



RAMONA PARK

14 RAMONA PARK • ROCHESTER, NEW YORK 14615

PHONE (585) 254-0463 • FAX (585) 254-7981

EMAIL: OFFICE@RAMONAPARK.COM

Ramona Park 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.
- \$25.00 Non-Refundable application fee (Money Order or Cash, **Exact Amount**).

****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 Ramona Park?

Our Website/Internet

Referral

Apartmentguide.com

Relative

Yellow Pages

Friend

Agency _____

(please specify)

Just Driving By

Facebook

LiveLovely.com

NYHousingSearch.gov

Craigslist

Renters Lifestyle

Rent.com

Rentals.com

Zillow.com

Remarks: _____

Thank you for your assistance.

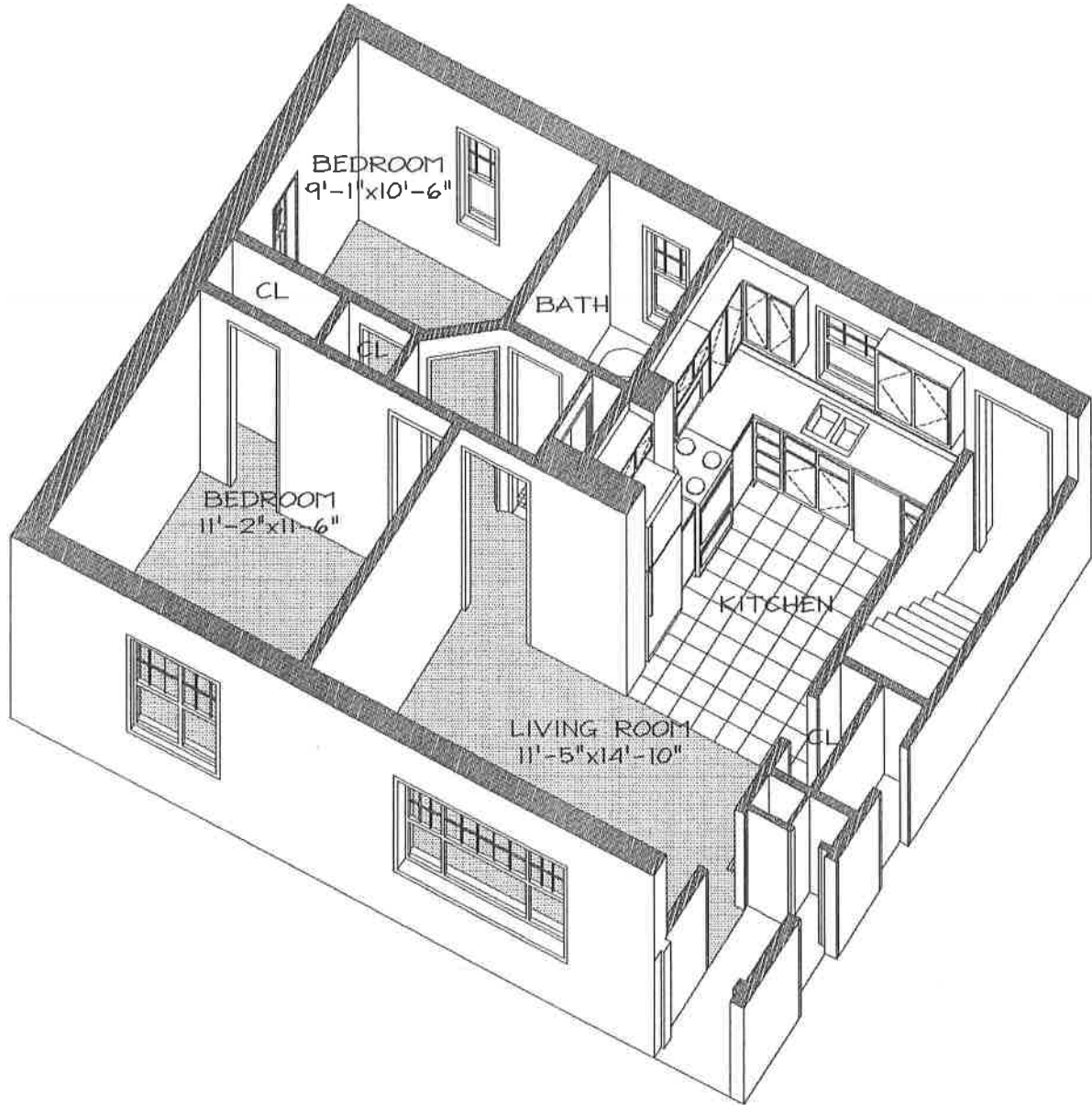
Sincerely,
Jennifer Fordham
Tax Credit Operations Manager

Ramona Park

Two Bedroom Apartment

Square Footage

624 sq. ft.



Address

Ramona Park Office
14 Ramona Park
Rochester, New York 14615

Phone Number

585-254-0463

Fax Number

585-254-7981

E-Mail Address

Office@RamonaPark.com

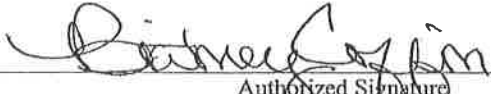
Web Site

www.RamonaPark.com

AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant/Tenant: _____ Unit # _____
 Property Name: Tri Veterans Housing LLC
Ramona Park Apartments
 Address: 14 Ramona Park
Rochester, NY 14615

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.

