

# APPLICATION FOR ADMISSION TO:

Metro Interfaith Housing Management Corporation

21 New Street

Binghamton, NY 13903

Phone: 607.772.6766 Fax: 607.722-8912

NYS Relay System 1.800.421.1220

Laura D. Rhinehart, CEO/President, Section 504 Coordinator

Application Received Date: _____
Time: _____ Initials: _____

If you need a reasonable accommodation due to a disability we can provide an alternative method for your application process upon your request. Please answer all questions and include all information requested. If a question does not pertain to you, please indicate N/A in the answer space. **FAILURE TO DO SO WILL RESULT IN THE APPLICATION BEING CONSIDERED INCOMPLETE AND THEREFORE WILL NOT BE PROCESSED.** Make certain you carefully read and understand all items before you submit this application. All information is confidential. It is understood that this application and each prospective occupant is subject to approval and acceptance. Approval is based on, but not limited to, acceptable credit and criminal history and demonstrated ability to pay required rent. When also approved and accepted the applicant agrees to execute a lease before possession is given and to pay the first month's rent plus the required security deposit. All adults, 18 years of age and older, listed on the application will be required to sign the application and its attachments as well as provide a picture identification.

Head of Household Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street City State

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Present Landlord: \_\_\_\_\_ Address: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

How long have you lived there: \_\_\_\_\_ Dates Resided There: \_\_\_\_\_

Is your present landlord or any of your previous landlords a relation to you? YES NO

If Yes, which one? \_\_\_\_\_

Are you a victim of a presidentially declared disaster? YES NO \_\_\_\_\_

Do you own a car? YES NO If yes, please list the following:

License #: \_\_\_\_\_ State of Registration: \_\_\_\_\_ Model/Type: \_\_\_\_\_

In case we have problems contacting you, list the names of two relatives or friends:

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please list ALL ADULTS (Including Yourself) to reside in the unit. (Individuals 18 years or older):**

Name	Relationship	Sex (Optional)	D.O.B	SS# and SS# benefit number for those receiving Dual Entitlements	Source of Income
	Head of Household				

**List ALL CHILDREN who will reside in the household:**

Name	Relationship	Sex (Optional)	D.O.B	SS# and SS# benefit number for those receiving Dual Entitlements	Source of Income

Do you have full custody of all children noted above?      YES      NO      PARTIAL

Absent Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Based on number of household members listed above, how many bedrooms are you applying for?

(Please circle all applicable)    1      2      3      4      5

Are any household members now living in housing with a subsidized program?      YES      NO

If yes, is this assistance: Tenant Based \_\_\_\_\_      Project Based \_\_\_\_\_

If yes, list names of Complex(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Dates resided there: \_\_\_\_\_

Manager/Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

The following information is voluntary and must be asked of all applicants (IMPORTANT).

Does any member of your family require a handicap accessible unit or any other handicap accommodations?      YES      NO

Explain: \_\_\_\_\_

Does a member of your household qualify for disability under Section 504 of the Rehabilitation Act of 1973 or the Federal Fair Housing Act as amended in 1988 and the Americans with Disabilities Act?      YES      NO

If Yes, Explain: \_\_\_\_\_

Do you anticipate any changes in the household composition in the next 12 months?      YES      NO

If yes, explain: \_\_\_\_\_

Are you or any other adult household members a veteran of the armed forces?      YES      NO

Are you or any other adult household members employed by the armed forces?      YES      NO

Are any household members currently under eviction or ever been evicted?      YES      NO

If so, why? \_\_\_\_\_

Are any household members currently living in a unit with any type of pest or infestation?      YES      NO

Do you or any household member have any type of pet?      YES      NO

Has any household member ever committed any fraud in a federally assisted housing program or been required to repay money for knowingly misrepresenting information for such program? YES NO  
If yes, explain: \_\_\_\_\_

Has any household member ever been evicted from any federally assisted housing unit for drug related criminal activity? YES NO  
If yes, explain: \_\_\_\_\_

Has any household member ever been convicted of a felony? YES NO  
If yes, please list household member(s) name, dates of time served, probation and/or parole status: \_\_\_\_\_

Has any household member ever been convicted of the illegal manufacture, use, or distribution of a controlled substance? YES NO  
If yes, explain: \_\_\_\_\_

Are any household members currently using illegal substances? YES NO

NOTE: The Controlled Substances Act (CSA), 21 U.S.C. Section 801 et. Seq. categorizes marijuana as a Schedule 1 controlled substance and therefore the manufacturing, distribution, or possession of marijuana is a federal criminal offence. Marijuana is considered an illegal substance in federally assisted housing. Therefore, if Metro Interfaith Housing Management Corp. discovers that any member of the applicant household is using any form of marijuana, even medical marijuana, the housing application must be denied. When Metro Interfaith has determined that a household member is manufacturing, distributing, using or possessing any form of marijuana on the premises, the applicant/tenant is interfering with the health, safety, or right to peaceful enjoyment of the premises by other tenants. This act allows Metro Interfaith Housing Management to deny, terminate assistance or the continued occupancy to an applicant or tenant.

