



BRIGHTON TOWERS

821 EAST BRIGHTON AVENUE • SYRACUSE, NEW YORK 13205

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**BRIGHTON TOWERS REDEVELOPMENT LLC.
TENANT SELECTION PLAN**

Eligibility Requirements

- ***Brighton Towers Redevelopment LLC. is a Senior Citizens complex for those 55 years of age or older. Several apartments hold project base vouchers for the very low income level. You must submit an application for project base apartments thru the public administrator, Christopher Communities. HUD income guidelines must be met.***
- HUD established income guidelines must be met. Current guidelines are:

Maximum Income Requirements

Project Base Voucher		Maximum Income		Maximum Income	
50%		60%		80%	
1 person	\$24,250	1 person	\$29,100	1 person	\$38,750
2 persons	\$27,700	2 persons	\$33,240	2 persons	\$44,300
3 persons	\$31,150	3 persons	\$37,380	3 persons	\$49,850
4 persons	\$34,600	4 persons	\$41,520	4 persons	\$55,350

*Elderly status set forth in Certificate of Incorporation.

- Applicants must be U.S. citizens or Nationals or non-citizens who have eligible immigration status verified through the Department of Homeland’s Security Alien Status Verification Index (ASVI). For U.S. citizens, a signed declaration of citizenship is required for each family member, regardless of age, as well as a birth certificate. In the case of a non-citizens, a signed declaration of eligible non-citizen status and proof of age.
- All applicants must disclose social security numbers in order for the owner to make an eligibility determination. Adequate documentation means a Social Security card issued by the Social Security Administration or other acceptable evidence. If documentation is not available, applicant may submit the SSN and certify that the number is accurate and that acceptable documentation is not available. However, documentation must be submitted within 90 days of such certification. The owner must accept the certification and continue to process the application. However, the applicant may not become a resident unless they submit the required documentation. The applicant must provide their SSN documentation within 60 days from the date which the applicant certified the documentation was not available. If the applicant is otherwise eligible for admission, they may retain their place on the waiting list for the 60 days in which the applicant is trying to

obtain the documentation. After 60 days, if the applicant has been unable to supply the required SSN documentation, the applicant should be determined ineligible and removed from the waiting list. An owner may extend the time period for an additional 60 days if the applicant is at least 62 years old and unable to submit the required documentation within the first 60-day period.

- Policies to comply with Fair Housing:
 - a. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance from HUD.
 - b. The Fair Housing Act prohibits discrimination in housing and housing related transactions based on race, color, religion, sex, national origin, disability and familial status. It applies to housing, regardless of the presence of federal financial assistance.
 - c. Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin in any program or activity receiving federal financial assistance from HUD.

- **Eligibility of Students for Other Assistance Programs**
 1. *This paragraph applies to the Rent Supplement, RAP, Section 221(d)(3) BMIR, Section 236, Section 202 PRAC, Section 202 or Section 811 PRAC programs.*
 2. Owners must determine a student's eligibility for assistance at move-in, initial or annual recertification, and at the time of an interim recertification if one of the changes reported is that a household member is enrolled as a student, at an institution of higher education.
 3. The student must meet **all** of the following criteria to be eligible. The student must:
 - a. Be of legal contract age under state law;
 - b. Have established a household separate from parents or legal guardians for at least one year prior to application for occupancy, **or**
 - c. Meet the U.S. Department of Education's definition of an independent student. (See the Glossary for definition of Independent Student);
 - d. Not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations; and
 - e. Obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support. This certification is required even if no assistance will be provided.
 4. *The full amount of financial assistance paid directly to the student or to the educational institution and amounts of scholarships funded under title IV of the Higher Education Act of 1965, including awards under federal work-study programs or under the Bureau of Indian Affairs student assistance programs, are excluded from annual income for the programs listed in 1, above (see paragraph 5-6 D and Exhibit 5-1.)*

Accepting Applications and Selecting from the Waiting List

- Anyone wishing to be admitted into Brighton Towers Redevelopment LLC or placed on the waiting list, must complete and submit to the office, an application which will include name, sex, age, disability status (only when necessary to establish eligibility) of each household member; need for an accessible unit, if applicable; race/ethnicity of head of household; sources and estimates of

anticipated annual income and assets, as well as, medical expenses accountable to the applicant as well as a complete list of all states any household member has resided. Applications will be stamped with date and time when received and placed in chronological order on the waiting list. Those applicants who would like to be on a waiting list for a project base voucher must apply with Christopher Communities.

