

APPLICATION FOR RENTAL ASSISTANCE

Applicant's Name _____ Birth Date: _____ Age: _____

Co-Applicant's Name _____ Birth Date: _____ Age: _____

Property Address _____ City _____ State _____ Zip _____

County _____ Current Monthly Rent _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail _____

Number of person(s) in household; including applicant: _____

Provide name, age, and relationship(s) of all household members:

Name	Age	Relationship
		Self

LIST ALL SOURCES OF INCOME AND AMOUNTS FOR ALL HOUSEHOLD MEMBERS

(Include SSI, SSD, PA, child support, alimony, pension, wages, unemployment, workers comp., etc.)

NAME	SOURCE	GROSS AMOUNT (specify per week or month or year)

STATISTICAL DATA

Federal and State Law prohibits discrimination on the basis of age, sex, race and national or ethnic origin. Arbor Housing and Development is committed to serving its community without discrimination and will comply with all rules and regulations regarding Fair Housing, Equal Opportunity, and Minority and Small Business Participation. This data is for statistical purposes only and will not be considered by any local, State, or Federal official in determining applicant eligibility for assistance.

APPLICANT

Are you a citizen of the U.S.? () yes () no

ETHNICITY Check One:

- () Hispanic
- () Mexican
- () Puerto Rican
- () Other
- () Non-Hispanic

RACE Check One:

- () American Indian or Alaskan Native
- () Asian
- () Black/African American
- () Native Hawaiian or Other Pacific Islander
- () White
- () Other Single Racial _____
- () American Indian or Alaskan Native & White
- () American Indian or Alaskan Native & Black
- () Asian & Black/African American
- () Asian & Pacific Islander
- () Asian & White
- () Black/African American & White
- () Native Hawaiian or Other Pacific Islander & Black
- () Native Hawaiian or Other Pacific Islander & White
- () Other Multi-Racial _____

Are you a veteran? () Yes () No

Active Military? () Yes () No

CO-APPLICANT

Are you a citizen of the U.S.? () yes () no

ETHNICITY Check One:

- () Hispanic
- () Mexican
- () Puerto Rican
- () Other
- () Non-Hispanic

RACE Check One:

- () American Indian or Alaskan Native
- () Asian
- () Black/African American
- () Native Hawaiian or Other Pacific Islander
- () White
- () Other Single Racial _____
- () American Indian /Alaskan Native & White
- () American Indian /Alaskan Native & Black
- () Asian & Black/African American
- () Asian & Pacific Islander
- () Asian & White
- () Black/African American & White
- () Native Hawaiian or Other Pacific Islander & Black
- () Native Hawaiian or Other Pacific Islander White
- () Other Multi-Racial _____

Are you a veteran? () Yes () No

Active Military? () Yes () No

Education:

- College
- High School / GED
- Primary
- Vocational

Check all that apply:

- Veteran
- Single Head of the Household
- Disabled Dependent(s)
- Housing Choice Voucher

English Proficiency:

- I choose not to respond
- I am English proficient
- I am not English proficient

Marital Status:

- Married
- Single
- Divorced
- Widowed
- Legally separated

Do you have a current lease agreement? Yes No

Property owners name, address, and phone number:

Please give a brief description of why you fell into a financial hardship.

How did you hear about this program? (Landlord, Mailer, Facebook, Newspaper)?

All information provided is confidential. All applications received will become the property of Arbor Housing and Development.

I (We) hereby apply for assistance from Arbor Housing and Development. I (We) certify that the above statements are true, accurate, and complete to the best of my (our) knowledge and belief. False statements made knowingly by the applicant will disqualify the applicant from participation in the program.

I (We) hereby consent to and authorize Arbor Housing and Development to obtain verification of information required for compliance with the regulations of this program, including income, expenses, verification from current property owner, and current lease agreement.

Applicant's Signature

Date

Co-Applicant's Signature

Date

AUTHORIZATION TO SHARE/RELEASE INFORMATION: I am applying for, or seeking to obtain a rental assistance grant from Arbor Housing & Development. As part of the process, ARBOR may share information contained in my request for assistance and the documents required for eligibility in connection with other area agencies. Duplication of these services with other agency funds is considered fraudulent. Please notify ARBOR if an application for rental assistance is pending with another local agency.

I understand any rights which I (we) may have to the contrary, pursuant to the privacy act, are hereby expressly waived for this purpose.

Applicant's Signature

Date

Co-Applicant's Signature

Date

MONTHLY INCOME & EXPENSES

Gross Monthly Income

Wages _____
 Wages _____
 Other _____
 Other _____
Total: _____

Net Monthly Income (Take Home)

Wages _____
 Wages _____
 Other _____
 Other _____
Total: _____

Monthly Expenses

Housing

Rent _____
 Insurance _____
 Gas/Electric _____
 Water/Sewer/Garbage _____
 Telephone _____
 Maintenance _____
 Cleaning Supplies _____

Food

Groceries _____
 Meals Out _____
 Meals @ Work _____
 Other _____

Transportation

Gas _____
 Insurance _____
 Maintenance _____
 Other _____

Health

Insurance _____
 Co-Pays _____
 OTC medicine _____
 Other _____

Personal

Clothing/Shoes _____
 Laundry _____
 Haircuts _____
 Toiletries _____
 Other _____

Entertainment

Going Out _____
 Entertaining In _____
 Cable / Internet _____
 Books/Music/Videos _____
 Hobbies _____
 Other _____

Child-Related

Child Care _____
 Child Support _____
 Activities / Sports _____
 Allowances _____

Miscellaneous

Pet Expenses _____
 Cigarettes _____
 Donations/Gifts _____
 Vices _____
 Other _____

Total Monthly Expenses: _____

Total Monthly Debt Payments: + _____ = _____

Monthly Net Income – (Expenses + Debt): _____

Monthly Deposit to Savings / Investment: _____ = _____

Please complete both sides....

