



RIVERBEND APARTMENTS
199 EAST AVENUE - OFFICE
HORNELL, NEW YORK 14843
(607) 324-3214
TDD: 800 662-1220



APPLICATION ASSISTANCE AND INFORMATION STATEMENT

If you are handicapped or disabled, or have difficulty completing this application, please advise us of your needs when you receive this application, or call us to schedule assistance.

Our phone number is 324-3214. Call during these hours: Tuesdays: 9:00-4:30 and Thursday from 8am to 12:30 pm. Appropriate assistance will be provided in a confidential manner and setting.

Answering questions on your application:

Please answer all questions truthfully. We will verify your answers. 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.

Answering questions relating to handicap or disability:

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

If you answer the questions relating to handicap or disability, we will need to verify that you or a household member are handicapped or disabled. We do not need to know the nature, extent, or current condition of the handicap or disability. But we will need to know that you meet the federal definitions that apply to these terms and that you can abide by the terms of our lease.

Information you provide on handicap or disability status will be treated as confidential by management. In accordance with program regulations, information may be released to appropriate federal, state or local agencies.

Housing Requirements Questionnaire:

Please complete the Housing Requirements Questionnaire that accompanies your application. This information is needed so that we may assign you a unit appropriate to any needs that exist for your household. Your answers will be verified. If, however, there are no household members with a handicap or disability, or if you do not wish to complete the document for any reason, simply indicate that choice in the space provided at the top of the document. The choice not to complete this document will not in any way affect the processing of your application for an apartment.

Notice to All Applicants: Options for Applicants with Disabilities or Handicaps

This property is managed by Steuben Churchpeople Against Poverty, PO Box 31, Bath, NY 14810. We provide assisted housing to the general public under New York State. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, familial status, disability or handicap. In addition, we have an obligation to provide "reasonable accommodations" to applicants if they or any household members have a disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the programs under which we operate. Examples of reasonable accommodations and structural modifications include, but are not limited to:

- Making reasonable alterations to a unit so it could be used by a household member with a wheelchair;
- Installing strobe type flashing-light smoke detectors in an apartment for a household with a hearing-impaired member;
- Permitting a household to have a seeing-eye dog to assist a vision-impaired household member where existing pet rules would not allow the dog;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing-impaired applicant during the application process;
- Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria.

An applicant household that has a member with a disability must still be able to meet essential obligations of tenancy--they must be able to pay rent, to maintain their apartment in a safe and sanitary condition, to report required information to the building manager, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your household have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

The next page of this application is a *Housing Requirements Questionnaire*. If you wish to complete the document and provide management with information regarding any household member with a handicap or disability, please do so. If no household member has a handicap or disability, or if you do not wish to complete the questionnaire for any reason, please indicate so, sign the form, and return to the manager.

Housing Requirements Questionnaire
Please read the following regarding this questionnaire:

This questionnaire is administered to every applicant at _____ Riverbend Apartments _____. It is used to determine whether your household needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Completing this questionnaire is optional on your part. If you choose not to complete this form, please check the box that indicates that choice, sign and date the form, and return it to the manager. The choice not to complete this questionnaire will not in any way affect the processing of your application for an apartment.

If you choose to complete this form, please check the box that indicates your choice to furnish this information, complete the information requested, sign and date the form and return it to the manager.

Applicant election to provide special needs information:

Name of Head of Household
SS#: _____

I choose to complete this form.
 I choose NOT to complete this form.

Applicant's _____ signature
Date _____

Manager's _____ signature
Date _____

Information relative to the housing requirements of applicant's household:

1. Do you, or does any member of you household, have a condition that requires:

- A separate bedroom
- One-level apartment
- Unit for hearing-impaired
- A barrier-free apartment
- Other

Unit for vision-impaired

Physical modifications to a typical apt.

Special parking space

Bedroom/Bath on first floor

2. If you checked any of the above-listed categories of units, please explain exactly what you need to accommodate your situation: _____

3. What is the name of the household member who needs the features identified above?

4. Do you or any of your household members need special features to go up and down stairs other than traditional railings? Yes No

If "Yes", please indicate how we may accommodate your household. _____

5. Will you or any of your household members require a live-in aide to assist you? Yes No

6. Who should be contacted to verify your need for the features you have identified above (e.g. a doctor or social service agency)?

Name _____ Tel #: _____

Address _____

City, State, Zip _____

APPLICATION



**PROJECT NAME: RIVERBEND APTS.
ADDRESS: 199 EAST AVENUE, HORNELL NY 14843**

OFFICE USE ONLY

**DATE RECEIVED _____
TIME RECEIVED _____**

THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. LIST TENANT FIRST, CO-TENANT SECOND, OTHER MEMBERS OF HOUSEHOLD THIRD ETC. ALL INFORMATION IS KEPT CONFIDENTIAL.

(If you are unable to fill out this application someone will fill it out for you or you may choose someone to fill it out. That person must sign the last page as the person whose handwriting appears on the form.)