- Potentially eligible and acceptable applicants will be notified in writing that their preliminary application has been reviewed and they will be contacted when an appropriate unit becomes available. Ineligible applicants will also be notified in writing of the reason for rejection and of their right to appeal, first by responding in writing within 14 days to the housing company and then to NYSHCR Law Bureau after housing company denial of an appeal. All applicants will be treated alike regardless of race, color, sex, religion, family status, national origin, age, or any other arbitrary reasons and reasonable accommodation will be made for the disabled.
- Applicants will be screened for credit history through a recognized screening service/data base such as CBC. Applicants must have a satisfactory credit report/rental history. Particular attention is given to rental payments for the most recent 5 years. Previous landlords will be checked for a history of disturbance of neighbors, destruction of property, or living or housekeeping habits at prior residences which may adversely affect the health, safety or welfare of other tenants. Screening will also be done for drug related or criminal activity involving crimes of physical violence to persons or property and other criminal acts which would adversely affect the health, safety or welfare of other tenants.
- A minimum of one person and a maximum of two persons may occupy a studio or one-bedroom apartment and a minimum of two person and maximum of four persons may occupy two bedroom apartment.

Admission will be denied if:

- Any household member has an unacceptable landlord history, including inability to appropriately maintain housing in a decent safe and sanitary condition, history of unjustified and chronic nonpayment of rent, history of disturbing the quiet enjoyment of others, history of violence and harassment of others, history of violations of the terms of previous rental agreements such as destruction of the unit or surrounding premises.
- Any household member has an unacceptable credit history-one that reflects consistent past-due payments of more than 90 days, a history of repeated insufficient fund checks, derogatory credit(repossessions, foreclosures, judgments, collections, charge-offs, liens, bankruptcy not yet discharged, delinquent or charge off debt due to other landlords. In the event of decline based on credit, we do not provide the Applicant with a copy of the credit report, it is the Applicant's responsibility to contact the credit-reporting agency to obtain their credit report and resolve any items that may have been incorrectly reported.
- Any household member has been evicted from housing for non-payment of rent.
- Any household member with convictions of manufacturing and distribution of controlled substances - narcotics.
- Any member of the household is subject to a lifetime registration requirement under a state sex offender registration program.
- Any household member that has been convicted or recent pending arrests for the following violent crimes, robbery in the 1st degree, rape, assault, arson, manslaughter, murder will be deemed ineligible for housing Brighton Towers. However, if the household member has been free from incarceration for 10 years, an individual assessment may be conducted.

A pattern of two criminal activities over the course of 3 years or less, whether it be violent or nonviolent felony, will be considered ineligible for housing at Brighton Towers.

Convictions that have been excused by pardon, overturned on appeal or otherwise vacated will not be considered ineligible.

You may appeal an ineligible criminal decision within 14 days. An individual assessment may be conducted.

- The purpose of criminal screening policy serves to reduce risk to the complex community and residents.
- Quarterly Tenant Selection Activity Reports are submitted to the NYS Division of Homes and Community Renewal.

Veteran's Preference

Preference will be given for admission to veterans as described in Section 85 of the Civil Service Law. This will encompass **all veterans, or their surviving spouses, who served on active duty in time of war, as defined in Section 85 of the Civil Service Law, and reside in New York State.**

Veterans eligible for the preference are those who:

- a) were members of the Armed Forces of the United States;
- b) served on active duty for other than training purposed in **time of war**;
- c) were discharged honorably or released under honorable circumstances;
- d) are residents of New York State;
- e) have documented their eligibility by submitted Form DD214 (NAVPERS-553/NAVMC-78PD/WDAG-53,98) and for service in Lebanon, Grenada or Panama, the award of an appropriate expeditionary medal.

Unit Transfers

- Unit transfers may result when there is a change in family composition. Owner shall determine, according to occupancy standards, if the unit is still the appropriate size. Residents may be required to move if there is an appropriate size unit available, there is a market for the size unit resident will be vacating and if the resident will be remaining in the property. If it is determined a move is required, resident must move within 30 days after being notified a unit of required size is available.
- Accepted reasons for transfer are: inappropriate family composition for unit size; medical request including making reasonable accommodation for disabled resident requiring more accessible unit.
 - Assignment for accessible units may be limited to persons requiring the specific accessibility features of those units. Accessible units must be assigned first to current residents who need the accessibility features of the unit and then to other applicants.
- A list of residents required to transfer will be maintained and vacancies will be filled chronologically when appropriate unit becomes available.
- Lateral transfers are not allowed unless it's for a reasonable accommodation.
- Transfer applicants take priority over admission applicants for 3 out of 4 apartments of each size.

