COMPOSITION (Persons to reside in apartment in addition to above named):

Name	Relationship	Birth date	Social Security #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____



SIZE REQUESTED

- Two Bedroom Three Bedroom

PERSON WE MAY CONTACT IF YOU ARE NOT AVAILABLE:

Name Address Phone Number

INCOME/ASSET INFORMATION

Applicant 1

Applicant 2

Current Income:

Gross Employment/month	\$ _____	\$ _____
Public Assistance	\$ _____	\$ _____
SSI/Social Security/month	\$ _____	\$ _____
IRA/Pension/month	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Alimony/Child Support	\$ _____	\$ _____
No Child Support	\$ _____	\$ _____
Self-Employment	\$ _____	\$ _____
Other Income	\$ _____	\$ _____

Are you or any adult member claiming zero income? _____

Bank Accounts:(include all household members)

Checking Account	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____
Money Market Account	\$ _____	\$ _____
Credit Union	\$ _____	\$ _____
Other (please specify)	\$ _____	\$ _____

Present Assets:

Full value of stocks	\$ _____	\$ _____
Full value of bonds	\$ _____	\$ _____
Full value of CDs	\$ _____	\$ _____
Market value of Real Estate	\$ _____	\$ _____

Have you or any member of your household disposed of any assets for less then fair market value within the past 2 years? Yes _____ No _____

If yes, please give dollar amount: \$ _____



EMPLOYMENT:

Applicant 1

Name _____
Address _____
Phone _____
Dates: From _____ To _____
Type of Work _____

Applicant 2

Name _____
Address _____
Phone _____
Dates: From _____ To _____
Type of Work _____

PRESENT LIVING CONDITIONS:

Do You: own rent live with family or friend shelter or emergency housing

How long have you lived at your residence? _____

What is your rental cost each month? \$ _____

Does your rent include utilities? Yes _____ No _____

If No, what is your utility cost per month? (Do not include phone or cable) \$ _____

Do you receive rental assistance or rent subsidy? Yes _____ No _____

If Yes, how much do you receive? \$ _____

Do you have a Section 8 voucher? Yes _____ No _____

If Yes, is your rent paid in full by Section 8? Yes _____ No _____

How did you hear about this housing? Current Tenant Former Tenant Internet
 Ad Section 8 Other _____

When would you be able to take an apartment? _____

Why do you wish to move? _____

Are you or any household members full time students?

Name (s) _____

In lieu of a credit check, can you provide 12 months history of on-time and in full rental payments?
Yes _____ No _____

Are you or any member of your household subject to a life time sex offender program in any state?
Yes _____ No _____

If Yes, list the State(s) you or household member(s) have resided in: _____



WE ARE AN EQUAL OPPORTUNITY HOUSING ORGANIZATION. WE WOULD APPRECIATE YOUR VOLUNTARY ANSWER TO THE FOLLOWING QUESTIONS:

Ethnicity (Circle one)

Hispanic or Latino

Not Hispanic or Latino

Race (Circle all that apply)

Alaska Native, American Indian, Asian, Black or African American, Native Hawaiian, Pacific Islander, or White.

Have you served in the United States military? Yes _____ No _____

*******PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING*******

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLFULLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Any willful misrepresentation or concealment of any material fact that would affect eligibility for admission will be considered grounds for termination of lease and eviction. I, therefore declare the information provided to be true to the best of my knowledge.

Signature of Applicant #1

Signature of person assisting with application

Signature of Applicant #2

Name of person assisting with application

Date

Address and Phone number

*******PLEASE SIGN THE ATTACHED AUTHORIZATION FOR RELEASE OF INFORMATION*******



Authorization for release of information

I, _____ (applicant 1), _____ (applicant 2) consent to allow _____ (Property Name), to request and obtain income, assets, credit, criminal, schooling, landlord and personal information from the sources attached to this form for the purpose of verifying my eligibility and level of benefits under PathStone Management Corporation housing programs. I understand that housing authorities that receive income information under this consent form cannot use it to deny, refuse, or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest these determinations.

I have read this document, and understand, and agree to the release of information in consideration for my occupancy or continued occupancy of an apartment operated by _____, (Property Name).

"In conjunction with our application or renewal of a lease, I hereby certify that all information contained herein is true and correct. I understand that the material falsification of information provided may result in the rejection of this application or in termination of my lease agreement."

