



Equal Housing Opportunity

# Application for Admission



Property Name: Edward T. Boyle Center  
Address: 149 Genesee Street  
Auburn, New York 13021

(Office use only)

Date Received: \_\_\_\_\_  
Time Received: \_\_\_\_\_

**Answering Questions on your Application:**

Please answer all questions truthfully. We will verify your answers through the appropriate third party source. Any misrepresentation of information related to eligibility, preference for admission, allowances, rent, family composition or prior resident history is grounds for rejection. Additionally, you should be aware that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds. All information is kept confidential.

Applicant Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Present Address: \_\_\_\_\_  
\_\_\_\_\_

### **HOUSEHOLD COMPOSITION**

LIST THE HEAD OF HOUSEHOLD FIRST. **(MUST BE AT LEAST 18 YEARS OF AGE OR OLDER)**

LIST ALL PERSONS WHO WILL LIVE IN THE UNIT.

<b>MEMBER #1 APPLICANT</b> FULL NAME OF HOUSEHOLD MEMBER	<b>HEAD OF HOUSEHOLD</b>	<b>CITIZENSHIP STATUS</b> US CITIZEN _____ ELIGIBLE NON-CITIZEN _____ INELIGIBLE NON-CITIZEN _____
<b>DATE OF BIRTH</b>		
<b>SOCIAL SECURITY NUMBER</b>		
<b>GENDER:</b> _____ Male _____ Female _____ prefer not to disclose		

**PLEASE INDICATE ALL STATES WHERE THIS PERSON HAS LIVED:**

\_\_Alabama, \_\_Alaska, \_\_Arizona, \_\_Arkansas, \_\_California, \_\_Colorado, \_\_Connecticut, \_\_Delaware, \_\_Florida, \_\_Georgia, \_\_Hawaii, \_\_Idaho, \_\_Illinois, \_\_Indiana, \_\_Iowa, \_\_Kansas, \_\_Kentucky, \_\_Louisiana, \_\_Maine, \_\_Maryland, \_\_Massachusetts, \_\_Michigan, \_\_Minnesota, \_\_Mississippi, \_\_Missouri, \_\_Montana, \_\_Nebraska, \_\_Nevada, \_\_New Hampshire, \_\_New Jersey, \_\_New Mexico, \_\_New York, \_\_North Carolina, \_\_North Dakota, \_\_Ohio, \_\_Oklahoma, \_\_Oregon, \_\_Pennsylvania, \_\_Rhode Island, \_\_South Carolina, \_\_South Dakota, \_\_Tennessee, \_\_Texas, \_\_Utah, \_\_Vermont, \_\_Virginia, \_\_Washington, \_\_West Virginia, \_\_Wisconsin, \_\_Wyoming, \_\_Washington D.C

**FULL NAME OF HOUSEHOLD MEMBER #2**

**RELATIONSHIP TO HEAD OF HOUSEHOLD**

CO-HEAD/Spouse \_\_\_\_\_ Child \_\_\_\_\_  
Other Adult \_\_\_\_\_ Foster adult/child \_\_\_\_\_  
Live-in Aide \_\_\_\_\_ None of Above \_\_\_\_\_

**GENDER**

\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ prefer not to disclose

**DATE OF BIRTH**

**SOCIAL SECURITY NUMBER**

**CITIZENSHIP STATUS**

\_\_\_\_\_ US CITIZEN \_\_\_\_\_ ELIGIBLE NON-CITIZEN  
\_\_\_\_\_ INELIGIBLE NON-CITIZEN

**PLEASE INDICATE ALL STATES WHERE THIS PERSON HAS LIVED:**

\_\_ Alabama, \_\_ Alaska, \_\_ Arizona, \_\_ Arkansas, \_\_ California, \_\_ Colorado, \_\_ Connecticut, \_\_ Delaware, \_\_ Florida,  
\_\_ Georgia, \_\_ Hawaii, \_\_ Idaho, \_\_ Illinois, \_\_ Indiana, \_\_ Iowa, \_\_ Kansas, \_\_ Kentucky, \_\_ Louisiana, \_\_ Maine,  
\_\_ Maryland, \_\_ Massachusetts, \_\_ Michigan, \_\_ Minnesota, \_\_ Mississippi, \_\_ Missouri, \_\_ Montana, \_\_ Nebraska,  
\_\_ Nevada, \_\_ New Hampshire, \_\_ New Jersey, \_\_ New Mexico, \_\_ New York, \_\_ North Carolina, \_\_ North Dakota, \_\_ Ohio,  
\_\_ Oklahoma, \_\_ Oregon, \_\_ Pennsylvania, \_\_ Rhode Island, \_\_ South Carolina, \_\_ South Dakota, \_\_ Tennessee, \_\_ Texas,  
\_\_ Utah, \_\_ Vermont, \_\_ Virginia, \_\_ Washington, \_\_ West Virginia, \_\_ Wisconsin, \_\_ Wyoming, \_\_ Washington D.C.