MONTHLY DEBT PAYMENTS

Credit Cards

<u>Lender</u>	<u>Balance</u>	<u>Interest Rate</u>	<u>Minimum Payment</u>	<u>What I Can Pay</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Installment Loans

<u>Lender</u>	<u>Balance</u>	<u>Interest Rate</u>	<u>Minimum Payment</u>	<u>What I Can Pay</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Collection Accounts

<u>Creditor</u>	<u>Balance</u>	<u>Monthly Payment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Monthly Debt Payments: _____

ASSETS

Bank account balances: _____

Retirement account balances: _____

Approx. value of vehicles: _____

Approx. value of real estate: _____

Other assets: _____

Please complete both sides....

- j) Four Unit Apartment House, Corning, NY
- k) Fairside Apartments, Bath, NY
- l) Meadowside Apartments, Penn Yan, NY

Clients are not obligated to receive, purchase or utilize any other services offered by Arbor Housing and Development in order to receive housing counseling services.

Arbor charges fees for its homebuyer education class as follows: \$99/household for non-HCV clients; \$25/household for its HCV clients. If a household cannot afford the fee, it may be waived.

Arbor charges a \$1250 packaging fee to originate USDA Rural Development (RD) 502 loan applications. Arbor collects the RD packaging fee when the applicant closes on a home and only if the fee is paid by other sources; the client is not allowed to pay for the packaging fee out-of-pocket.

Arbor charges a \$500 fee to enroll families in Federal Home Loan Bank's (FHLB) First Home Club. Arbor collects the FHLB First Home Club enrollment fee only when the family completes the terms of the First Home Club and closes on a home. The fee is paid by First Home Club funds.

Funding for housing counseling services comes from the Department of Housing and Urban Development (HUD), New York State Homes and Community Renewal, and M&T Charitable Foundation.

Please initial the following acknowledgments and sign the bottom of this client disclosure.

_____ I (we) certify that I (we) have read and understand this disclosure and have received the "Know your Rights" flier describing all Fair Housing Acts and Regulations.

_____ I (we) certify that I (we) have received the booklet entitled "Protect your Family from Lead in Your Home" provided to educate all clients about their rights and responsibilities under the HUD Lead Based Paint Disclosure Rule.

Signature

Date

Signature

Date

CLIENT DISCLOSURE

Arbor Housing and Development offers pre-purchase counseling, homebuyer education, non-delinquency post-purchase counseling and delinquency/default counseling to persons/families that need/can benefit from such services.

The purpose of pre-purchase counseling is to assist clients in the development of financial fitness and credit/debt management skills to enable them to purchase a home. The intent of homebuyer education is to prepare clients to purchase a home by teaching them the importance of budgeting and credit, how to shop for a home, and how to obtain a mortgage. The purpose of non-delinquency post-purchase counseling is to teach clients how to maintain their homes and manage their finances after they become homeowners. The purpose of delinquency/default counseling is to assist clients in preventing foreclosure.

All clients who receive the above services are free to choose lenders, lending products, and homes, regardless of the recommendations made by counselors.

Arbor Housing and Development also offers the following programs/services:

- 1) Housing Choice Voucher Program (HCV)
 - a) Rental Assistance
 - b) Family Self-Sufficiency
 - c) Homeownership
- 2) USDA Rural Development 502 loan packaging services
- 3) Federal Home Loan Bank First Home Club program education/enrollment services
- 4) Owner-occupied rehabilitation program
- 5) The Net Domestic Violence Services
 - a) 24-hour crisis hotline
 - b) Support groups
 - c) Net Shelter & Domestic Abuse Program
 - d) Crime victim advocacy
- 6) Behavioral Health Services
 - a) Community Residences
 - b) Residents in Transitional Environments
 - c) Supported Housing
 - d) Crime victim advocacy
- 7) Real estate development and property management
 - a) Seneca Manor Apartments, Hornellsville, NY
 - b) The Apartments at The Belmont, Belmont, NY
 - c) Lake Street Senior Apartments, Hammondsport, NY
 - d) Four Unit Apartment House, Bath, NY
 - e) Three Unit Apartment Housing, Bath, NY
 - f) Four Townhouses, Hornell, NY
 - g) Four Unit Apartment House, Avoca, NY
 - h) Seneca Street Station Apartments, Hornell, NY
 - i) Riverbend Apartments, Hornell, NY

In addition to the enclosed paperwork, please send in copies of the following documentation:

Proof of all household income. (Last four (4) Paystubs, SSI and SSD award letters, pension, unemployment, etc.).

Proof of Child Support from Child Support Collection Agency or copy of court order (if applicable).

Two most recent bank statements for all accounts. (Complete with all pages).

Copy of most recent bills and statements for all other bills, loans and credit cards.

A letter, written by you, explaining COVID hardship that caused your rent to fall behind.

Copy of Lease agreement.

If unemployment or reduction of hours worked is a result of COVID- proof of this situation (email from employer, termination letter, etc.).

