

Municipal Housing Authority
 Steuben Village
 509 Second Street
 Utica, New York 13501
 315-735-5246
 315-735-3366 Fax

Referred By _____

Form management office use:
 Date & time received

Office Use Only

Property Name & Address: _____

Anticipated Move In Date: _____ Anticipated unit # _____ Is this a unit transfer? Yes No

Household Information:

Complete the following information for each household member that will occupy the unit at time of move-in:

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <i>Month, Date, Year</i>

Current Address: _____ Date Moved in: _____

Rent _____ Own _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Answer either YES or NO to each question.

YES NO

- 1. **Do you expect any additions to the household within the next twelve months?**
 Name & Relationship: _____
 Explanation: _____
- 2. **Is there anyone living with you now who will not be living with you at this property?**
 Name & Relationship: _____
 Explanation: _____
- 3. **Do you have full custody of your child(ren)?**
 Explanation of custody arrangements: _____
- 4. **Are there any absent household members who under normal conditions would live with you?**
 (for example, a household member away in the military)
 Explanation: _____
- 5. **Does your household have or anticipate having any pets other than those used as service animals?**
 Type: _____ Weight: _____

- | | | |
|------------|-----------|----------------------------------------------------------------------------------------------------------------------------|
| <u>YES</u> | <u>NO</u> | |
| o | o | 6. Have you or any one else named on this application filed bankruptcy? |
| | | Explanation: _____ |
| o | o | 7. Have you or any one else named on this application been convicted of a felony? |
| | | Explanation: _____ |
| o | o | 8. Have you or any one else named on this application been convicted for selling or manufacturing illegal drugs? |
| | | Explanation: _____ |
| o | o | 9. Have you or any one else named on this application been convicted of property damage? |
| | | Explanation: _____ |
| o | o | 10. Have you ever been evicted from a rental unit of any type including an apartment, home, mobile home or trailer? |
| | | Explanation: _____ |

Housing References:

List the past THREE years of housing references. *(If additional space is required, use the back of this page.)*

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____	_____	Own o	Move in: _____
	_____	_____	Rent o	Move out: _____
	_____	_____		_____
	Phone: () _____	_____		
2.	_____	_____	Own o	Move in: _____
	_____	_____	Rent o	Move out: _____
	_____	_____		_____
	Phone: () _____	_____		
3.	_____	_____	Own o	Move in: _____
	_____	_____	Rent o	Move out: _____
	_____	_____		_____
	Phone: () _____	_____		

Personal Reference:

List a personal reference other than a relative.

1. Name/Address of Reference
- _____
- _____
- Phone: () _____
- Relationship: _____

Vehicle Identification:

1. License #: _____ State Issued: _____ Make/Model/Year: _____

Emergency Contact:

Name/Address (If possible list someone in the area that is not listed on the application.)

_____ **Phone:** () _____

_____ **Relationship:** _____

Income Information:

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as grant or benefit, it is counted for all household members including minors. Include the dollar (\$) amount in the space provided.

**Include all income anticipated for the next 12 months.
Do YOU or ANYONE in your household receive OR expect to receive income from:**

YES **NO**
o o

(If yes, EMC #01)
(If no, #101)

1. **Employment wages or salaries?** (Include overtime, tips, bonuses, commissions and payments received in cash).

<u>Name of Company</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

o o
(EMC #02)

2. **Self-employment?** (Attach Federal Tax Return or Profit and Loss Statements)

<u>Type of Business</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

o o
(EMC #03)

3. **Regular pay as a member of the Armed Forces?**

<u>Base & Branch</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____

o o
(EMC #04 or #106)

4. **Unemployment benefits or workman's compensation?**

<u>Contact Person</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____

o o
(EMC #05)

5. **Public Assistance, General Relief, Aid to Families with Dependent Children (AFDC) or Temporary Assistance to Needy Families (TANF)?**

<u>Contact Person</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____

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(If yes, EMC #06)
(If no, #103)

6. (a) **Child support or alimony?** (Any **AWARDED** amounts—collected or uncollected. We must count court-ordered support whether or not it is being received unless legal action has been taken to remedy. We must also count support that is not court-ordered but received directly from payor.)

<u>Payor</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(See next page for continuation of question)

(b) How is the support being received? (Check all that apply)

- Child Support Enforcement Agency** Name of Agency: _____
- Court of Law** Name of Court: _____
- Directly from Individual** Name of Person: _____
- Other** Explain: _____

YES NO
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(If yes, obtain court papers)

(c) If money is not actually received, are you taking legal action to remedy?