**FULL NAME OF HOUSEHOLD MEMBER #3**

**RELATIONSHIP TO HEAD OF HOUSEHOLD**

CO-HEAD/Spouse \_\_\_\_\_ Child \_\_\_\_\_  
Other Adult \_\_\_\_\_ Foster adult/child \_\_\_\_\_  
Live-in Aide \_\_\_\_\_ None of Above \_\_\_\_\_

**GENDER**

\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ prefer not to disclose

**DATE OF BIRTH**

**SOCIAL SECURITY NUMBER**

**CITIZENSHIP STATUS**

US CITIZEN \_\_\_\_\_  
ELIGIBLE NON-CITIZEN \_\_\_\_\_  
INELIGIBLE NON-CITIZEN \_\_\_\_\_

**PLEASE INDICATE ALL STATES WHERE THIS PERSON HAS LIVED:**

\_\_ Alabama, \_\_ Alaska, \_\_ Arizona, \_\_ Arkansas, \_\_ California, \_\_ Colorado, \_\_ Connecticut, \_\_ Delaware, \_\_ Florida,  
\_\_ Georgia, \_\_ Hawaii, \_\_ Idaho, \_\_ Illinois, \_\_ Indiana, \_\_ Iowa, \_\_ Kansas, \_\_ Kentucky, \_\_ Louisiana, \_\_ Maine,  
\_\_ Maryland, \_\_ Massachusetts, \_\_ Michigan, \_\_ Minnesota, \_\_ Mississippi, \_\_ Missouri, \_\_ Montana, \_\_ Nebraska,  
\_\_ Nevada, \_\_ New Hampshire, \_\_ New Jersey, \_\_ New Mexico, \_\_ New York, \_\_ North Carolina, \_\_ North Dakota,  
\_\_ Ohio, \_\_ Oklahoma, \_\_ Oregon, \_\_ Pennsylvania, \_\_ Rhode Island, \_\_ South Carolina, \_\_ South Dakota, \_\_ Tennessee,  
\_\_ Texas, \_\_ Utah, \_\_ Vermont, \_\_ Virginia, \_\_ Washington, \_\_ West Virginia, \_\_ Wisconsin, \_\_ Wyoming, \_\_ Washington D.C.

**FULL NAME OF HOUSEHOLD MEMBER #4**

**RELATIONSHIP TO HEAD OF HOUSEHOLD**

CO-HEAD/Spouse \_\_\_\_\_ Child \_\_\_\_\_  
Other Adult \_\_\_\_\_ Foster adult/child \_\_\_\_\_  
Live-in Aide \_\_\_\_\_ None of Above \_\_\_\_\_

