



# METRO Interfaith Housing Management

*The Key to Housing in Greater Binghamton Since 1968*

**Laura D. Rhinehart, CPM**  
President & CEO  
Section 504 Coordinator

**Metro Interfaith Housing Management Corporation**  
21 New Street, Suite 1K  
Binghamton, New York 13903  
607.772.6766  
Fax 607.722.8912

**Metro Interfaith Services Inc.**  
21 New Street, Suite 1K  
Binghamton, New York 13903  
607.772.6766  
Fax 607.722.8912

**Metro Plaza Apts., Inc.**  
110 Chenango Place  
Binghamton, New York 13901  
607.772.6368  
Fax 607.723.9602

**Lincoln Court Apts., Inc.**  
21 New Street  
Binghamton, New York 13903  
607.773.0058  
Fax 607.722.8912

**VOA Living Center**  
316 Glenwood Road  
Binghamton, New York 13905  
607.798.8156  
Fax 607.766.9372

**4 Munsell Street Apartments**  
21 New Street  
Binghamton, New York 13903  
607.772.6766

**Metro Management Rental**  
21 New Street  
Binghamton, New York 13903  
607.772.6766  
Fax 607.722.8912

**Housing Counseling**  
21 New Street  
Binghamton, New York 13903  
607.723.0582 - 723.0723  
Fax 607.722.8912

**Enriched Housing Program at Metro Plaza Apartments**  
607.724.3774  
Fax 607.723.9602  
**Lincoln Court Apartments**  
607.773.0058  
Fax 607.722.8912

**Dear Applicant:**

**Thank you for your interest in Metro Interfaith Housing Management Corp.**

**Please complete and return the enclosed application, including attached forms, to the appropriate property listed below. Applications and all related forms must be fully completed, signed, and dated. The signed and dated application and related forms must be returned in person, by mail or by fax.**

**Materials in the application packet which do not require you to fill in any information are yours to keep.**

**Metro Plaza Apartments, 110 Chenango Place, Binghamton, NY 13901  
Phone: 607.772.6368 Fax 607.723.9602**

**Metro Interfaith Services, 21 New Street, Binghamton, NY 13903  
Phone: 607.772.6766 Fax 607.722.8912**

**Lincoln Court Apartments, 21 New Street, Binghamton, NY 13903  
Phone: 607.773.0058 Fax 607.722.8912**

**VOA Living Center, 316 Glenwood Road, Binghamton, NY 13905  
Phone: 607.798.8156 Fax 607.766.9372**

**All other properties:**

**Metro Management Rental, 21 New Street, Binghamton, NY 13903  
Phone: 607.772.6766 Fax 607.722.8912**

**To schedule an appointment to review your application, you may reach our offices at the appropriate number listed above, Monday - Friday, 8:00 AM - 4:00 PM. You will need to bring in all proof of eligibility when you come to this appointment. During your interview, you will be required to sign Release of Information forms so we may verify your qualifications for occupancy.**

**Sincerely,  
Metro Interfaith Housing Management Corp.**



NYS Relay System  
1.800.421.1220

[www.metrointerfaith.org](http://www.metrointerfaith.org)

METRO INTERFAITH HOUSING MANAGEMENT CORP. IS A VIABLE 501(C)3  
DONATIONS MAY BE TAX-DEDUCTIBLE.



Metro Interfaith Housing Management Corp.  
 21 New Street, Binghamton, NY 13903  
 Laura D. Rhinehart, CEO/President, Section 504 Coordinator  
 Phone: 607.772.6766 FAX: 607.722.8912 NYS Relay System: 1.800.421.1220

## Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Date of Birth
Head				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				



Metro Interfaith Housing Management Corp.  
21 New Street, Binghamton, NY 13903  
Laura D. Rhinehart, CEO/President, Section 504 Coordinator  
Phone: 607.772.6766 Fax: 607.722.8912 NYS Relay System: 1.800.421.1220

Dear Applicant:

Section 214 of the Housing and Community Development act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of our family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached Family Summary Sheet to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the name and address listed below:

Metro Interfaith Housing Management, 21 New Street, Binghamton, NY 13903  
Please submit with your housing application.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact Metro Interfaith Housing Management. We will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizen Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduce amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.



## Citizen/Non-citizen Declaration

**INSTRUCTIONS: Complete this Declaration for each household member listed on the Family Summary Sheet**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

### PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. 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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully requests, obtains or discloses any information under false pretenses 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, the PHA 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).

**INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:**



## Citizen/Non-citizen Declaration

### SECTION 2

2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

*If you checked this block, you must submit the following documents:*

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

**AND**

c. One of the following documents:

1. Form I-551, Permanent Resident Card.
2. Form I-94, Arrival-Departure Record annotated with one of the following:
  - a. "Admitted as a Refugee Pursuant to Section 207";
  - b. "Section 208" or "Asylum";
  - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
  - a. A final court decision granting asylum (but only if no appeal is taken);
  - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
  - c. A court decision granting withholding of deportation; or
  - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Check here if adult signed for a child



**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				

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 substance and therefore the manufacturing, distribution, or possession of marijuana is a federal criminal offence. Medical Marijuana is considered an illegal substance in federally assisted housing. When Metro Interfaith has determined that a household member is manufacturing, distributing or possessing 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.*

**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 \$ \_\_\_\_\_



**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**

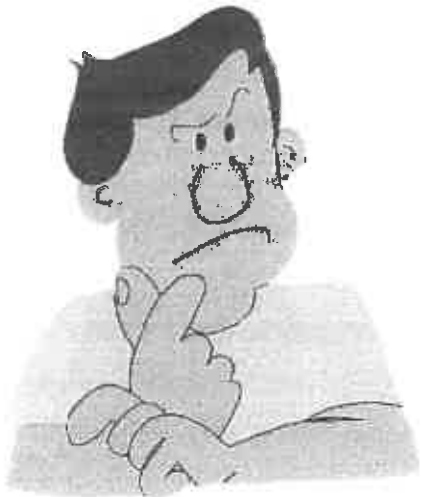
The Social Security Number requirements do not apply to:

- 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.





# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## **Do You Realize...**

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## **Do You Know...**

**You are committing fraud if you sign a form knowing that you provided false or misleading information.**

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## **So Be Careful!**

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

**Metro Interfaith Housing Management Corp.**  
 21 New Street, Binghamton, NY 13901  
 Laura D. Rhinehart, CEO/President, Section 504 Coordinator  
 Phone: 607.772.6766 FAX: 607.722.8912 NYS Relay System: 1.800.421.1220

**STATE REGISTERED LIFETIME SEX OFFENDERS IN FEDERALLY ASSISTED HOUSING**

**I understand that Applicants and Residents of Metro Interfaith Housing Management Corp. must provide a list of all US states in which each member of the household have resided, and must notify Metro Interfaith Housing Management Corp. if any household member is subject to a State lifetime sex offender registration program in any state. Metro Interfaith Housing Management Corp. will perform lifetime sex offender background checks in order to determine eligibility for housing by using a national data base such as the Dru Sjodin National Sex Offender Database to the extent allowed by state and local law.**

Printed Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name of Head of Household \_\_\_\_\_

Relationship to Head of Household \_\_\_\_\_

**Please place a check mark in the box next to each state you have resided in. THIS FORM MUST BE COMPLETED FOR EVERY MEMBER OF THE HOUSEHOLD.**

Alabama	Alaska	Arizona	Arkansas
California	Colorado	Connecticut	Delaware
Florida	Georgia	Hawaii	Idaho
Illinois	Indiana	Iowa	Kansas
Kentucky	Louisiana	Maine	Maryland
Massachusetts	Michigan	Minnesota	Mississippi
Missouri	Montana	Nebraska	Nevada
New Hampshire	New Jersey	New Mexico	New York
North Carolina	North Dakota	Ohio	Oklahoma
Oregon	Pennsylvania	Rhode Island	South Carolina
South Dakota	Tennessee	Texas	Utah
Vermont	Virginia	Washington	West Virginia
Wisconsin	Wyoming		

Is the household member above subject to a State lifetime sex offender registration program in any state?      Yes      No

If yes, list state(s) here: \_\_\_\_\_

Signature \_\_\_\_\_  
 \_\_\_\_\_ check here if Parent or Legal Guardian signing for children under 18 years of age      Date

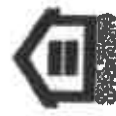
Metro Interfaith Housing Management Corp. admission policy is directed by the U.S. Department of Housing and Urban Development requirements. Therefore, 40 % of its HUD subsidized vacancies per fiscal year will be set aside for households whose incomes do not exceed the following Extremely Low limits, dependent on the household size.

FY 2018 Income Limit Area	FY2017 Income Limit Category	Persons in Family									
		1	2	3	4	5	6	7	8		
Broome County	\$66,900	Very Low (50%) Income Limits (\$)	23,450	26,800	30,150	33,450	36,150	38,850	41,500	44,200	
			Extremely Low (30%) Income Limits (\$)	14,050	16,460	20,780	25,100	29,420	33,740	38,060	42,380
				Low (80%) Income Limits (\$)	37,450	42,800	48,150	53,500	57,800	62,100	66,350

Income Limit Categories for:

Metro Plaza Apartments: Very Low, Extremely Low, Low  
 Metro Interfaith Services: Very Low, Extremely Low  
 Lincoln Court Apartments: Very Low, Extremely Low  
 VOA Living Center: Very Low, Extremely Low

Applicants that meet the above Extremely Low income limits will be given a priority for admission into Metro Interfaith Housing Management Corp.'s HUD subsidized housing, be placed higher on the waiting list and be admitted in advance of non-priority applicants. Non-priority applicants will maintain their position on the waiting list to be called in chronological order. If your household qualifies for admission priority, please notify the management office of the property you have applied to.