"By execution of this application, I hereby authorize _____, (Property Name) to make such investigation into my credit, employment, rental, and criminal history per the tenant selection criteria, and release all parties from all liability for any damage that may result from their furnishing information to you."

Signatures:

Applicant 1 _____
Name Date Social Security Number

Applicant 2 _____
Name Date Social Security Number





ANDREW M. CUOMO
Governor

Homes and Community Renewal

RUTHANNE VISNAUSKAS
Commissioner/CEO

Know Your Rights: New York State's Credit Policy for Applicants to State-Funded Housing

A housing provider/landlord cannot automatically deny your application to state-funded rental housing based solely on your credit score or history. **If you have a low credit score or negative credit history, you must be provided with the opportunity to present additional information to explain or refute the findings.**

What is the policy?

- You **CAN** avoid a credit check by evidencing that you paid your rent in full and on time during the last 12 months.
- You **CANNOT** be rejected because of your credit score or credit history if:
 - Your FICO credit score is 580 or above (or 500 if you are homeless),
 - You have limited or nonexistent credit history,
 - Rent subsidies pay your entire rent,
 - Your credit score or credit history is a direct result of a Violence Against Women Act(VAWA)-covered crime (like domestic violence, stalking or harassment), or
 - You have a history of bankruptcy or outstanding debt but present evidence of on-time rental payments over the past 12 months.
- You **CANNOT** be rejected based on:
 - Medical debt or student loan debt.
 - Bankruptcies that occurred over 1 year ago.
 - Unpaid debt that is less than \$5,000.
 - A past eviction or housing court history.
 - Limited or no rent or credit history.

What are my rights?

- Housing providers must accept evidence that you paid your last 12 months rent in full and on time instead of requiring a credit check.
- Housing providers may only reach out to your current or previous landlord without your permission to obtain information on major lease violations.
- Housing providers are limited in the fees that they can charge you:
 - A housing provider cannot charge you a credit or background check fee if you provide one to them that was run within the last 30 days.
 - A housing provider may not charge you more than \$20 or the actual cost (whichever is less), to run both a credit check and a background check.
- *Before* rejecting your application based on your credit report, you must be given 14 days to present evidence of circumstances that explain negative credit findings such as errors in the credit report and short-term periods of unemployment/illness.
- If you are denied, you must be told why and you must be provided with a copy of your credit report and background check.

Find more information about your rights when applying to state-funded housing, including if you have a criminal convictions, here: <https://hcr.ny.gov/marketing-plans-policies#credit-and-criminal-convictions-assessment-policies>



Homes and Community Renewal

ANDREW M. CUOMO
Governor

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. Arrest records that were resolved in your favor;
2. Youthful offender adjudications;
3. Pending arrests with adjournments in contemplation of dismissal;
4. Convictions for violations sealed pursuant to Section 160.55 of New York State Criminal Procedure Law;
5. Convictions sealed pursuant to Section 160.58 or 160.59 of New York State Criminal Procedure Law;
6. Convictions that were excused by pardon, overturned on appeal or vacated;
7. Convictions or pending arrests that do not involve physical violence to persons or property, or affected the health, safety and welfare of others

You Cannot Be Asked About 1-5 Above

If a housing provider asks you about such matters, you may answer as if the protected arrest, conviction or adjudication never occurred. For more information on this protection, including how to file a complaint if you believe you have been discriminated against, see the New York State Division of Human Right's [Protections Under the Law for People with Arrest and Conviction Records \(https://dhr.ny.gov/protections-people-arrest-and-conviction-records\)](https://dhr.ny.gov/protections-people-arrest-and-conviction-records).

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

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@nyshcr.org for assistance. More information is available here: <https://hcr.ny.gov/marketing-plans-policies#credit-and-criminal-convictions-assessment-policies>



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.

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

PathStone Corporation [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 (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.



Wilson Commencement Park at PathStone

Program Application

The information requested in this application will be used to determine your eligibility for the Wilson Commencement Park program. Please answer all questions as thoroughly as possible. All responses will be kept completely confidential.