Explanation: _____

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(EMC #07)

7. Social Security, SSI or any other payments from the Social Security Administration?

<u>SSA Office</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

o o
(EMC # 08)

8. Veteran's benefits, pensions, retirement benefits or annuities?

<u>Source of Benefit</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

o o
(EMC #08)

9. Severance payments?

<u>Source of Benefit</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

o o
(EMC # 08)

10. Regular Payments from any type of Settlements? *(Such as insurance settlements)*

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

o o
(EMC #08)

11. Disability, death benefits or life insurance dividends?

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

o o
(EMC #08)

12. Regular gifts or payments from anyone outside of the household?
(This includes anyone supplementing your income or paying any of your bills.)

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

o o
(EMC #08)

13. Educational grants, scholarships, or other student benefits?

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO

(EMC # 08)

14. Lottery winnings or inheritances?

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC # 08)

15. Payments from rental property, land contracts or other forms of real estate?

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC # 08)

16. Any other income sources or types not listed?

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

17. Do you or any other household members expect any changes to your income in the next 12 months? Explanation: _____

Asset Information:

Include all assets held and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

Do YOU or ANYONE in your household hold: (Include ALL assets held by ALL household members **including minors**.)

YES NO

(EMC #09)

1. Checking or savings accounts?

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>Account #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(EMC # 09)

2. CDs, money market accounts or treasury bills?

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>Account #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(EMC #10)

3. Stocks, bonds or securities?

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>Account #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(EMC # 09)

4. Trust funds?

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>Account #</u>
_____	_____	_____	_____
_____	_____	_____	_____

YES NO
o o
(EMC #09 or #10)

5. **Pensions, IRAs, KEOGH or other retirement accounts?**

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>Account #</u>
_____	_____	_____	_____
_____	_____	_____	_____

o o
(EMC #13)

6. **Cash on hand over \$500?** (Monies not currently held in bank accounts)

Household Member: _____ Amount: _____

o o
(EMC #10)

7. **Real estate, rental property, land contracts/contract for deeds or other real estate holdings?**

(Include your personal residence, mobile homes, vacant land, farms, vacation homes, etc.)

<u>Type</u>	<u>Household Member</u>	<u>Value</u>
_____	_____	_____

o o
(EMC # 10)

8. **Personal property as an investment?** (Attach appraisal)

(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques.)

<u>Type</u>	<u>Household Member</u>	<u>Value</u>
_____	_____	_____

o o
(EMC #13)

9. **A safe deposit box?**

Household Member: _____ Monetary Value of Contents: _____

o o
(EMC #11)

10. **Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?**

Household Member: _____ Amount: _____

Explanation: _____

Zero Income Verification:

YES NO
o o
(#101)

1. **Are YOU or is ANY OTHER ADULT member of your household claiming zero income?**

Household Member(s) _____

Student Information:

YES NO
o o

1. **Are YOU or is ANYONE in your household (INCLUDING MINORS) currently a full or part-time student, or planning to be one within the next 12 months? If yes, please list whom & status:**

Name: _____ Status (Full or Part-time) _____

Name: _____ Status (Full or Part-time) _____

IF YES AND FULL-TIME, CONTINUE WITH THE FOLLOWING QUESTIONS: (see following page)

(You will need to provide verification of all items to which you answered YES.)

o o a. **Are you married and currently filing a joint tax return?** (Attach copy)

o o b. **Are you receiving AFDC (Aid to Families with Dependent Children)?**

o o c. **Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local, county or state program?**

Contact Name: _____ Phone: _____

d. Are you a single parent with child(ren) and neither you nor the child(ren) are dependents on anyone else's tax return? (Attach

Live-In Care Attendant:

YES **NO**

(EMC #15)

1. Will you or anyone in your household require a live-in care attendant? (Attach verification from Doctor)

Name of Live-in Care Attendant: _____ Relationship (if any): _____

Section 8 Rental Assistance:

YES **NO**

1. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency: _____ Contact Person Name: _____

2. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Explanation: _____ Name of Agency: _____

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.

All qualified applicants will be afforded equal opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

Information for Government Monitoring Purposes

The following information is requested by the Federal Government in order to monitor compliance with fair housing laws. You are not required to furnish this information, but are encouraged to do so. Municipal Housing Authority may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, Municipal Housing Authority is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the following information, please initial below.

Applicant:

Race/National origin:

- American Indian/ Alaskan Native
- Asian, Pacific Islander
- Black
- Hispanic
- White
- Other (please specify) _____

Gender: Male Female

I do not wish to furnish this information (initial) _____

Spouse/Co-Applicant:

Race/National origin:

- American Indian/Alaskan Native
- Asian, Pacific Islander
- Black
- Hispanic
- White
- Other (please specify) _____

Gender: Male Female

I do not wish to furnish this information (initial) _____

Signature Clause:

I understand that management is relying on this information to prove my household's eligibility for the Low Income Housing Tax Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I authorize Municipal Housing Authority to obtain a credit bureau report. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Low Income Housing Tax Credit Program requirements.

All ADULT household members must sign below:

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