

Sydney Place Apartments

EQUAL HOUSING OPPORTUNITY

APPLICATION FOR ADMISSION



HANDICAPPED ACCESSIBLE

Name: _____ Day Phone: (____) _____ Evening Phone: (____) _____

Address: _____
Street City State Zip

How long have you resided here? _____ to _____ Reason for moving: _____

Does your current housing meet basic standards of health and safety? Yes No

Previous Address: _____
Street City State Zip

How long did you reside here? _____ to _____ Reason for moving: _____

Name of your **PRESENT** Landlord*: _____ Phone Number: (____) _____

Address of your **PRESENT** Landlord*: _____
Street City State Zip

Name of your **PREVIOUS** Landlord*: _____ Phone Number: (____) _____

Address of your **PREVIOUS** Landlord*: _____
Street City State Zip

If no Landlord is available (owned residence, lives with family, etc.), you MUST provide contact information for two personal references (CANNOT be related to applicants)

List **ALL** persons who will live in the apartment. List Head of Household first.

Last Name	First Name	MI	Relationship To Head of Household	Date of Birth	Student?	Gender?	Disabled/Handicapped? (Y/N)	Social Security Number
			Head					

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. 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 choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Race:

- White
- Black or African American
- American Indian/Alaska Native
- Native Hawaiian/Pacific Islander
- Asian
- Decline to Answer

Ethnicity:

- Hispanic/Latino
- NON-Hispanic/Latino
- Decline to Answer

Gender:

- Male
- Female
- Decline to Answer

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.



INCOME & ASSET INFORMATION

GROSS MONTHLY AMOUNTS

TYPE OF INCOME	HEAD	CO-HEAD	ALL OTHER OCCUPANTS
Wages	\$	\$	\$
Unemployment	\$	\$	\$
Social Security	\$	\$	\$
Public Assistance	\$	\$	\$
Pensions/Annuity	\$	\$	\$
Disability/SSI	\$	\$	\$
Child	\$	\$	\$
Other	\$	\$	\$

TOTAL VALUE

TYPE OF ASSET	HEAD	CO-HEAD	ALL OTHER OCCUPANTS
Savings Account(s)	\$	\$	\$
Checking Account(s)	\$	\$	\$
CDs, IRA, 401k, Etc.	\$	\$	\$
Stocks & Bonds	\$	\$	\$
Real Property	\$	\$	\$
Cash on Hand	\$	\$	\$
Any Other	\$	\$	\$

Do you receive any rental assistance (Section 8) at your current residence? Yes No If Yes, \$_____ / month

Have you or any member of the household ever been convicted of a felony? Yes No

If yes, explain:

Are any members of the household subject to a lifetime sex offender registration requirement in any state? Yes No

Your signature(s) on the following page serves as written permission for Sydney Place Apartments to obtain a Consumer Report (credit history), criminal background and previous landlord references. Sydney Place Apartments may obtain credit information from other sources and may exchange credit information with consumer reporting agencies. The applicant(s) affirms that all information in this application is true and complete. The applicant(s) also understands that a personal interview must be held, and assets and income verified and approved. All information received is confidential. This application creates no obligation for the Landlord or applicant. After the application process is approved, a security deposit must be made and a lease agreement signed by all applicants of legal age. If accepted, Applicant(s) certify this apartment will be their sole residence. The undersigned makes the foregoing representation knowing that if any of such proves false, Sydney Place Apartments may cancel and annul any lease given in reliance upon such information.

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All Applicants age 18 and older **MUST** sign this application.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

If a portion or all of the application is completed by someone other than the applicant, the following statement must be completed. I/We have completed all or part of this application at the request of the applicant(s):

Signature: _____ Date: _____

Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO:

Arbor Housing and Development
26 Bridge Street, Corning NY 14830
Phone: 607-654-7487 Fax: 607-973-2202

All applications are subject to criminal background checks as well as credit checks. In the case of rejection, applicant will be provided notice of such rejection in writing within 10 calendar days of submitting the application to Sydney Place Apartments. Applicant is afforded 10 calendar days following notification of rejection to request an appeal, in writing, of the rejection decision.

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Notice to All Applicants

Options for Applicants with Disabilities or Handicap

This property is managed by Arbor Housing and Development, Inc., located at 26 Bridge Street, Corning, New York 14830.

Arbor Housing and Development provides assisted housing to the general public in New York State. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, sexual orientation, national origin, familial status, disability or handicap. In addition, we have an obligation to provide “reasonable accommodations” to applicants if they or any household member(s) have a disability or handicap.

The Fair Housing Act defines a person with a disability to include (1) individuals with a physical or mental impairment that substantially limits one or more major life activities; (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of such an impairment.

A reasonable accommodation is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces. A reasonable modification is a structural change made to existing premises, occupied by a person with a disability, in order to afford such person full enjoyment of the premises. 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 in 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.

Housing Requirements Questionnaire:

Please complete the Housing Requirements Questionnaire found on the following page. 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 through a 3rd party who is aware and/or has treated the disability or handicap. 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 to not complete this document will not in any way affect the processing of your application for an apartment.

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Housing Requirements Questionnaire

Name of Applicant (Head of Household): _____

I choose not to complete this form

1. Do you or does any member of your household have a condition that requires?

- | | |
|--|--|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> A one-level apartment |
| <input type="checkbox"/> Unit for hearing-impaired | <input type="checkbox"/> A barrier free apartment |
| <input type="checkbox"/> Unit for vision-impaired | <input type="checkbox"/> Physical modifications of apartment |
| <input type="checkbox"/> Special parking space | <input type="checkbox"/> Unit on the first floor |
| <input type="checkbox"/> Other: _____ | |

2. If you checked any of the above listed categories, please explain exactly what accommodation or modification you would need? _____

3. Does any household member need special features to go up and down stairs other than traditional railings?

- Yes No

4. Will you or any of your household members require a live-in aide to assist you?

- Yes No

5. Will you be able to provide direct contact information (name, mailing address, and phone number) for a 3rd party that can attest to the disability/handicap and the need for an accommodation or modification? A 3rd party capable of verification includes, but is not limited to: a doctor or medical professional, a peer support group or non-medical service agency, or a reliable 3rd party who is in a position to know about the individual's disability.

- Yes No

Applicant Signature (Head of Household)

Date

Contact Person Information

Please complete the below information if there is a person who will assist you to complete forms or attend appointments. For example: case worker, relative, friend, etc.
By providing this information you are giving permission for a representative from Arbor Housing and Development to discuss your personal information with this person.

Name of Contact or Organization: _____

Contact Address: _____

Contact Telephone Number: _____

Contact E-Mail Address: _____

Reasons for Contact

Please check this box for All Correspondence

Or check each reason that applies

Assist with Application

Emergency

Unable to contact you

Eviction from unit

Late payment of rent

Assist with Recertification

Change in Lease Terms

Change in House Rules

Other: _____

Printed Name of Applicant

Date

Signature of Applicant



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