Personal Information

____/____/____ Date		_____ E-mail address	
_____ First Name	_____ Middle Initial	_____ Last Name	
_____ Social Security Number	____/____/____ Date of Birth	_____ Place of Birth	
_____ Mailing Address	_____ City	_____ State	_____ Zip Code
_____ <i>Alternate Address</i> <i>(If unable to reach you at mailing address)</i>	_____ City	_____ State	_____ Zip Code

Do you need TTD/TDY access to our staff? (Circle one) Yes No

What is your primary phone number? () _____ Work Number? () _____

Citizenship Status (Circle one): Unites States Other: _____

Work Permit? (Circle one) Yes No N/A

Military Status: (Circle one) Veteran Registered N/A Other: _____

Type of Discharge: _____ **Date of discharge:** _____

Primary Language: English Spanish Other: _____

Marital Status: (Circle one) Single Married Separated Divorced Widowed

Ethnicity: (Circle one) Hispanic/Latino/Latina Not Hispanic/Latino/Latina

Race: (Circle all that apply)

White	Other	Black and Native American
Black/African American	Black/African American and White	Latino and Native American
Latino and White	Latino and Black/African American	
Asian	Asian and White	
Native American	Native American and White	

Gender: (Circle one) Female Male



Personal Statement of Needs

It is mandatory that you answer this question.

Your application will not be considered complete if this section is incomplete.

Thank you.

What barriers have you encountered in your life? What is your plan to create change? You may include, among other things, your current housing situation, counseling needs, support group needs, and day care needs. Use additional pages if necessary.



Transportation & Vehicle Information

Do you have a valid driver's license? (Circle one) Yes No Class of License? _____
 Learner's Permit? (Circle one) Yes No
 Do you have your own car? (Circle one) Yes No License Plate #: _____
 Do you have a valid registration and insurance for your vehicle? (Circle one) Yes No
 Name of Insurance Company? _____ Phone # _____

_____ Make _____ Model _____ Year _____ Color _____

Residence History

Which of the following best describes your current living situation? (Please circle one)

Living in my own apartment Homeless (in a shelter) Which one? _____
 Living with friends In a program Where? _____
 Living with parents Other Please specify _____
 Living with other relatives

How long have you lived at your current residence? _____ What is your current monthly rent? \$ _____

Are you being evicted or forced to relocate? (Please circle one) Yes No

If yes, please explain: _____

Have you ever stayed/lived in a homeless shelter? (Circle one) Yes No

1. If "yes" how many times in the past 3 years? _____
2. Length of stay in each shelter _____

Educational/Vocational History

What level of education describes you the best? (Please check all that apply)

- I am a High School graduate. I graduated from: _____ on: ____/____/____
- I am a GED graduate/ I graduated from: _____ on: ____/____/____
- I am currently a student:
 - I am enrolled at: _____
 - I have been going or start on: ____/____/____
 - Status (circle one) Full-time student Part-time student
- I don't have a high school diploma or GED. Highest grade level I have completed: _____

Have you ever or are you currently attending a job training or educational program? (e.g., Nurse Assistant, LPN, Cosmetology, Adult Basic Education, GED, two-year College, and/or 4-year College? (Circle one) Yes No

If yes, please complete the following:

Program Name	Agency/School	Dates Attended	Completed	
			Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No



Employment History

What is your current employment status?

- Employed Full time (35 hours or more per week)
- Employed part time (Less than 35 hours per week) Number of hours per week _____
- Per Diem Number of hours per week _____
- Not Employed

Employer Name/Address	Dates Worked	Waged Earned	# of hours per week	Job Duties	Reason for Leaving
	From: _____ To: _____	\$ _____			
	From: _____ To: _____	\$ _____			
	From: _____ To: _____	\$ _____			

Income & Support Services

Please identify your current sources of income by completing the following. Write "0" in the amount column if you have no income from the indicated source.

Source	Amount	Per Time Period (Circle one)		
Earnings from employment	\$ _____	Week _____	Month _____	Year _____
Child support	\$ _____	Week _____	Month _____	Year _____
DHS rent assistance or Section 8	\$ _____	Week _____	Month _____	Year _____
DHS cash grant	\$ _____	Week _____	Month _____	Year _____
Food stamps	\$ _____	Week _____	Month _____	Year _____
SSI	\$ _____	Week _____	Month _____	Year _____
Unemployment insurance	\$ _____	Week _____	Month _____	Year _____
Disability insurance	\$ _____	Week _____	Month _____	Year _____
Other: _____	\$ _____	Week _____	Month _____	Year _____



Income and Support Services (continued)

Do you currently receive Medicaid? _____

If you receive DHS benefits, please complete the following

Medicaid number (Benefit Card ID #): _____ Number on grant: _____ Team #: _____

DHS Case Worker: _____ Phone Number: _____

How long have you been on DHS? _____ month(s)/year(s)

Are you currently sanctioned? (Circle one) Yes No If yes, why? _____

Outstanding Debts

Please indicate below whether or not you have any of the following debts.