 _____ Authorized Signature Britney Coffin _____ Print Name	Tax Credit Specialist _____ Title _____ Date
--	--

Release by Applicant(s)/Tenant(s)

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

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



EQUAL HOUSING OPPORTUNITY

Ramona Park



HANDICAPPED ACCESSIBLE

LIHTC CERTIFICATION OF STUDENT ELIGIBILITY

Household Name: _____

Apartment #: _____

This section to be completed by applicant/resident.

For the purpose of this form, a full-time student is defined as one who is or will be carrying a full-time subject load at an institution with a degree or certificate program (including school-age children 16 years and older) or one who was carrying a full-time subject load during any portion of five months within the current calendar year.

Check One:

_____ This household has no full-time students as defined above.

_____ This household is NOT comprised ENTIRELY of full-time students as defined above

_____ ALL members of this household are full-time students, but the following checked item applies:

_____ A member of his household is receiving assistance under Title IV of the Social Security Act (TANF).

_____ A member of this household is enrolled in a job-training program receiving assistance under the JTPA (Job Training Partnership Act) or under similar Federal, State or Local laws.

_____ The entire household is composed of a Head of Household who is a single parent with children and such parent and children are not dependents (as defined in IRC Section 152) or another individual.

_____ The entire household is composed of individuals who are married and file a joint tax return.

_____ The entire household is occupied by full-time students who were previously under the care, placement and responsibility of a foster care program.

I understand that this Certification is made part of the qualification process to determine eligibility for residency. Any misrepresentation herein will be considered a material breach of the Lease Agreement and subject me to immediate eviction. Under penalties of perjury, I certify the above information to be true, as of the date shown below.

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

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).**"



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TENANT SELECTION CRITERIA Ramona Park

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

1. The applicant must have an annual gross income of at least \$16,176. Applicants below the minimum income will have their application fee refunded. Income verification (such as a copy of a recent pay stub) should be submitted with the application.

Maximum Income Requirement:	1 persons	\$31,380
	2 persons	\$35,880
	3 persons	\$40,380
	4 persons	\$44,820

Applicants who exceed the maximum may be admitted as residents, but must pay market rent.

2. A waiting list is maintained (and apartments rented) in chronological order.
3. A personal interview may be requested at the discretion of Rochester Management, Inc.
4. Occupancy is limited to only those persons identified as applicants on the original application. No more than (2) two persons may occupy a bedroom.

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.
- 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.

- 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.
- 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 assessment will provide you 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.

5. Release of information:

Print Name(s)
is (are) applying for an apartment, and authorize you to release information to Rochester Management, Inc. for purposes of verification.

Applicant Signature(s) Date

Application Fee:

The undersigned hereby acknowledges receipt of this document, that I have understood it, and that I am paying a \$25.00 non-refundable application fee* to cover the time and expense to process my application for residency.

Signature Date

* If applicant subsequently enters into a lease with Tri Veterans Housing, LLC, the \$25.00 will be applied toward the first month's rent. (Not applicable to lease changes).



Return to:
RAMONA PARK APARTMENTS
14 Ramona Park
Rochester, New York 14615

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

**APPLICATION FOR APARTMENT AT:
RAMONA PARK**

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>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does a student receive assistance under Title IV of the Social Security Act (i.e. TANF or AFDC but not SS or SSI)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was a student previously a foster child?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a student married and eligible to file a joint tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a student a single parent who is not claimed as a dependent by another individual?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are the minors in the household claimed as a dependent by a parent?	<input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
2. Overtime or shift pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
3. Bonus/commission/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
4. Do you have a 2 nd job?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
5. Seasonal/sporadic work	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
6. Tips	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
7. Cash pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
8. Self-employment income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
9. Periodic gift income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
10. Non cash contributions	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
11. Formal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
12. Is child support awarded but not paid?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
13. Informal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
14. Formal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
15. Is spousal support awarded but not paid?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
16. Informal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
17. Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
18. SSI	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
19. SSP	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
20. TANF, AFDC, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
21. Unemployment benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
22. Worker's compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
23. Severance pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
24. Pension income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
25. Retirement acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
26. Investment acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
27. Annuity acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
28. Trust acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> 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? 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	<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

List any reoccurring and unreimbursed medical, dental, mental health, disability and child care expenses for the next 12 months:

VI. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance? Yes No

Have you or any member of your family ever been convicted of a felony or classified as a sex predator? Yes No
If yes, please describe:

Have you or any member of your family ever been evicted from any housing? Yes No
If yes, please describe:

Have you or any member of your family ever resided at a Rochester Management Community? Yes No
If yes, when and where:

Have you ever filed for bankruptcy? Yes No
If yes, please describe:

Will you take an apartment when one is available? Yes No

Briefly describe your reason for applying:

VII. VEHICLE AND PET INFORMATION (if applicable)

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

Make/Model of Vehicle:	License Plate #:
Year:	Color:

Make/Model of Vehicle:	License Plate #:
Year:	Color:

Do you have any pets? Yes 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:
	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).**



EQUAL HOUSING OPPORTUNITY



HANDICAPPED ACCESSIBLE