**Metro Interfaith Housing Management Corp.**  
21 New Street, Binghamton, NY 13901  
Laura D. Rhinehart, CEO/President, Section 504 Coordinator  
Phone: 607.772.6766 FAX: 607.722.8912 NYS Relay System 1.800.421.1220

## **ENTERPRISE INCOME VERIFICATION SYSTEM**

In an effort ensure the right assistance is provided to the right people, the Department of Housing and Urban Development (HUD) has provided property managers with access to a verification database called the Enterprise Income Verification System (EIV).

EIV provides information about project-based and tenant-based HUD assistance recipients. This database is also used to verify certain types of reported income with records maintained in the Social Security Administration databases and the Department of Health and Human Services (HHS) National Directory of New Hires. HHS provides information about current and past employment and unemployment insurance information. EIV also provides information regarding current status as a HUD recipient.

At your final eligibility interview, at move-in or at annual or interim recertification, all adult household members give consent to the release of this information by signing HUD Forms 9887 and 9887-A.

If HUD indicates that there is a discrepancy by the EIV database, we will contact you so that we continue to assure that you receive assistance for which you are eligible.

Please contact the management office of the property you have applied to if you have any questions.

***Metro Interfaith Housing Management does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities.***



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

## METRO INTERFAITH HOUSING MANAGEMENT CERTIFICATION PROCEDURES

### REQUIRED VERIFICATION FOR ALL HOUSEHOLD MEMBERS APPLYING FOR HOUSING:

#### Income Information:

- Social Security - statement of current benefits
- SSI / SSD - statement of current benefits
- DSS – current statement of all monies received
- Pension or Annuity- current award letter from the company
- Employment - last 6 pay stubs
- Alimony / Child Support – award letter from the court or county
- Documentation of all income from other sources

#### Assets/Bank Accounts:

- Savings accounts, stocks, bonds, CD's, trusts, etc. – statement showing current balance and percentage rate
- Checking accounts – 6 consecutive months statements and percentage rate
- Mortgage Note, Life Insurance Policy, Pre-paid Burial Account

#### Medical Information:

- Current copy of health insurance premium - receipt or canceled check
- Any prescription insurance premiums - receipt or canceled check
- Prescriptions - Print out can be obtained from your pharmacy for 1 year

#### Medical expenses include:

- Services of physicians and other health care professionals that are not covered by insurance.
- Hearing aids and batteries.
- Over the counter medications: Must have receipts for the whole year as verification for all over the counter drugs, incontinence products, etc. and doctor's written instructions that you require this product due to a certain medical condition. Excluding: ointments, eye drops & vitamins.
- Twelve months Medical expenses anticipated to be paid by resident. You will need doctor's verification that you will need treatment "X" number of times during the coming year. One time medical expenses are not included. Proof of current outstanding medical bills.

**Real Estate Owned:** Net market value (proof, such as an appraisal on letterhead from a realtor showing Current Market Value less Commissions, Lawyer Fees and Closing Costs)

**Birth Certificate, Social Security Card** – we will copy

#### Citizenship

**Landlord History:** Your previous address(es) for the last 10 years PLUS your past landlord name(s) and address(es) for the last 10 years.

**If you have not rented previously:** Please provide two (2) personal, written references from anyone but family. These should be from someone who knows you well and is willing to recommend you as a desirable tenant.

**Eventually an appointment will be made to inspect your current Living Arrangements.**



## TENANT SELECTION PLAN

**Metro Interfaith Housing Management Corp's. Tenant Selection Plan is written tenant selection policies and procedures that include descriptions of the eligibility requirements and income limits for admission.**

**Tenants and Waiting List Applicants will be notified in writing of changes in the Tenant Selection Plan.**

**A copy is available to be reviewed by appointment on normal business days between 9:00 am and 3:00 pm in the following offices:**

**Metro Interfaith Hsg. Management Corp. AND Lincoln Court Apartments,  
21 New Street, Binghamton, NY 13903**

**Metro Plaza Apartments, 110 Chenango Place, Binghamton, NY 13901**

**VOA Living Center, 316 Glenwood Avenue, Binghamton, NY 13905**





# ***Metro Interfaith Housing Management Corp. Enriched Housing Program***

The Enriched Housing program (EHP) is a non-medical program of supportive services for the elderly or handicapped. The program is licensed, regulated and inspected by the New York State Department of Health.

