

WATERLOO

30 West Main Street
Waterloo, New York 13165



MEMORIAL



EIGHTS

PH 315-539-3609
FX 315-539-3649
TTY/TDD 1-866-449-2594
www.genevaha.com

Please complete this application and return it to the address on the cover page of this application. Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____

Street Apt # City State Zip

Daytime Phone # _____ Evening Phone # _____

No. of bedrooms in current unit _____ Do you rent _____ or own _____

Bedroom size requested: One Bedroom _____ Handicap BR _____

B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List head of household first.

	Name	Relationship to Head	M/F	Birth Date	SS #	Student Y/N
Head						
Co-tenant						

Do you anticipate any additions to this household in the next twelve months? Yes ___ No ___

Explain: _____

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write "N/A".

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$

	Other Income	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in household income within the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		

		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	AFDC/TANF	\$
	AFDC/TANF	\$
	AFDC/TANF	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you <i>entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	Child Support	
	Are you <i>entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$

D. ASSETS

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write "N/A".

Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Account	#	Bank	Balance \$
Certificates	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Credit Union	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Bonds	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
Life Insurance Policy	#		Cash Value \$
Life Insurance Policy	#		Cash Value \$

Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>	
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset</i>	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>	

Has anyone in the household disposed of any assets for less than fair market value in the last 2 years? YES _____ NO _____

H. VEHICLE AND PET INFORMATION

VEHICLES: List any cars, trucks or other vehicles owned.

Type of Vehicle _____ Year/Make _____ Color _____
License Plate # _____

PETS: Do you own any pets? Yes _____ No _____
If yes, describe _____

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.

SIGNATURE(S):

Applicant

Co-applicant

Dated _____

Dated _____

Are you a United States Citizen? Yes _____ No _____

If you answered No, Do you have Eligible Immigration Status?

Yes _____ No _____

If you are unsure if you have Eligible Immigration Status, Consult with an Immigration Lawyer, an Immigration expert of your choice or this office.

If Rent does not Include Utilities, what is your average cost per month?
(Do Not Include Phone or Cable) _____

Do you receive Rental Assistance or Rent Subsidy? Yes _____ No _____
If yes, State Amount: \$ _____

Do you have a disability that will require Special Accomodations to your apartment? Yes _____ No _____

How did you hear about this Housing? _____

When are you available to Move? _____

Why do you wish to Move? _____

Are you or any household members Full-Time Students?

If yes, who _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, List the offense, date and disposition

Have you ever Been Evicted? Yes _____ No _____

REFERENCES:

REFERENCES ARE REQUIRED AS PART OF THE APPLICATION PROCESS. WE ASK THAT YOU LIST AS APPROPRIATE, PERSONS WE MAY CONTACT AS REFERENCES.

LANDLORD REFERENCES - Please list all places of residence within the last five years

(Use back of page for additional space).

(RHAC #22) Present Landlord: Name _____
Address _____
Phone _____
Dates From _____ To _____

Previous Landlords:

Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Dates: From _____ To _____	Dates: From _____ To _____
Property Name _____	Property Name _____
Previous Address _____	Previous Address _____

PLEASE SIGN THE ATTACHED LANDLORD REFERENCE AUTHORIZATION. APPLICATION WILL NOT BE PROCESSED OR ACCEPTED WITHOUT SIGNED AUTHORIZATION FORM.

EMPLOYMENT:

<u>Applicant #1</u>	<u>Applicant #2</u>
Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Dates From _____ To _____	Dates From _____ To _____
Type of Work _____	Type of Work _____

PERSONAL REFERENCES (Not a relative):

<u>Applicant #1</u>	<u>Applicant #2</u>
Name _____	Name _____
Address _____	Address _____

PLEASE SIGN THE ATTACHED CREDIT CHECK AND CRIMINAL AUTHORIZATION. APPLICATION WILL NOT BE PROCESSED OR ACCEPTED WITHOUT SIGNED AUTHORIZATION FORM.

ARREST DISCLOSURE FORM

WARNING! Title 18, Section 1001 of the UNITED STATES code, states that a person is guilty of a FELONY for knowingly and willingly making false or fraudulent statements to any department or agency.

The Geneva Housing Authority is required by H.U.D. regulations to perform regular background checks on any prospective client for the Section 8 program. Please list below all arrests for all the people in your household:

Head of household

Date

Spouse (Co-Head)

Date

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location and 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 applicable tenant selection criteria. I/We certify under penalty of perjury 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.

SIGNATURE (S): *All adult applicants, 18 or older, must sign application.*

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



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

Ethnicity (Select one)
Hispanic or Latino
Not Hispanic or Latino

Race (Select All Which Apply)
American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, or White

***** 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.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability(Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202)720-6382(TDD)."

Signature of Applicant #1
application

Signature of person assisting with

Signature of Applicant #2

Name of person assisting with application

Date

Address and Phone number

PLEASE ATTACH VERIFICATION OF AGE: BIRTH CERTIFICATE/DRIVERS LICENSE, ETC.



"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, C.C 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD)."



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Authorization for release of information

I, _____, Consent to allow Waterloo Memorial Heights Apartments____ (Property Name), Inc. to request and obtain income, assets, credit, schooling, and Landlord information from the sources attached to this form for the purpose of verifying my eligibility and level of benefits under ROI Management, Inc. Assisted 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 _Waterloo Memorial Heights Apartments (Property Name).

In conjunction with our application for 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 Waterloo Memorial Heights Apartments, (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:

Date

Social Security Number