If yes:

<u>Debt</u>	<u>Yes</u>	<u>No</u>	<u>Total Amount Owed</u>	<u>Monthly Payment</u>
Past/Current Rent			\$	\$
Gas & Electric			\$	\$
Telephone			\$	\$
Credit Card (Visa, MasterCard)			\$	\$
Store Charges			\$	\$
Student Loan			\$	\$
Car Loan			\$	\$
Finance Company Loan			\$	\$
Installment Loan			\$	\$
Loan from Family/Friend			\$	\$
Furniture Lease			\$	\$
Mortgage			\$	\$
Medical Debt			\$	\$
Legal Debt			\$	\$
Other:			\$	\$

Health History

When was the last time you visited your physician? _____

When was the last time you had a physical? _____

FEMALES ONLY: When was the last time you saw your OBGYN? _____

Do you...

<u>Question</u>	<u>YES</u>	<u>NO</u>	<i>If yes, please explain</i>
Have a physical disability?			
Have a mental disability?			
Have a developmental disability?			
Require any special accommodations?			
Take medication for a medical condition?			
Take medication to help with your behavior or mood?			

Have you ever...

<u>Question</u>	<u>Yes</u>	<u>No</u>	<i>If yes, name abuser and why</i>
Been in a domestic violence situation? (e.g., hit by your partner?)			
If you are a victim/survivor of domestic violence, when was the last experience?			
If you are a victim/survivor of domestic violence, are you fleeing?			
Do you currently have or have ever had an order of protection? When?			
Considered getting an Order of Protection?			

❖ For each of the following activities, please indicate whether you currently participate in the activity and whether you participated in the activity in the past.

<u>Activity</u>	<u>Currently</u>		<u>If yes, frequency</u>	<u>In the Past</u>		<u>If yes, last date of use</u>
	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>	
Alcohol Use						
Drug Use Specify: _____						
Drug Use Specify: _____						



Have you, or do you currently attend any treatment program(s)? (Circle one) **Yes** **No**
 If yes to a treatment program, where? _____

Counselor name & phone number _____

Do you have a history of psychiatric care? (Circle one) **Yes** **No**

If yes, name and phone number of psychiatrist: _____

Have you ever been advised to take medication for nervousness, depression, hearing voices or any other emotional problem? (Circle one) **Yes** **No**

If yes, please explain: _____

Using the scale described below, please indicate whether you and or your family have been involved with or been required to participate in the following services:

- ❖ Current= Currently involved with the service
- ❖ Past Only= Were involved with the service in the past, but are not currently
- ❖ Never= Have only been involved with the service

<u>Service</u>	<u>Current</u>	<u>Past Only</u>	<u>Never</u>	<u>If current or past, please explain:</u>
Individual Counseling				
Chemical Dependency Counseling				
Family Counseling				
Career Counseling				
Protective Services				
Family Court				
Legal Services				
Probation/Parole				
Drug Court				
Other: _____				



Legal History

Have you ever been convicted of a crime? (Circle one) Yes No
If yes, please explain: _____

Do you have any pending warrants? (Circle one) Yes No Date of Incident _____

If yes, please explain: _____

Do you have any charges pending? (Circle one) Yes No Date of Incident _____

If yes, please explain: _____

Are you currently on probation? (Circle one) Yes No If yes, how many times? _____

How long were you on probation and why? _____

On parole? (Circle one) Yes No If yes, how many times? _____

How long were you on parole and why? _____

Probation officer name and phone number: _____

Are there any activities with your lawyer, probation/parole officer, or the courts which would interfere with your involvement in services or your obtaining/maintaining employment? (Circle one) Yes No

Have your ever been evicted or are you currently facing eviction? (Circle one) Yes No

If yes, how many times have you been evicted? _____

Are there any current, pending, or past judgments against you regarding an eviction? (Circle one)

Yes No

If so, please explain: _____

Do you owe or are there any outstanding balances owed to previous landlords? (Circle one)

If so, please explain: _____



Children Information

Please list your children who are 16 years of age or under

<u>First Name</u>	<u>Last Name</u>	<u>Gender</u>		<u>Date of Birth</u>	<u>Age</u>	<u>Do you have legal custody?</u>
		M	F	___/___/___		
		M	F	___/___/___		
		M	F	___/___/___		
		M	F	___/___/___		
		M	F	___/___/___		

Please list your children by first name in the same order as above and respond to the questions about the education level for each.