**GENDER**

\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ prefer not to disclose

**DATE OF BIRTH**

**SOCIAL SECURITY NUMBER**

**CITIZENSHIP STATUS**

US CITIZEN \_\_\_\_\_  
ELIGIBLE NON-CITIZEN \_\_\_\_\_  
INELIGIBLE NON-CITIZEN \_\_\_\_\_

**PLEASE INDICATE ALL STATES WHERE THIS PERSON HAS LIVED:**

\_\_\_ Alabama, \_\_\_ Alaska, \_\_\_ Arizona, \_\_\_ Arkansas, \_\_\_ California, \_\_\_ Colorado, \_\_\_ Connecticut, \_\_\_ Delaware, \_\_\_ Florida,  
\_\_\_ Georgia, \_\_\_ Hawaii, \_\_\_ Idaho, \_\_\_ Illinois, \_\_\_ Indiana, \_\_\_ Iowa, \_\_\_ Kansas, \_\_\_ Kentucky, \_\_\_ Louisiana, \_\_\_ Maine,  
\_\_\_ Maryland, \_\_\_ Massachusetts, \_\_\_ Michigan, \_\_\_ Minnesota, \_\_\_ Mississippi, \_\_\_ Missouri, \_\_\_ Montana, \_\_\_ Nebraska,  
\_\_\_ Nevada, \_\_\_ New Hampshire, \_\_\_ New Jersey, \_\_\_ New Mexico, \_\_\_ New York, \_\_\_ North Carolina, \_\_\_ North Dakota,  
\_\_\_ Ohio, \_\_\_ Oklahoma, \_\_\_ Oregon, \_\_\_ Pennsylvania, \_\_\_ Rhode Island, \_\_\_ South Carolina, \_\_\_ South Dakota,  
\_\_\_ Tennessee, \_\_\_ Texas, \_\_\_ Utah, \_\_\_ Vermont, \_\_\_ Virginia, \_\_\_ Washington, \_\_\_ West Virginia, \_\_\_ Wisconsin, \_\_\_ Wyoming,  
\_\_\_ Washington D.C

**If you have no Social Security Number, you claim you are exempt because:**

\_\_\_ You are an ineligible non-citizen

\_\_\_ You were 62 as of 1/31/2010 and receiving HUD housing assistance as of 1/31/2010

**CITIZENSHIP NOTIFICATION and CERTIFICATION : (For program eligibility purposes only)**

In properties subject to the restriction of assistance to noncitizens, housing will be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

Is the Head-of household or co-head/spouse 62 or older? \_\_\_\_\_ YES \_\_\_\_\_ NO

If the head-of household or co-head/spouse is not 62 or older, do you claim eligibility because the head-of household, co-head or spouse has one or more disabilities? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you currently receiving housing assistance from HUD or a PHA? \_\_\_\_\_ YES \_\_\_\_\_ NO

**DISABILITY STATUS (For program and unit eligibility purposes only)**

**Christopher Community does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in federally assisted programs and activities.**

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988) V.P. of Property Management, Christopher Community, Inc., 990 James Street, Syracuse, NY 13203 Phone: (315) 424-1821 Fax: (315) 424-6048 TDD/TTY: (800) 662-1220

**Note:** Answers to questions on your application concerning disability status are optional, but please note that families with disabled members may be entitled to (1) certain deductions from income that affect rent or (2) units designed to be accessible for individuals with disabilities. Without this information we may not be able to calculate your rent correctly or verify your eligibility to live in an accessible unit.

**In addition,** Person(s) with disabilities have the right to request reasonable accommodations to participate in the application process. A reasonable accommodation is some modification or change that we can make to policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the programs under which we operate. We may be able to provide alternative methods of taking your application. You may contact our office with your request for a reasonable accommodation or structural modifications to the unit or premises. Appropriate assistance will be handled in a confidential manner and setting.

**If you request special unit features, the owner/agent may verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1.** Please identify any special housing needs your household has (For example, hearing impaired, wheelchair unit, live in aide, modification to a typical unit).

Mobility Disability (Use of Walker, Cane, Wheelchair)     YES     NO

Visual Impairment (Legally Blind)     YES     NO

Hearing Impairment (50% Loss of Hearing or Greater)     YES     NO

Other: \_\_\_\_\_

**STUDENT ELIGIBILITY**

Will any of the persons in the household under the age of 24 be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?     YES     NO

If YES, please answer the following questions:

Are any full time student(s) married and filing a joint tax return?     YES     NO

Are any student(s) enrolled in a job training program receiving assistance under the Job Training Partnership Act?     YES     NO

Are any full time student(s) a TANF recipient?     YES     NO

Are any full time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return?     YES     NO

All applicants will be screened in order to determine their capability of fulfilling the lease agreement including: criteria regarding ability to pay rent on time, with or without assistance.

The Violence Against Women Act (VAWA) provides protections to women or men who are the victims of domestic violence, dating violence, sexual assault or stalking. The owner/agent understands that regardless of whether state or local laws protect victims of domestic violence, dating violence, sexual assault or stalking, people who have been victims of violence have certain rights under federal fair housing regulation.

If any applicant or resident wishes to exercise the protections provided in the VAWA, he/she should contact the owner/agent immediately. The owner/agent is committed to ensuring that the Privacy Act is enforced in this and all other situations.

In order to receive the protections outlines in the VAWA, the applicant/resident must specify that he/she wishes to exercise these protections.

### RENTAL HISTORY

(Please list for the past five years. If you require additional space, please attach a page.)

Are you currently homeless?  YES  NO If yes, please skip questions about your current landlord and answer questions related to your most recent landlord.

