



BLOOMFIELD MEADOWS

25 BLOOMFIELD MEADOWS • BLOOMFIELD, NEW YORK 14469

PHONE (585) 657-4680 • FAX (585) 657-1018

EMAIL: OFFICE@BMMANAGEDBYRMI.COM

Bloomfield Meadows Application

With Application submission, the following documents are required:

- Copy of Driver's License or Photo ID for Household Members.
- Copy of Birth Certificates for **ALL** Household Members.
- Copies of Social Security for **ALL** Household Members.
- Proof of Household Income. (Six (6) Current Pay Stubs, Social Security Benefit letters, Pensions, DSS Budget Sheet, Proof of Section 8, etc.)
- Proof of Child Support (Support Obligation Summary and 12 month history of payments).
- Copy of Current Bank Statement(s).
- Copy of **current** Tax Return with W2's and 1099's.
- Copy of Life Insurance (Whole Life), Certificates of Deposit (CD's), Stocks & Bonds.

****Note: Copies can be made at the Rental Office if needed.**





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We are interested in knowing how you happened to apply for an apartment with us, and would appreciate your answering a few short questions.

In which of the following ways did you hear of Bloomfield Meadows?

Please check any that apply.

Our website/Internet

Zillow.com

Just Driving By

Facebook

Craigslist

Referral

Relative

Friend

Agency _____
(please specify)

Remarks: _____

Thank you for your assistance.

Sincerely,
Jennifer Fordham
Tax Credit Operations Manager





AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant/Tenant: _____ Unit # _____

Property Name: Bloomfield Meadows, LP

Address: 25 Bloomfield Meadows

Bloomfield, NY 14469

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

Amanda Waters/Britney Coffin

Tax Credit Specialist

Authorized Signature

Title

Amanda Waters/Britney Coffin

Print Name

Date

Release by Applicant(s)/Tenant(s)

I/We hereby authorize you to furnish all requested information.

Signature

Date

Signature

Date



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TENANT SELECTION CRITERIA
Bloomfield Meadows

Eligibility Requirements

- ***Bloomfield Meadows is a Senior Citizens complex open to persons 55 years of age or older or, in the case of more than one applicant, at least one person must be 55 years.***

In order to be eligible for residency in this development, certain criteria must be met:

Maximum Income Requirement (60% AMI)		Maximum Income Requirement (Low Income – 80% AMI)	
21 Apartments		3 Apartments	
1 person	\$38,820	1 person	\$51,760
2 persons	\$44,400	2 persons	\$59,200
3 persons	\$49,920	3 persons	\$66,560
4 persons	\$55,440	4 persons	\$73,920

Accepting Applications and Selecting from the Waiting List

Anyone wishing to be admitted into Bloomfield Meadows or placed on the waiting list, must complete and submit to the office, an application. Applications will be stamped with date and time when received and placed in chronological order on the wait list.

Eligible applicants will be notified in writing that their application has been approved 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 within 14 days. 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 RentGrow. Applicants must have a satisfactory credit report/rental history. Any applicant who provides:

1. Evidence of having made full payment of their rent on a timely basis or for prior 12 months, or
2. receives full rent subsidy from Section 8 Voucher, HUD/Vash, Public Assistance/FIPS, HOPWA/HASA, Rual Rental Assistance, Non-Profit Rental Assistance or other subsidy will be approved for the credit portion of the application process.

Applicant may be denied for credit due to “applicable debt”. Applicable Debt may include debt that is over 120 days delinquent as of the date of the credit report or debt that has been transferred to a collection agency and is being pursued for collection. Individualized credit worksheets will be used to

consider credit history. 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. Applicants with criminal convictions will have a personal interview with the housing complex to complete the "worksheet for applying New York State Anti Discrimination Policies when assessing applicants for State funded housing who have criminal convictions". (Bloomfield Meadows may obtain a previous and current landlord written records of rent payment and history of major lease violations e.g. nonpayment of rent or use of premises for illegal purposes).

A minimum of one person and a maximum of two persons may occupy an one-bedroom apartment and a minimum of two person and maximum of four persons may occupy a two bedroom apartment.

Applicants are advised that they will be entitled to one apartment refusal without affecting their position on the waiting list. A failure to respond within ten (10) business days from the apartment notification shall be considered a refusal.

Occupancy is limited to only those persons identified as applicants on the original application.

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.

If credit shows bankruptcy in certain cases, delinquencies, collections, money judgements and liens, in certain instances ("applicable debt").

Any household member with convictions of manufacturing and distribution of controlled substances - narcotics.

There are two circumstances in which an Applicant's criminal history will automatically make them ineligible for housing:

1. Conviction for producing methamphetamine.
2. Lifetime registrant on a State or Federal Sex Offender Registry.

Other convictions or pending arrests that may be considered involve physical danger or violence to persons or property or that adversely affected the health, safety and welfare of other people. However, an individual assessment must be done prior to a decision.

The worksheet for applying New York State Discrimination Policies when assessing applicants for State funded housing who have criminal convictions will provide you with the opportunity to answer questions regarding the conviction(s).

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 business days.

Veteran's Preference

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

Veterans eligible for the preference are those who meet one of the following:

- a. were members of the Armed Forces of the United States;
- b. served on active duty for other than training purposes 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.

