

**APPLICATION**



**PROJECT NAME: SENECA ST. APTS.  
ADDRESS: 30 SENECA ST., HORNELLS, 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.**

<b>NAME</b>	<b>BIRTH DATE</b>	<b>RELATION TO HEAD OF THE HOUSEHOLD</b>	<b>SOCIAL SECURITY #</b>
		<b>HEAD OF HOUSE</b>	

**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:**

<b>NAME OF FAMILY MEMBER</b>	<b>SOURCE OF INCOME</b>
_____	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 \_\_\_\_\_

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

ACCOUNT NUMBER    BANK    BALANCE    INTEREST RATE

Checking Account # \_\_\_\_\_

\_\_\_\_\_

Savings Account # \_\_\_\_\_

\_\_\_\_\_

Credit Union # \_\_\_\_\_

\_\_\_\_\_

C.D.'s # \_\_\_\_\_

\_\_\_\_\_

Bonds # \_\_\_\_\_

\_\_\_\_\_

Real Estate (property) # \_\_\_\_\_

\_\_\_\_\_

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. LANDLORD REFERENCES:**

Current 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 \_\_\_\_\_

# Churchpeople Housing Management Services Inc.

16 West William Street Bath, NY 14810

607-776-7664

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.

**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 \_\_\_\_\_

**AUTHORIZATION**

I/WE DO HEREBY AUTHORIZE SENECA ST. APTS. AND ITS STAFF OR AUTHORIZED REPRESENTATIVES TO CONTACT ANY AGENCIES, OFFICES, GROUPS OR ORGANIZATIONS TO OBTAIN AND VERIFY ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY/OUR APPLICATION FOR HOUSING IN THIS PROPERTY MANAGED BY STEUBEN CHURCHPEOPLE AGAINST POVERTY.

**SIGNATURES:**

_____	_____
Applicant	Date Signed
_____	_____
Co-Applicant	Date Signed

\_\_\_\_\_  
Signature of Person Filling Out Form for Tenant

Steuben Churchpeople Against Poverty, Inc., and this Apartment Complex do not discriminate on the basis of handicapped status. Karen McAnaney, Steuben Churchpeople Against Poverty, Inc., 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).