**Current Landlord:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Contact Name (if known): \_\_\_\_\_

Phone Number: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Did you owe the previous landlord any money when you left or do you currently have an outstanding balance owed to this landlord?  YES  NO

Have you been evicted or is this landlord attempting to evict you or another person currently living with you?

YES  NO Have you given this landlord notice that you will be moving?  YES  NO

Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control?

includes roaches, rodents, bed bugs etc...  YES  NO

**PREVIOUS LANDLORD #1:**

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Contact Name (if known): \_\_\_\_\_

Phone Number: \_\_\_\_\_

How long did you live at this address? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Did you owe the previous landlord any money when you left or do you currently have an outstanding balance owed to this landlord?  YES  NO

Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? includes roaches, rodents, bed bugs etc...  YES  NO

**PREVIOUS LANDLORD #2:**

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Contact Name (if known): \_\_\_\_\_

Phone Number: \_\_\_\_\_

How long did you live at this address? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Did you owe the previous landlord any money when you left or do you currently have an outstanding balance owed to this landlord?  YES  NO

Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? Includes roaches, rodents, bed bugs etc...  YES  NO

**HOUSEHOLD CHARACTERISTICS**

Are you enlisted or a veteran of the U.S. Military?  YES  NO

Are you a victim of a presidentially declared disaster?  YES  NO

**PETS & ASSISTANCE/COMPANION ANIMALS:**

**THE PRESENCE OF ANY ANIMAL MUST BE APPROVED BEFORE THE ANIMAL IS ALLOWED TO BE KEPT IN THE UNIT.**

Do you plan to house an animal in the unit?  YES  NO If NO, please move onto the next section.

If YES, please provide the following information:

<b>ANIMAL TYPE</b>	<b>BREED</b>	<b>HEIGHT (measured at shoulders)</b>	<b>WEIGHT</b>

Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?

YES  NO

**UTILITY PROVIDERS**

Do you have any current outstanding balances owed to any utility provider?  YES  NO

Will you be able to establish utilities in your unit?  YES  NO

**RACE/ETHNICITY INFORMATION (For statistical purposes only)**

The information regarding race, ethnicity and sex designation solicited on this application is requested for statistical purposes only. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Race of Head of Household (please check all that apply):

American Indian/or Alaska Native       Asian       Black or African American  
 Native Hawaiian or Pacific Islander       White       Other

Ethnicity of Head of Household (please check one):

Hispanic or Latino       Not Hispanic or Latino

**MARKETING**

How did you hear about this apartment complex?

FRIEND/RELATIVE       NEWSPAPER/TELEVISION  
 SOMEONE YOU KNOW LIVES IN BUILDING       DRIVE BY PROPERTY  
 WEBSITE       AGENCY/OTHER (please explain below):





Employer #2 (Name) \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

How much **gross employment income** do you expect to receive in the next 12 months? \$ \_\_\_\_\_

**ASSETS INFORMATION**

**THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.  
(PLEASE WRITE 0.00, N/A OR None if the asset value is zero)**

HAVE YOU SOLD OR GIVEN AWAY REAL PROPERTY OR OTHER ASSETS VALUED AT \$1,000.00 OR MORE INCLUDING CASH DONATIONS IN THE PAST TWO YEARS?       YES     NO

HAVE YOU GIVEN ANY MONEY TO CHARITIES IN THE PAST TWO YEARS?       YES     NO

ARE ANY BENEFITS DEPOSITED INTO A DIRECT EXPRESS DEBIT CARD ACCOUNT?     YES     NO

DO YOU HAVE A CHECKING ACCOUNT?       YES     NO

(If you answered yes, you will be required to provide the most recent six month's bank statements so that we may estimate the value of the asset in accordance with HUD requirements.)