Metro Interfaith Housing Management Corporation has statutory- and regulatory-based responsibilities to prohibit admission and federal housing assistance to any individual subject to a lifetime registration requirement under a State Sex Offender Registration Program. We will use a national sex offender data base, such as the Dru Sjodin National Sex Offender Database, to screen all members of the applicant's household to the extent allowed by state and local law. **APPLICANTS MUST COMPLETE AN ATTACHED QUESTIONNAIRE LISTING ALL STATES WHERE ALL HOUSEHOLD MEMBERS HAVE LIVED.**

Has any household member ever been convicted of a sex related crime? YES NO  
Is any household member subject to a lifetime registration in a State Sex Offender Registration Program? YES NO

If yes: Name \_\_\_\_\_ State \_\_\_\_\_  
Name \_\_\_\_\_ State \_\_\_\_\_

**INCOME INFORMATION**

Applicant Name: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone #:(\_\_\_\_\_) \_\_\_\_\_ How long employed: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Gross Weekly Wage: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Avg. hrs. worked per week: \_\_\_\_\_

Spouse or Co-Tenant Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone #: (\_\_\_\_\_) \_\_\_\_\_ How long employed: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Gross Weekly Wage: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Avg. hrs. worked per week: \_\_\_\_\_

*Please list any additional employment for any family member on a separate sheet of paper.*

**ALL INCOME MUST BE REPORTED**

Complete for all members of the household. List all money earned or received by everyone living in your household. Please use a separate sheet of paper if necessary.

<u>SOURCE</u>	<u>GROSS MONTHLY INCOME</u>	
	Applicant 1	Applicant 2
Social Security	_____	_____
SSI	_____	_____
Retirement benefits as periodic payments and, if so, from what type of retirement account	_____	_____
Public Assistance	_____	_____
Child Support/Alimony	_____	_____
Trust Fund(s)	_____	_____
Disability	_____	_____
Unemployment	_____	_____
Workman's Compensation	_____	_____
Wages (if not previously listed)	_____	_____
Income Property owned (list market value of real estate below)	_____	_____
Military Reserves/Military Staff	_____	_____
Money paid to you by Higher Education (Grants/Scholarships)	_____	_____
Any monies paid to anyone in the household by someone not living in the household (Including any bills paid by someone outside the household)	_____	_____
Other (Specify source)	_____	_____

**ASSET INFORMATION**

List ALL Assets and investments owned by ALL members of the household. Include all savings accounts, checking accounts, IRA's Keogh accounts, annuities, certificate of deposits, real estate owned (must provide full market value of all real estate owned), stocks, bonds and all other assets owned. Please use separate sheet of paper if necessary.

<u>Type of Asset</u>	<u>Yes</u>	<u>Value (Full Market for Real Estate)</u>	<u>Annual Interest</u>	<u>Bank Name/Address</u>
Checking	_____	_____	_____	_____
Savings	_____	_____	_____	_____
Certificate of Deposit	_____	_____	_____	_____
IRA/Keogh/401K	_____	_____	_____	_____
Real Estate	_____	_____	_____	_____
Stocks/Bonds	_____	_____	_____	_____
Life Insurance	_____	_____	_____	_____
Trusts	_____	_____	_____	_____
Burial Fund	_____	_____	_____	_____
Other Asset(s)	_____	_____	_____	_____

Have you or any member of the household sold or disposed of any asset(s) valued over \$1,000 in the last two years? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, type of asset (e.g., money/land/house) \_\_\_\_\_  
 Market value when sold/disposed (must be able to be verified) \$ \_\_\_\_\_  
 Amount sold/disposed for: \$ \_\_\_\_\_  
 Date of transaction \_\_\_\_\_ Name/Address of Broker \_\_\_\_\_

**CHILDCARE EXPENSES INFORMATION**

Do you pay childcare for a child 12 years old or younger so that you can work or attend school? YES NO

If yes, what is the weekly cost of care: \$ \_\_\_\_\_ Name of childcare provider: \_\_\_\_\_