Opening /Closing Waiting List

- Should the wait for an apartment become excessive, the owner may close the waiting list for one or more unit size. Owner must advise potential applicants that the waiting list is closed and refuse to take applications. Owner must also publish a notice, stating the reason for refusing to take applications, in a publication likely to be read by potential applicants.
- When the owner agrees to accept applications again, the notice of this action must be announced in a publication likely to be read by potential applicants. Advertisements should include where and when to apply and conform to the Affirmative Fair Housing Marketing Plan. (Both actions require pre-approval by the NYSHCR.)

Waiting List

The waiting list shall be updated periodically. Canvassing letters of continued interest shall be sent to 10% of the waiting list.

Smoke Free

1st and 2nd floor apartments in building I and II are smoke free. Current smoking residents on these floors have been grandfathered in. There is no smoking within 50 feet of the building.

Fees

- Incoming residents are required to pay a security deposit of one (1) month's rent.
- Pets are allowed (within certain guidelines) and an additional deposit of one (1) month's rent (not to exceed \$300) must be given.
- A late rent fee of \$5.00 is charged on the 6th day of the month with \$1.00 added for each additional day rent remains unpaid.

Unit Inspections

- Unit inspections are made jointly by owner or representative and resident. A unit inspection report must be signed by both owner/representative and resident indicating the condition of the unit. Resident has five (5) days to report any additional deficiencies. Any repair must be completed no more than 30 days after the effective date of the lease.

Annual Recertifications

- A review of family income and composition is conducted annually and resident's rent and assistance payment recalculated.
- Residents must supply information requested by the owner. Residents must sign consent forms, and owners obtain third party verification (whenever possible) of the following items: reported family annual income; the value of assets; expenses related to deductions from annual income and any other factors that affect the determination of adjusted income.
- At this time also, the resident must certify that no member of the household is subject to a state lifetime sex offender registration in any state. If the owner discovers a household member was erroneously admitted, (after June 25, 2001), the owner will immediately pursue eviction for that member or termination of assistance for the household member. If the family is unwilling to remove that individual, the owner must terminate assistance for the entire household.

Interim Recertifications

- Residents may request an interim recertification due to any changes occurring since the last recertification that may affect the Total Tenant Rent or the tenant rent and assistance payment.

- Owners must process and interim recertification if a resident reports a change in family composition, increase of family income of more than \$200/month, increase in allowances, most decreases in income, a change in citizenship or eligible immigration status of any family member.

Implementation of HUD’s Enterprise Verification System (EIV)

- All applicants must disclose if they are currently receiving HUD housing assistance. The owner/agent will not knowingly assist applicants who will maintain a residence in addition to the HUD assisted unit. The owner/agent will use EIV to determine if the applicant or any member of the applicant household is currently receiving HUD assistance – Existing Tenant Search Report.
- This information will be reviewed on an annual basis upon recertification. If any household member receives or attempts to receive assistance in another HUD assisted unit while receiving assistance at this property, the household member will be required to reimburse HUD for assistance paid in error. This is considered a material lease violation and may result in penalties including eviction and pursuit of fraud charges.
- In addition, EIV provides the owner/agent with income discrepancies if information provided on HUD’s required documents differs from information provided by various government databases such as data provided by the Social Security Administration and data provided by the Department of Health and Human Services. The owner/agent will submit income information at move in and will review any income discrepancies provided by EIV. If a household member provides false information, it is considered a material lease violation and may result in penalties up to and including eviction and pursuit of fraud charges. We encourage you to review the information provided in this brochure and to contact the management office if you have any questions.

House Rule Changes

- Certain house rules may be developed and listed in the lease as an attachment.
- Owners must give residents written notice 30 days prior to implementing any changes in house rules or adding new rules.

By signing below you (we) acknowledge receipt of the policy, and acknowledge that you (we) have read and understand its contents.

Name

Date

Name

Date

Witness

Date

Return to:
BRIGHTON TOWERS
821 E. Brighton Avenue
Syracuse, New York 13205

NON- SMOKING Units
Available on 1st & 2nd Floor

For office use only:	
Apt. Size:	_____
Ant. Lease Date:	_____
Section 8:	_____
DSS:	_____

APPLICATION FOR APARTMENT AT:
BRIGHTON TOWERS

Date _____

*Applications are placed in order of date and time received. An Applicant may be interviewed only after the receipt of this application.