DO YOU HAVE A SAVINGS ACCOUNT?       YES     NO      CURRENT BALANCE-\$ \_\_\_\_\_

DO YOU HAVE CASH THAT IS NOT DEPOSITED IN AN ACCOUNT?     YES     NO      AMOUNT-\$ \_\_\_\_\_

DO YOU OWN AN IRA OR OTHER RETIREMENT ACCOUNT?       YES     NO      CURRENT BALANCE-\$ \_\_\_\_\_

DO ANY OF YOUR RETIREMENT ACCT'S HAVE A REQUIRED MINIMUM DISTRIBUTION?     YES     NO    AMT-\$ \_\_\_\_\_

DO YOU OWN A HOME OR OTHER PROPERTY?       YES     NO      CURRENT VALUE-\$ \_\_\_\_\_

DO YOU HAVE BUSINESS INCOME?       YES     NO      CURRENT VALUE OF BUSINESS-\$ \_\_\_\_\_

DO YOU OWN STOCKS/BONDS, CERTIFICATES OF DEPOSIT (CD)     YES     NO      CURRENT VALUE-\$ \_\_\_\_\_

DO YOU OWN A LIFE INSURANCE POLICY?     YES     NO      CURRENT VALUE- \$ \_\_\_\_\_

DO YOU OWN AN ANNUITY?       YES     NO      CURRENT VALUE - \$ \_\_\_\_\_

IS THERE A TRUST FUND IN YOUR NAME OR HAVE YOU ESTABLISHED A TRUST FUND FOR SOMEONE ELSE?     YES     NO  
CURRENT VALUE- \$ \_\_\_\_\_

DO YOU HAVE A SAFETY DEPOSIT BOX?       YES     NO

ARE ASSETS STORED IN THE SAFETY DEPOSIT BOX SUCH AS SAVINGS BONDS, CASH, and STOCKS ETC...?

\_\_\_ YES \_\_\_ NO

DO YOU HAVE ACCESS TO ANY OTHER ASSETS, PROPERTY, INSURANCE POLICIES, BUSINESSES, ETC...? \_\_\_ YES \_\_\_ NO

PROVIDE A DESCRIPTION OF THE ASSET(S) AND THE CURRENT VALUE BELOW:

**DEDUCTIONS**

**HOUSEHOLD INCOME CAN BE REDUCED BASED ON THE AMOUNT OF QUALIFIED MONTHLY EXPENSES. HOUSEHOLDS IN WHICH THE HEAD OF HOUSEHOLD, CO-HEAD OF HOUSEHOLD OR SPOUSE ARE DISABLED OR AT LEAST 62 YEARS OLD QUALIFY FOR DEDUCTIONS BASED ON OUT OF POCKET MEDICAL EXPENSES. PLEASE LET US KNOW IF YOU OR ANY MEMBERS OF YOUR HOUSEHOLD HAVE OUT OF POCKET EXPENSES FOR THE FOLLOWING:**

HEALTH INSURANCE #1 -ANNUAL PREMIUM \$ \_\_\_\_\_

HEALTH INSURANCE #2- ANNUAL PREMIUM \$ \_\_\_\_\_

HEALTH INSURANCE #3- ANNUAL PREMIUM \$ \_\_\_\_\_

DR. VISIT/MEDICAL TREATMENTS- ANNUAL OUT-OF-POCKET EXPENSE: \$ \_\_\_\_\_

PRESCRIPTION DRUGS- ANNUAL OUT-OF-POCKET EXPENSE \$ \_\_\_\_\_

DO YOU HAVE AN HMO, MEDICAL PLAN OR HEALTH INSURANCE POLICY WHICH PAYS ALL OR PART OF THE COST OF YOUR MEDICATIONS? \_\_\_ YES \_\_\_ NO IF YES, PLEASE GIVE THE NAME OF THE HMO, PLAN, INSURANCE COMPANY BELOW:

WHAT AMOUNT OR % MUST YOU PAY? \$ \_\_\_\_\_ % \_\_\_\_\_

IF YOU MUST PAY FOR THE MEDICINES YOURSELF, ARE YOU LATER REIMBURSED ALL OR PART OF THE COST? \_\_\_ YES \_\_\_ NO

IF YES, WHO REIMBURSES YOU? \_\_\_\_\_

OVER- THE- COUNTER MEDICAL EXPENSES TO TREAT A SPECIFIC MEDICAL CONDITION, ANNUAL OUT-OF-POCKET EXPENSE TO YOU EXAMPLE: ASPIRIN FOR HEART CONDITION, CALCIUM SUPPL FOR OSTEOPOROSIS \$ \_\_\_\_\_

PERSONAL USE ITEMS ANNUAL OR OUT-OF-POCKET EXPENSE: GLASSES, INCONTINENCE SUPPLIES, HEARING AIDS \$ \_\_\_\_\_

COST/CARE FOR ASSISTANCE/COMPANION ANIMALS ANNUAL OUT OF POCKET EXPENSE \$ \_\_\_\_\_

MILEAGE TO/FROM MEDICAL APPOINTMENTS, total number of miles: \_\_\_\_\_

ARE THERE ANY OTHER MEDICAL EXPENSES, WHICH YOU PAY, THAT WE SHOULD CONSIDER WHEN CALCULATING YOUR RENT?