Waiting List

Approved applications will be placed on the waiting list. Apartments will be offered in the order the applications were received. Still interested letters will be sent periodically.



Smoke Free Community

This property is a completely smoke-free facility.

Due to the increased risk of fire, the known health effects of secondhand smoke, and increased maintenance costs, smoking is prohibited in any area of the property, both private and common, indoors, and outdoors including entryways, balconies, and patios. This policy applies to all residents, guests, vendors, staff, and service persons. Residents are responsible for ensuring that all household members and guests comply with this rule. The term "smoking" is defined as inhaling, exhaling, burning or carrying any lighted cigarette, cigar, pipe, or other tobacco product in any manner or any form.

Fees

Incoming residents are required to pay a security deposit of one (1) month's rent at the time of lease signing.

A late rent fee of \$5.00 is charged for any payment received after the 5th day of the month.

Pets

One cat or dog is allowed (within certain guidelines) at an additional pet fee of three hundred dollars (\$300), refundable upon move-out or no longer having the cat or dog, pending any damage charge accrued.

Unit Inspections

All units are inspected annually by the maintenance superintendent or representative. A copy of the inspection report will be completed indicating the condition of the apartment. The resident will receive a copy, and a second copy will be kept in the resident's file. Any repairs will be completed by the maintenance department. All cleaning issues and general housekeeping issues are the responsibility of the resident. The resident will have ten (10) days to correct such issues, at which time the apartment will be re-inspected. Failure to correct such issues could result in termination or non-renewal of the lease.

Annual Recertifications

- A review of family income and composition is conducted annually.
- 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 and the value of assets.
- 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.

VAWA Protections

Violence Against Women Act (VAWA)

Provides Right and Obligations to all Applicants under the Violence Against Women Act (VAWA) Compliant with all VAWA Final Rules and Emergency Transfer. Bloomfield Meadows does not discriminate against victims of domestic violence, dating violence, sexual assault or stalking or protected victims as well as members of their family. Victims will not be denied housing or from losing their HUD assisted housing as a consequence of domestic violence, dating violence or stalking.

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:
BLOOMFIELD MEADOWS
25 Bloomfield Meadows
Bloomfield, New York 14469

NON- SMOKING

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

**APPLICATION FOR APARTMENT AT:
BLOOMFIELD MEADOWS**

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: _____

III. HOUSEHOLD INCOME (Continued)

29. Disability/death benefits	[] YES [] NO	\$	[] YES [] NO	\$
30. Real estate rent income	[] YES [] NO	\$	[] YES [] NO	\$
31. Student financial aid	[] YES [] NO	\$	[] YES [] NO	\$
32. Military pay	[] YES [] NO	\$	[] YES [] NO	\$
33. Veterans/VA income	[] YES [] NO	\$	[] YES [] NO	\$
34. Other income:	[] YES [] NO	\$	[] YES [] NO	\$
35. Other income:	[] YES [] NO	\$	[] YES [] NO	\$

36. Are any income changes expected in the next 12 months? [] YES [] NO
 If YES please describe:

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	[] YES [] NO	\$	[] YES [] NO	\$
2. 2 nd checking account	[] YES [] NO	\$	[] YES [] NO	\$
3. Savings account	[] YES [] NO	\$	[] YES [] NO	\$
4. 2 nd savings account	[] YES [] NO	\$	[] YES [] NO	\$
5. Debit /direct deposit card	[] YES [] NO	\$	[] YES [] NO	\$
6. 2 nd debit card	[] YES [] NO	\$	[] YES [] NO	\$
7. Cash on hand	[] YES [] NO	\$	[] YES [] NO	\$
8. Certificate of Deposit	[] YES [] NO	\$	[] YES [] NO	\$
9. Other bank account	[] YES [] NO	\$	[] YES [] NO	\$
10. Mutual Fund	[] YES [] NO	\$	[] YES [] NO	\$
11. Stocks	[] YES [] NO	\$	[] YES [] NO	\$
12. Portfolio/brokerage	[] YES [] NO	\$	[] YES [] NO	\$
13. IRA/401K/etc.	[] YES [] NO	\$	[] YES [] NO	\$
14. 2 nd IRA/401K/etc.	[] YES [] NO	\$	[] YES [] NO	\$
15. Treasury bills/bonds	[] YES [] NO	\$	[] YES [] NO	\$
16. Company retirement acct	[] YES [] NO	\$	[] YES [] NO	\$
17. Annuity	[] YES [] NO	\$	[] YES [] NO	\$
18. Pension	[] YES [] NO	\$	[] YES [] NO	\$
19. Revocable trust	[] YES [] NO	\$	[] YES [] NO	\$
20. Life insurance (not term)	[] YES [] NO	\$	[] YES [] NO	\$
21. Real estate equity	[] YES [] NO	\$	[] YES [] NO	\$
22. Personal property held as investment	[] YES [] NO	\$	[] YES [] NO	\$
23. Other asset	[] YES [] NO	\$	[] YES [] NO	\$
24. Other asset	[] YES [] NO	\$	[] YES [] 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:

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.

****Bloomfield Meadows is a non-smoking building**

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).**