Applicant Name(s): _____

Address: _____

Street
Apt.#
City
State
Zip

Please list all states in which any household member has resided:

Name: _____ States(s): _____

Email: _____

Daytime Phone: _____ Evening Phone: _____

of Bedrooms in current unit: _____ Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify: _____)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Do you qualify as disabled under the following definition: Yes No (check one)

A person with disabilities for purposes of program eligibility is determined, pursuant to HUD Regulations, to have a physical, mental or emotional impairment that (A) is expected to be of long-continued and indefinite duration (B) substantially impedes his or her ability to live independently, and (C) is of such nature that the ability to live independently could be improved by more suitable housing conditions.

Do you require a reasonable accommodation: Yes No (check one)

I. HOUSEHOLD COMPOSITION

*Unless assistance is required, this form must be completed by the applicant/tenant.
 List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.
 Do not include minors who will be present less than 50% of the time.
 List FT student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12; college; university; technical; trade; and mechanical schools.*

HOUSEHOLD MEMBER NAME (First MI Last)	RELATIONSHIP	DOB	SSN	STUDENT?
1.	HEAD			[] YES [] NO
2.				[] YES [] NO
3.				[] YES [] NO
4.				[] YES [] NO

Are any household changes expected in the next 12 months: Yes No (check one)

If YES, please explain: _____

Are any student changes expected in the next 12 months: Yes No (check one)

If YES, please explain: _____

II. STUDENT STATUS

Is every member of the household a FT student as defined above? <i>If NO continue to Section III</i> <i>If YES please complete the following questions:</i>	[] YES	[] NO
Does a student receive assistance under Title IV of the Social Security Act (i.e. TANF or AFDC but not SS or SSI)?	[] YES	[] NO
Was a student previously a foster child?	[] YES	[] NO
Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?	[] YES	[] NO
Is a student married and eligible to file a joint tax return?	[] YES	[] NO
Is a student a single parent who is not claimed as a dependent by another individual?	[] YES	[] NO
Are the minors in the household claimed as a dependent by a parent?	[] YES	[] NO

INCOME INSTRUCTIONS:

List gross amounts anticipated to be received in the 12 month period following move in or recertification. For minors, include unearned income such as benefits, SSA, SSI, gifts, child support, income from assets. For adults, include both earned income from jobs and unearned income. Answer each YES-NO question. For each YES include the gross amount and frequency. Do NOT leave any unanswered questions.

III. HOUSEHOLD INCOME

Use an extra copy of pages 2 and 3 as needed if more than 2 adult members are included in the household. All adults must sign the form.

Type of Income	Head of Household			Co-Head and/or Other Member		
	Check One	Amount	Frequency	Check One	Amount	Frequency
1. Salary or pay from job	[] YES [] NO	\$		[] YES [] NO	\$	
2. Overtime or shift pay	[] YES [] NO	\$		[] YES [] NO	\$	
3. Bonus/commission/etc.	[] YES [] NO	\$		[] YES [] NO	\$	
4. Do you have a 2 nd job?	[] YES [] NO	\$		[] YES [] NO	\$	
5. Seasonal/sporadic work	[] YES [] NO	\$		[] YES [] NO	\$	
6. Tips	[] YES [] NO	\$		[] YES [] NO	\$	
7. Cash pay	[] YES [] NO	\$		[] YES [] NO	\$	
8. Self-employment income	[] YES [] NO	\$		[] YES [] NO	\$	
9. Periodic gift income	[] YES [] NO	\$		[] YES [] NO	\$	
10. Non cash contributions	[] YES [] NO	\$		[] YES [] NO	\$	
11. Formal child support	[] YES [] NO	\$		[] YES [] NO	\$	
12. Is child support awarded but not paid?		[] YES [] NO		[] YES [] NO	\$	
13. Informal child support	[] YES [] NO	\$		[] YES [] NO	\$	
14. Formal spousal support	[] YES [] NO	\$		[] YES [] NO	\$	
15. Is spousal support awarded but not paid?		[] YES [] NO		[] YES [] NO	\$	
16. Informal spousal support	[] YES [] NO	\$		[] YES [] NO	\$	
17. Social Security	[] YES [] NO	\$		[] YES [] NO	\$	
18. SSI	[] YES [] NO	\$		[] YES [] NO	\$	
19. SSP	[] YES [] NO	\$		[] YES [] NO	\$	
20. TANF, AFDC, etc.	[] YES [] NO	\$		[] YES [] NO	\$	
21. Unemployment benefits	[] YES [] NO	\$		[] YES [] NO	\$	
22. Worker's compensation	[] YES [] NO	\$		[] YES [] NO	\$	
23. Severance pay	[] YES [] NO	\$		[] YES [] NO	\$	
24. Pension income	[] YES [] NO	\$		[] YES [] NO	\$	
25. Retirement acct payments	[] YES [] NO	\$		[] YES [] NO	\$	
26. Investment acct payments	[] YES [] NO	\$		[] YES [] NO	\$	
27. Annuity acct payments	[] YES [] NO	\$		[] YES [] NO	\$	
28. Trust acct payments	[] YES [] NO	\$		[] YES [] NO	\$	