*Residents who participate in the Enriched Housing program live independently in their own apartments and enjoy these features:*

- Safer and longer-term independent lifestyle
- Supports and encourages aging-in-place
- On-site social, leisure and wellness activities
- Affordable monthly rate

*The EHP consists of a package of services that includes:*

- Case Management
- Daily nutritionally balanced congregate noon-time hot meal
- Daily checks and personal care by a certified personal care or home health aide
- Housekeeping, laundry and limited grocery shopping
- Medication management
- 24-hour cord-mate lifeline

*Residents meet eligibility requirements if they*

- Reside at Metro Plaza or Lincoln Court apartment buildings
- Are 65 or older or handicapped/disabled
- *Meet income limits:* May be eligible for additional financial assistance through Social Security; may be eligible for Medicaid, HEAP and SNAP (Food Stamps)

*For more information contact:*

**MPA EHP Coordinator**

110 Chenango Place  
Binghamton, NY 13901  
Phone: 607.724.3774  
Fax: 607.723.9602

**LCA EHP Coordinator**

21 New Street  
Binghamton, NY 13903  
Phone: 607.773.0058  
Fax: 607.722.8912



# INTRODUCING---

## LINCOLN COURT APARTMENTS

Located at 21 New Street, Binghamton, NY 13903. 607.772.6766, NYS Relay System 1.800.421.1220. Extra comfort living at an affordable cost. Designed especially for elderly and/or mobility impaired residents on fixed incomes, comfortable and secure.

### HOW TO QUALIFY:

**\*\* Applicants to LINCOLN COURT must be 62 years of age or older. This age requirement will be waived for those persons qualifying as "handicapped" within the regulations of the HUD Regulatory Agreement.**

**\*\* An applicant's gross annual income may not exceed the following limits as established by the Federal Government:**

**\*\* Monthly rent is equal to approximately 30% of resident's monthly income**

Number of Persons	Very Low Income	Extremely Low Income
1	\$23,000	\$13,800
2	\$26,300	\$16,240

**\*\* Monthly rent is equal to approximately 30% of resident's monthly income.**

**\*Subject to federal adjustment**



### 45 One Bedroom Apartments

#### Each Apartment Features:

- ❖ Emergency Call System
- ❖ Carpet Living/Dining Room and Bedroom
- ❖ Range & Refrigerator
- ❖ Cable ready hook-up
- ❖ Telephone hook-up
- ❖ Intercom Entry System
- ❖ 3 Thermostats for heating System
- ❖ Carbon Monoxide & smoke detectors
- ❖ Window blinds

#### Site Amenities:

- ❖ Community Room
- ❖ Library, T.V.
- ❖ Coin-operated washers/dryers
- ❖ Elevator
- ❖ Handicap accessible units
- ❖ Off street parking
- ❖ Computer Lab
- ❖ Hot noon meal available
- ❖ Canopied patio in summer with lawn and garden



**SOCIAL SECURITY ADMINISTRATION (SSA), SUPPLEMENT SECURITY INCOME (SSI) AND NEW YORK STATE SUPPLEMENTAL PROGRAM (SSP) CONTACT INFORMATION**

**Social Security Administration and Supplemental Security Income (SSI)**

To obtain proof you get Social Security benefits, Supplemental Security (SSI) Income or Medicare, you can request a benefit verification letter online at <http://www.ssa.gov> by using your *my Social Security account*. This letter is sometimes called a "budget letter," a "benefits letter," a "proof of income letter," or a "proof of award letter."

You can also request proof that you have never received Social Security benefits or Supplemental Security Income or proof that you have applied for benefits.

To set up or use your account to get a benefit verification letter, go to *Sign In Or Create An Account*.

If you can't or don't want to use your online account, you can call us at 1-800-772-1213, (TTY 1-800-325-0778), Monday through Friday from 7 a.m. to 7 p.m.

**New York State Supplement Program (SSP)**

SSP provides state-funded financial assistance to aged, blind and disabled individuals and is part of the monthly benefit paid to most Supplemental Security Income (SSI) recipients. Please contact:

- By calling the SSP Customer Support Center toll free at 1-855-488-0541
- By emailing us at: [otda.sm.ssp@otda.ny.gov](mailto:otda.sm.ssp@otda.ny.gov)
- By faxing us at 518-486-3459
- By writing us at:  
NYS OTDA  
State Supplement Program  
PO Box 1740  
Albany, New York 12201

When emailing, faxing or writing, please include the following information:

- Name
- Last four numbers of your Social Security Number
- Date of Birth
- Mailing Address

The SSP Benefit Verification letter provides information on current SSP benefits. Information on SSP benefits issued prior to October 1, 2014 must be requested by contacting the Social Security Administration (SSA) at 1-800-772-1213. Benefit Verification letters are mailed directly to the recipient and/or representative's address.

Please allow at least 10 business days for the Benefit Verification letter to be received.