Address of childcare provider: \_\_\_\_\_

**STUDENT STATUS INFORMATION:**

Are any household members listed on this application enrolled as a student in an institute of higher education? *(Institutes of higher education include post-secondary vocational institutions of higher education which prepare students for gainful employment in a recognized occupation, and accredited post-secondary colleges and universities.)* YES NO

If yes, please list all household members who are currently or intend to be enrolled in an institute of higher education:

Name	D.O.B.	Name of School/Institute

**ELDERLY/DISABLED HOUSEHOLD INFORMATION:**

There is a deduction of \$400 per every elderly/disabled household when calculating rent. An elderly household is one in which the head, co-head, or spouse is at least 62 years of age. A disabled household is one in which the head, co-head, or spouse is handicapped or disabled as defined by the agency providing subsidy (a verification form will be sent to a medical professional but it does not inquire of the nature of the disability).

Would you like to be considered for the \$400 Elderly/Disabled Household allowance? YES NO

**MEDICAL EXPENSE INFORMATION:**

An elderly/disabled household, as defined above, may be eligible to receive a deduction from their rent based on the amount of ongoing medical expenses they incur.

Please list all medical expenses you expect to incur in the next 12 months that will NOT BE PAID OR REIMBURSED by Medicare or any kind of health insurance and which you expect to be continuous.

Health Insurance: Name \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Health Insurance: Name \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Medicaid Spend down: \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Medicare: \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Prescriptions (Not covered by insurance; used for ongoing medical problems): \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Outstanding Medical bills on which you are making payments: (only amounts not covered by nor reimbursed by insurance or other agency) Total Amount Owed: \$ \_\_\_\_\_

Monthly Payment Amount \$ \_\_\_\_\_

**REASONABLE ACCOMMODATION INFORMATION:**

Metro Interfaith Housing Management Incorporated is a management company that provides low rent housing to eligible households. Metro Interfaith Housing Management has a legal obligation to provide "reasonable accommodations" to applicants if they or any household member have a disability or handicap. You may request a reasonable accommodation at any time during the application process or after admission.

How did you hear about our community?

\_\_\_\_ Newspaper Advertisement (please indicate which newspaper): \_\_\_\_\_

\_\_\_\_ Friend or Current/Former Resident: \_\_\_\_\_

\_\_\_\_ Referral from Community Resource: \_\_\_\_\_

\_\_\_\_ Internet: \_\_\_\_\_

\_\_\_\_ Brochure/Flyer: \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

**APPLICANT CERTIFICATION (READ CAREFULLY)**

I/we understand I/we must pay a security deposit for this apartment prior to occupancy.

I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from a residential program; (5) police records indication any type of criminal activity or conviction; (6) a credit score lower than that set for this project by an online screening website; (7) is a convicted sex offender; (8) or other good cause.

I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law and could be grounds for cancellation of this application or termination of residency after occupancy.

\_\_\_\_\_  
Head of Household Signature                      Date

\_\_\_\_\_  
Spouse or Co-tenant Signature                      Date

\_\_\_\_\_  
Other Adult Member Signature                      Date

\_\_\_\_\_  
Other Adult Member Signature                      Date

\_\_\_\_\_  
Received By                      Date

\_\_\_\_\_  
Other Adult Member Signature                      Date

**NON-DISCRIMINATION**

Metro Interfaith Housing will make housing available to all eligible families regardless of Race, Color, Creed, Religion, Sex, National Origin, Age, Handicapped or Familial Status, Sexual Orientation, Gender Identity or Marital Status of applicants and will not ask about an applicant's sexual orientation or gender identity for the purpose of determining eligibility or otherwise making housing available.

**SOCIAL SECURITY NUMBER REQUIREMENTS**

All household members applying to receive assistance are required to provide a Social Security Number and adequate documentation necessary to verify that number. This rule applies to all household members including live-in aides, foster children and foster adults.

Applicants do not need to disclose or provide verification of a Social Security Number for household members to be placed on the waiting list. However, applicants must disclose a Social Security Number and provide adequate documentation to verify each Social Security Number for all non-exempt household members before they may be offered a unit.

**EXCEPTIONS TO DISCLOSURE OF SOCIAL SECURITY NUMBER**

The Social Security Number requirements do not apply to:

- Individuals who do not contend eligible immigration status
- Individuals age 62 or older as of January 31, 2010, and whose initial determination of eligibility was begun before January 31, 2010
- Members under the age of 6 years who are added to applicant household within 6 months prior to move-in. (eligible for a 90 day extension to provide their SSN)

"Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses or concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a), (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a), (6), (7) and (8)."

Metro Interfaith will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits.

