

APPLICATION FOR ADMISSION

THE MOUNT SAINT JAMES APARTMENTS

338 JAMESVILLE AVENUE

SYRACUSE, NY 13210

315-478-0731 FAX 315-478-7038

TDD/TTY 1-800-662-1220



For office use only

Date: _____ Time: _____ Applicant No. _____ Bedroom Size _____

Applicant Name _____

Current Address _____ Apartment Number _____

City _____ State _____ Zip Code _____

Home Phone # _____

List names, addresses and phone numbers of two relatives or friends who generally know how to contact you:

1. Name _____	2. Name _____
Address _____	Address _____
Phone # _____	Phone # _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the head of household and all other members who will be living in the assisted unit. Give the relationship of each family member to the head.

Member #	Member Full Name	Relationship	Birth Date	Age	Sex	Social Security #

Ethnicity of Head of Household (check one) (For statistical purposes only.)

Hispanic or Latino _____ or Not-Hispanic or Latino _____

Race of Head of Household (For statistical purposes only.) (Select all that apply.)

American Indian ___ or Alaska Native _____ Asian _____ Black or African American _____
 Native Hawaiian or Pacific Islander _____ White _____

HANDICAP STATUS (for program and unit eligibility purposes only)

HUD requires that any unit that is architecturally altered for handicapped persons be occupied by a family having a member that needs such alterations.

Is Head of Household and/or Spouse handicapped or disabled? _____ YES _____ NO

Please identify any special housing needs your household has,

Person(s) with disabilities have the right to request reasonable accommodations to participate in the application process. You may contact our office with your request. We may be able to provide alternative methods of taking your application.

CURRENT HOUSING STATUS

How many people live in your home now? _____ How many bedrooms do you have? _____

Does anyone live with you now who is not listed above? _____ YES _____ NO

If Yes, please explain _____

Do you wish to move? _____ YES _____ NO If Yes, why? _____

Are you being evicted for Lease Violations? _____ YES _____ NO If Yes, explain the circumstances _____

What is your current rent? \$ _____

What are your monthly costs for all utilities (except telephone)? \$ _____

Are you receiving any rental assistance from a government program?

(e.g. Section 236, Section 221(D)(3), Section 8 Subsidized Project)? _____ YES _____ NO

Has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment or rent or failure to comply with recertification procedures, or any lease violations? _____ YES _____ NO

HOUSING REFERENCES:

Current Landlord _____ Phone Number _____

Landlord's Address _____

City _____ State _____ Zip _____

Please list any previous Landlords for the past 5 years. (if additional space is needed, attach a page)

Previous Landlord _____ Phone Number _____

Address _____ Dates of Tenancy _____

City _____ State _____ Zip _____

Previous Landlord _____ Phone Number _____

Address _____ Dates of Tenancy _____

City _____ State _____ Zip _____

INCOME INFORMATION

Please answer each of the following questions. For each "Yes" answer provide the details in the chart below.

- | | YES | NO |
|---|-------|-------|
| 1. Is any member of your household employed, full time, part time, or seasonally? | _____ | _____ |
| 2. Does any member of your household expect to work for any period during the next twelve months? | _____ | _____ |
| 3. Does any member of your household work for someone who pays them in cash? | _____ | _____ |
| 4. Does any member of your household on leave from work due to lay-off, medical, maternity or military leave? | _____ | _____ |
| 5. Does any member of your household now receive or expect to receive unemployment benefits? | _____ | _____ |
| 6. Does any member of your household now receive or expect to receive child support? | _____ | _____ |
| 7. Is any member of your household entitled to child support that he/she is not receiving? | _____ | _____ |
| 8. Does any member of your household now receive or expect to receive alimony payments? | _____ | _____ |
| 9. Is any member of your household entitled to alimony payments that he/she is not receiving. | _____ | _____ |
| 10. Does any member of your household receive or expect to receive welfare assistance? | _____ | _____ |
| 11. Does any member of your family receive or expect to receive Social Security Benefits? | _____ | _____ |
| 12. Does any member of your household receive or expect to receive income from a pension or annuity? | _____ | _____ |
| 13. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? | _____ | _____ |
| 14. Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends and Certificates of Deposit, stocks or bonds, or income from the rental property? | _____ | _____ |

For each type of income that your household receives, give the source of the income and the amount of income that can be expected from that source during the next twelve (12) months.