<u>First Name</u>	<u>Name of School</u>	<u>Grade</u>	<u>IEP?</u>		<u>PINS?</u>	
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No

*For grade, enter D for daycare, P for pre-kindergarten, or 1 to 12 for grade number.

How many members of your household are full-time students? _____

Please list your children by first name in the same order as above and indicate whether or not each has a disability.

<u>First Name</u>	<u>Physical Disability</u>		<u>Mental Disability?</u>		<u>Developmental Disability?</u>		<u>Please explain</u>	<u>How long has the child lived with you?</u>
	Yes	No	Yes	No	Yes	No		
	Yes	No	Yes	No	Yes	No		
	Yes	No	Yes	No	Yes	No		

	Yes	No	Yes	No	Yes	No		
	Yes	No	Yes	No	Yes	No		



Personal References

Reference One:

First Name Last Name

Street Address Apt

City State Zip Code

Relationship to you Years Known

Reference Two:

First Name Last Name

Street Address Apt

City State Zip Code

Relationship to you Years Known

CONTACT IN CASE OF EMERGENCY:

First Name Last Name

Street Address Apt

City State Zip Code

Daytime Telephone Evening Telephone Relationship to you



Referral Information

If applicable, please list below the name of the individual who referred you to Wilson Commencement Park.

First Name

Last Name

Street Address

Apt

City

State

Zip Code

Agency Name (If applicable)

Relationship/Position (If an individual)

Have you ever previously applied to Wilson Commencement Park? (Circle one) Yes No

If yes: When did you apply? _____

Where you approved? (Circle one) Yes No

Please explain why you were denied previously: _____

Are any family members(s) past employees of Wilson Commencement Park? (Circle one) Yes No

If yes: Name of Individual: _____

Relationship to you: _____

Is any member of your family currently living or previously lived at Wilson Commencement Park? (Circle one)

Yes No

If yes: Name of Individual: _____

Relationship to you: _____

Do you know anyone who currently lived or previously lived here at Wilson Commencement Park? (Circle one)

Yes No

If yes: Name of Individual: _____

Relationship to you: _____



RELEASE FORM

Date: _____

Name: _____ SSN: ___/___/___ Birthdate: ___/___/___

Children: _____ SSN: ___/___/___ Birthdate: ___/___/___

_____ SSN: ___/___/___ Birthdate: ___/___/___

_____ SSN: ___/___/___ Birthdate: ___/___/___

I, _____ authorize and direct any Federal, State, or Local agency, organization, business or individual to release to Wilson Commencement Park all information concerning myself and/or my children. I also authorize Wilson Commencement Park to release information concerning myself and/or my children to the organization checked below.

I understand that, depending on program policies and requirements, previous and/or current information regarding myself or my child (ren) may be needed.

The organization or individuals that may be asked to release the above information includes but are not limited to:

- | | |
|-------------------------------|-------------------------------|
| Department of Social Services | Past and Present Employers |
| Health Care Providers | Social Service Administration |
| Legal Services | Law Enforcement Agencies |
| Child Protective Services | Social Service Agencies |
| Schools | Shelters |
| OTDA | Other _____ |

I agree that a photocopy or facsimile of this authorization may be used for the purposes stated above. The original of this authorization is on file with Family Support Services and will stay in effect for three (3) years from the date signed.

I understand that this information is to be used in my best interest and will remain confidential.

Signature of Client

Date

Witness

Date



**POLICY OF WILSON COMMENCEMENT PARK
REGARDING RESIDENT INFORMATION**

Any general information included as part of an individual family's records will be made accessible between departments. Other information not routinely in a family's records may be shared between professional Departments or Managers on a need-to-know basis at the discretion of the Department of Managers. Information which involves criminal acts (fraudulent behaviors), including use of physical force, offenses against another person, child abuse and neglect, etc., be automatically reported to appropriate authorities as required by law.

Applicant's acknowledgement of being informed of the above:

Signature of Applicant

Date

CERTIFICATION

I am applying for the Wilson Commencement Park Transitional Housing Program. I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief and hereby grant the Agency Permission to verify such answers. I understand that any false statement on this application may be considered as sufficient cause for denial of this application or for termination of program and housing if such false statement is discovered subsequent to being approved.