III. HOUSEHOLD INCOME (Continued)

29. Disability/death benefits	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$		<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$	
30. Real estate rent income	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$		<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$	
31. Student financial aid	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$		<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$	
32. Military pay	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$		<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$	
33. Veterans/VA income	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$		<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$	
34. Other income:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$		<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$	
35. Other income:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$		<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$	
36. Are any income changes expected in the next 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO								
<i>If YES please describe:</i>								

For each source of income checked YES above, please complete the following:

Income #	HH Member	Name of Source	Address/Phone/Email

IV. HOUSEHOLD ASSETS

*List assets for all household members including minors
Cash value is market value minus any costs/penalties/fees required to convert to cash
Do not list assets that are not accessible to the family*

Type of Asset	Head of Household		Co-Head and/or Other Member	
	Check One	Apprx Cash Value	Check One	Apprx Cash Value
1. Checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
2. 2 nd checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
3. Savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
4. 2 nd savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
5. Debit /direct deposit card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
6. 2 nd debit card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
7. Cash on hand	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
8. Certificate of Deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
9. Other bank account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
10. Mutual Fund	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
11. Stocks	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
12. Portfolio/brokerage	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
13. IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
14. 2 nd IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
15. Treasury bills/bonds	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
16. Company retirement acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
17. Annuity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
18. Pension	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
19. Revocable trust	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
20. Life insurance (not term)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
21. Real estate equity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
22. Personal property held as investment	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
23. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
24. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$

25. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)? YES NO

26. Has anyone disposed of any assets for less than fair market value in the past 2 years? YES NO

If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:

For each asset checked YES above, please complete the following:

Asset #	HH Member	Name of Source	Address/Phone/Email

V. MEDICAL EXPENSES
<i>List any reoccurring and unreimbursed medical, dental, mental health, disability and child care expenses for the next 12 months:</i>

VI. ADDITIONAL INFORMATION
Are you or any member of your family currently using an illegal substance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony or classified as a sex predator? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Have you or any member of your family ever been evicted from any housing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Will you take an apartment when one is available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe your reason for applying:

VII. VEHICLE AND PET INFORMATION (if applicable)
<i>List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle</i>
Make/Model of Vehicle: _____ License Plate #: _____
Year: _____ Color: _____
Make/Model of Vehicle: _____ License Plate #: _____
Year: _____ Color: _____
Do you have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:

VIII. REFERENCE INFORMATION	
Current Landlord	Name:
	Address:
	Home Phone:
	Business Phone:
	How long?

VIII. REFERENCE INFORMATION (continued)	
Previous Landlord	Name:
	Address:
	Home Phone:
	Business Phone:
	How long?
Credit Reference	Company Name:
	Account #:
	Phone #:
Personal Reference	Name:
	Address:
	Phone #: Relationship:
Emergency Contact	Name:
	Address:
	Phone #: Relationship:

VETERANS ADMISSION PREFERENCE: If head-or-co-head of household is an honorably discharged veteran of the US Armed Services, or such veteran's surviving spouse, who served on active duty in time of war and resides in New York State, check box and attach DD-214 to qualify for admission preference.

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

This development is operated under the supervision of the New York State Homes and Community Renewal. All questions must be answered in order to process the application.

The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verifying the facts herein stated.

I (we) understand that a credit inquiry and a Criminal Background check may be made in the course of processing this application.

All adult applicants, 18 or older, must sign application.

SIGNATURE(S):

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date

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 any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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 \$5000. 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. Section **408 (a) (6) (7) and (8).**