**APPLICANT _____ PHONE NO. _____
PRESENT ADDRESS _____
_____**

A. LIST ALL PERSONS WHO WILL BE LIVING IN YOUR HOME.

NAME	BIRTH DATE	RELATION TO HEAD OF THE HOUSEHOLD	SOCIAL SECURITY #
		HEAD OF HOUSE	

B. Will any alterations to the apartment be necessary for a member of your family? Yes _____ No _____ Please explain _____

C. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:

NAME OF FAMILY MEMBER	SOURCE OF INCOME
_____	a. Social Security monthly amount \$ _____ Social Security monthly amount \$ _____
_____	b. Pension monthly amount \$ _____ Pension monthly amount \$ _____ Source of Pension (s) _____
_____	c. SSI Benefits monthly amount \$ _____ SSI Benefits monthly amount \$ _____

d. Wages Gross monthly amount \$ _____

Employer's Name _____

Employer's Address _____

Wages: Gross monthly amount \$ _____

Employer's Name _____

Employer's Address _____

e. Unemployment Comp. monthly amt.\$ _____

Unemployment Comp. monthly amt.\$ _____

f. Social Services monthly amount \$ _____

Social Services monthly amount \$ _____

g. Full Time Student over 18 \$ _____

h. Alimony monthly amount \$ _____

i. Child Support monthly amount \$ _____

j. Earned Income Tax Credit ANNUAL amount \$ _____

k. Other Income monthly amount \$ _____

Source _____

Other Income monthly amount \$ _____

Source _____

l. Income from investments monthly\$ _____

Income from investments monthly\$ _____

m. Interest income monthly amount \$ _____

Interest income monthly amount \$ _____

Do you anticipate any changes in this income during the next 12 months?

Yes _____ No _____

Does anyone in the household receive any regular contributions or gifts from non-household members?

Yes _____ No _____

Does anyone in the household receive any income from property?

Yes _____ No _____ Explain _____

Do you expect anyone not listed on this application to be moving in with you in the future? Yes _____ No _____

D. LIST ALL ASSETS FOR ALL HOUSEHOLD MEMBERS (Bank checking, savings accounts, credit union accounts, C.D.'s, stocks, etc.)

ACCOUNT NUMBER BANK BALANCE INTEREST RATE

Checking Account # _____

Savings Account # _____

Credit Union # _____

C. D.'s # _____

Savings Bonds # _____

Other (property # _____

held as an # _____

investment # _____

Real Property: Do you own any property? Yes _____ No _____
If yes, type of property _____
Where is property located _____
Appraised Market Value \$ _____

Have you sold/disposed of any property in the last 2 years? Yes ___ No ___
If yes, type of property _____
Market Value when sold/disposed \$ _____
Amount sold/disposed 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)?
Yes _____ No _____ If yes describe asset _____
Date of Disposition _____
Amount disposed \$ _____

Do you have any other assets not listed above (excluding personal property)? Yes _____ No _____
If yes, list _____

F. MEDICAL EXPENSES:

Do you pay any out-of-pocket medical expenses (insurance, prescription, dental, optometric, lifeline, etc.)? If so, please list:

G. LANDLORD REFERENCES:

Current Landlord: Name _____
Address _____
Phone Number _____
Dates of residency _____

Prior Landlord: Name _____
Address _____
Phone Number _____
Dates of residency _____

Prior Landlord: Name _____
Address _____
Phone Number _____
Dates of residency _____

Are you currently under eviction or have you ever been evicted?
Yes _____ No _____. If so, why _____

Are you a drug dealer or have you ever been a drug dealer? Yes _____ No _____
Have you ever been convicted of a felony offense? _____ Date: _____

PERSONAL REFERENCES (NO RELATIVES):

1. Name _____	Address _____	Phone _____
2. Name _____	Address _____	Phone _____
3. Name _____	Address _____	Phone _____

IN CASE OF AN EMERGENCY NOTIFY:

Address _____
Phone Number _____

LIST YEAR, MAKE, COLOR AND LICENSE PLATE # FOR ALL VEHICLES IN YOUR HOUSEHOLD
YEAR/MAKE _____ COLOR _____ LICENSE PLATE # _____

Are you a student? _____
If yes, name and address of college or school: _____

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

I (we) certify that I (we) do/will not maintain a separate subsidized rental unit in a different location.

We also certify that this will be my (our) permanent residence.

Acceptance of this application does not guarantee rental of an apartment. All applicants must meet screening criteria, including landlord and income verification checks. Changes in family income, size and address and phone number must be reported promptly to management in order to properly process your application.

A security deposit and a one year lease are required.

I/We certify that all information in this application is true to the best of my/our knowledge and that 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.

SIGNATURES:

Applicant _____
Co-Applicant _____

Date Signed _____
Date Signed _____

• The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. 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. However, if you chose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Ethnicity: _____
Hispanic or Latino _____
Non-Hispanic/Latino _____

Race: _____
White _____
Black or African American _____
American Indian/Alaska Native _____

Asian _____
Native Hawaiian or Pacific Islander _____

Gender: _____
Male _____
Female _____



River Bend Apartments

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Date:

General Consent To Release Information

Name

Street Address

City, State, Zip Code

Hereby Requests: Area City, County, and State Police Agencies to release the following information to the River Bend Apartments Management office:

Any criminal activities

Have you or any other adult members of your household ever used any name(s) or social security number(s) other than the one you are currently using?

_____yes _____no

If yes, please explain on the back of this form.

EACH PERSON OVER THE AGE OF 18 WHO WILL BE LIVING IN THE HOUSEHOLD MUST SIGN THIS RELEASE!

Signature

Soc. Sec. #

D.O.B.

Signature

Soc. Sec. #

D.O.B.

Signature

Soc. Sec. #

D.O.B.