ANNUAL CHILD CARE FOR A MINOR 12 YRS. OF AGE OR YOUNGER: \$ \_\_\_\_\_

CHILD CARE IS NEEDED: THE PARENT/GUARDIAN IS: \_\_\_ EMPLOYED \_\_\_ SEEKING EMPLOYMENT \_\_\_ ATTENDING SCHOOL?

PROVIDER NAME: \_\_\_\_\_

PROVIDER ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

ANNUAL COST OF CARE FOR A DISABLED FAMILY MEMBER TO ALLOW ANY ADULT FAMILY MEMBER TO WORK: \$ \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

EXPENSES FOR AUXILIARY AIDES FOR A DISABLED FAMILY MEMBER: \$ \_\_\_\_\_

**CRIMINAL HISTORY ALL APPLICANTS:**

**All applicants and household members will be screened for criminal history.**

**Have you or any member of your household** ever been convicted of manufacturing or distributing a controlled substance? \_\_\_\_ YES \_\_\_\_ NO

**Have you or any member of your household** ever been convicted of a crime or sexual offense? \_\_\_\_ YES \_\_\_\_ NO

If yes, please describe: \_\_\_\_\_

**Are you or any member or your household** on the sex offender registry in any state? \_\_\_\_ YES \_\_\_\_ NO

If answered yes, are you subject to lifetime offender registration in any state? \_\_\_\_ YES \_\_\_\_ NO

**PENALTIES FOR MISUSING THIS FORM**

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 any employee of HUD, the PHA 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 willfully request, 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, the PHA 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. 408 (a) (6), (7) and (8).

**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. 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 Tenant Selection Plan and the Federal Rental Assistance Program requirements.

I/WE also give authorization to complete a background check on All household members listed, 18 years of age or older. All Adult Household members (18 years of age or older) must sign below:

Print Name Head of Household: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Management Signature: \_\_\_\_\_

Date \_\_\_\_\_

**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. 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 Tenant Selection Plan and the Federal Rental Assistance Program requirements.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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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 102-550, 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.

# Christopher Community Applicant Survey

Thank you for taking the time to respond to this survey. Your participation will help Christopher Community (CCI) serve our region's housing needs by helping with future development planning. All surveys will be confidential as you are not required to sign your name on the survey. Please return the filled out survey the CCI office or building manager.

## 1. What is your current housing situation?

- Shelter / Homeless                       Own Home  
 Renting                                         Living with family or friends  
 Other

Comments about your current housing:

## 2. Reason you want to move:

- End of lease                                       Home sale  
 Eviction     Seeking more affordable housing  
 Other

Comments about reason for move:

## 3. When do you want to move?

- Immediate / ASAP                               Next month  
 2 or more months from now  
 Other

Comments about when you want to move:

## 4. How did you find out about CCI Housing (or this building)? {Choose all that apply}

- Word of mouth                                       Professional referral  
 Advertisement (list where in Comments)     Know current resident  
 Drove by     Christopher Community Website  
 Other

Comments about how you found out about CCI Housing:

**5. What made you interested in CCI Housing and specifically this building? {Choose all that apply}**

- Area of Town                       Accessibility features                       Affordability  
 Access to transportation                       Other

**Comments about your interest in CCI Housing:**

**6. What type of housing amenities are you looking for? {Choose all that apply} This Survey is to help CCI with future development planning. Not all items are currently available.**

- |   |   |
|---|---|
| <input type="checkbox"/> Community Meal Service             | <input type="checkbox"/> Washer/Dryer hook-up             |
| <input type="checkbox"/> Tenant Activities / Recreation     | <input type="checkbox"/> Assistance with Finding Services |
| <input type="checkbox"/> Access to Community Transportation | <input type="checkbox"/> Weekly Shopping Bus              |
| <input type="checkbox"/> Off-street Parking                 | <input type="checkbox"/> Walk-in Shower                   |
| <input type="checkbox"/> Dishwasher                         | <input type="checkbox"/> Wi-fi                            |
| <input type="checkbox"/> Cable                              |   |
| <input type="checkbox"/> Other                              | <input type="text"/>                                      |

**Comments about amenities:**

Thank you!