Signature of Applicant

Date

Revised February 2016

Wilson Commencement Park
 251 Joseph Avenue
 Rochester, NY 14605
 585.262.7942



AUTHORIZATION TO OBTAIN ACCOUNT INFORMATION

I, _____ (print name), give Wilson Commencement Park (WCP) and Destiny at WCP permission to request any and all information from Rochester Gas & Electric regarding accounts under my social security number # ____ - ____ - ____ for the sole purpose of determining eligibility and qualification to reside at WCP or Destiny at WCP.

 Signature of Applicant

 Date

APPLICANT-DO NOT PROCEED ANY FURTHER

RG&E REPRESENTATIVE ONLY:

RG&E Fax #: 585-724-8880

Please answer the following questions/statements:

Question/Statement	Yes	No	Amount
Has applicant ever had an RG&E account?			
If yes, what is the current balance on the account?			\$
Is this account in the above name/SS#?			
Is applicant able to turn on utilities in their own name?			
Do you require an installment plan or deposit for service request?			
If yes, what is the minimum payment or deposit as of today's date?			\$

Additional comments:

 Signature of RG&E Representative

 Date

Confirmation of Release of Information Policy for HMIS Data Collection

You requested to receive shelter or services from Wilson Commencement Park agency.

To provide the most effective services, we need an accurate count of all persons experiencing homelessness or who are at risk of homelessness in the region. In order to ensure that clients are not counted twice, we collect personal information about you such as name, birth date, social security number, veteran status, etc. This data is entered into a computer program called HMIS (Homeless Management Information System). You have the right to refuse to provide this information.

HMIS information is encrypted and uploaded to Housing and Urban Development (HUD) and New York State Office of Temporary and Disability Assistance (OTDA) in various yearly reports. Any information that would identify you personally will never be visible to anyone at HUD or OTDA and will NEVER appear on any reports or publications.

What information will be entered into HMIS?

During the intake interview, you will be asked for the following information about you and all your family members:

- Gender, race, and ethnicity
- Period of homelessness, income, and disability, mental health, substance abuse and HIV/AIDS
- Covered by health insurance?
- Victim of domestic violence?

The purpose for gathering this information is to better understand characteristics, trends and movement of persons who are homeless or at risk of being homeless. This information is also used to analyze the use and effectiveness of services created to assist the homeless within our community. The statistical data helps demonstrate the need for HUD and OTDA to allocate monetary support to the homeless programs in the Monroe County area.

By sharing your information with these agencies, you will help them:

- Identify other services or programs you may be eligible for.
- Better coordinate those services for you and your household.
- Document the need for renewal funding or funding for new programs.

CLIENT INFORMED ACKNOWLEDGEMENT ON RELEASE OF INFORMATION

(For all clients 18 years or older)

Client Name _____ Date of Birth _____

Household members (If applicable)

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

By signing this form, I acknowledge that I have been given information on the HMIS database. Only authorized agencies will be allowed to see, enter or access my information.

Signature _____ Date _____



WCP's Video/Photo Release Form- Minor (under age 18)

I hereby grant Wilson Commencement Park and its employees, agents, licenses, and assigns the right to use pictures (including photographic, motion picture, and electronic and the voice (including sound and video recordings) of the minor named below and/or other digital reproduction of him/her or other reproductions of his/her physical likeness and to reproduce, for all purposes such pictures and voice in any and all media including, without limitation, cable and sale, press conferences, social media, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

I further grant Wilson Commencement Park all right, title, and interest that I or such minor may have in all finished pictures, negatives, reproductions, and copies of the originals, and further grant Wilson Commencement Park the right to give, sell, transfer, and exhibit the copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit.

I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finishes photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

Child's Printed Name: _____

I certify that I am the parent or legal guardian of the minor named above and have the right to provide this release.

Printed Name of Parent or Guardian: _____

Address: _____

Phone Number: _____

Email: _____

Signature of Parent or Guardian: _____ **Date:** _____



WCP's Video/Photo Release Form- Adult (over 18)

I hereby grant Wilson Commencement Park and its employees, agents, licenses, and assigns the right to use pictures (including photographic, motion picture, and electronic and the voice (including sound and video recordings) of me and/or other digital reproduction of me other reproductions of my physical likeness and to reproduce, for all purposes such pictures and voice in any and all media including, without limitation, cable and sale, press conferences, social media, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

I further grant Wilson Commencement Park all right, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the originals, and further grant Wilson Commencement Park the right to give, sell, transfer, and exhibit the copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit.

I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finishes photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

Printed Name: _____

Address: _____

Phone Number: _____

Email: _____

Signature: _____ **Date:** _____