Household Member	Source of Income/Type of Income	Annual Income

EMPLOYER NAME: _____
ADDRESS: _____ **PHONE:** _____

ELIGIBILITY OF STUDENT FOR SECTION 8 ASSISTANCE.

Is any member of your household under the age of 24 and a student receiving Financial assistance? YES NO

If yes, please list income from all financial assistance the student receives and cost of tuition below.

Family member #	Financial Assistance	Tuition

ASSETS INFORMATION

List all checking and savings accounts (including IRA'S, Keogh Accounts, and Certificates of Deposit) if all household members, including amounts disposed of during the past two years.

Family Member #	Bank Name	Account Number	Current Balance	% of Interest Earned

List the value of all stocks, bonds, trusts, pension contributions, or other assets _____

Do you own a home or other real estate? YES NO
 Have you sold or given away any real property or other assets in the past two years?
 YES NO
 If YES, what is the current market value of the assets? \$ _____

EXPENSES

Do you pay for child care which enables you or another household member to work or to go to school? YES NO
 If YES, give name and address of child care provider, weekly cost, and name of household member enable to work: _____
 Do you have medical insurance? YES NO
 If YES, what is your Medicare premium? \$ _____
 Do you have any other kind of medical insurance? YES NO
 If YES, give policy number and agent's name: _____
 Do you receive medical assistance through the Welfare Department? YES NO
 Do you expect to have any outstanding medical expenses during the next 12 month? YES NO
 If YES, amount of medical expenses \$ _____

MARKETING

How did you hear of this apartment complex ?

- Friend or Relative
 - Someone you know who resides at this building
 - Newspapers or Television
 - Another Agency, If yes, who? _____
 - Other, please explain: _____
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CRIMINAL HISTORY

All applicants and household members will be screened for criminal history. A history of any of the following by any household member is cause for rejection of an application for housing.

Has any member of your household been involved in criminal activity or sexual offenses. Yes NO.

Please circle any of the following if you or any family member listed have been involved in criminal activity or Sexual Offense that might adversely affect the health, safety, and welfare of other tenants?

Example:

- | | | |
|--------------------------------|--------------------------|-------------------------|
| Illegal drugs use, trafficking | Homicide or Murder | Assault, fighting |
| Rape or child molesting | Threats or harassment | Destruction of property |
| Fraud | Theft, Burglary, robbery | Domestic Violence |
| Disorderly conduct | Receiving stolen goods | Prostitution |

COMMENTS/ADDITIONAL INFORMATION

All questions that were answered YES will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers where applicable and any other information required to expedite this process.

APPLICANT CERTIFICATION

I/We certify that if selected to move into this project, the unit I/we occupies will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for assistance. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or Local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law, and could result in this application being rejected. I/We understand that my occupancy is contingent on meeting management's resident selection criteria and the Federal Rental Assistance Program requirements.

I/we also give authorization to complete a background check on ALL Household members listed, 18 year of age or older.

ALL ADULT household members (18 year of age or older) must sign below:

Signature of Head _____ Date _____
Signature of Other _____ Date _____
Signature of Other _____ Date _____
Management _____ Date _____

Applications will not be accepted if the Head of Household is under the age of 18

The completed applications should be returned to us promptly. All applications will be subjected to income verification, credit background check, review of past housing history, prior landlord reference checks, criminal background checks and an inquiry as to whether an applicant has been involved in drug related criminal activity, past or present.

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, the PHA and any owner (or employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosure 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 willfully 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 \$5,000. 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 is cited as violation of 42 U.S.C. 409 (a) (6), (7) and (8).

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 102-55, 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.

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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 102-55, 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.