



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

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



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 offense. 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.

APPLICANT(S) 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

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.

SOURCE

GROSS MONTHLY INCOME

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.

Type of Asset	Yes	Value (Full Market for Real Estate)	Annual Interest	Bank Name/Address
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: \$ _____

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 indicating 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.



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.



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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				



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 1

DECLARATION

I, _____ hereby declare, under penalty of perjury,
that I am _____ (print or type first name, middle initial, last name):

1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. 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.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
1. The following documents will be accepted as proof of citizenship
 - (a) United States (U.S.) Passport
 2. The following documents will be accepted as proof of citizenship when proof of identity is also provided (*Note: Proof of identity is not required for minors*)
 - (a) U.S. Birth Certificate
 - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
 - (c) U.S. Citizen ID card issued by USCIS
 - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
 - (e) Certificate of Citizenship issued by USCIS
 - (f) American Indian card issued by USCIS for the Kickapoo tribe
 - (g) Final Adoption Decree
 - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
 - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
 - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
 - (k) Extract of U.S. hospital birth record established at the time of birth
 3. Proof of Identity includes
 - (a) Driver's License
 - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
 - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
 - (d) Day care or nursery record (minors only)
 - (e) School record or report card (under 16 only)
 - (f) School ID with picture
 - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

Signature _____

Date _____

Check here if adult signed for a child



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



Citizen/Non-citizen Declaration

SECTION 3

3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Check here if adult signed for a child

Date

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Check here if adult signed for a child.

Date



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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. I consent to a lifetime sex offender background check 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 performed by Metro Interfaith Housing Management Corp.

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

PENALTIES FOR MISUSING THIS CONSENT

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 and any other (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 of cited above. Any person who knowingly or willingly 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 \$5000. 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 42U.S.C. Section 408 (a), (6), (7) and (8).

The Broome County VOA Living Center does not discriminate on the basis of handicap status in the admission to, or treatment or employment in, its federally assisted programs and activities.

The Broome County VOA Living Center 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.



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 2021 Income Limit Area	FY2021 Income Limit Category	Persons in Family							
		1	2	3	4	5	6	7	8
Broome County	Very Low (50%) Income Limits (\$)	25,350	28,950	32,550	36,150	39,050	41,950	44,850	47,750
		15,200	17,420	21,960	26,500	31,040	35,580	40,120	44,660
	Extremely Low (30%) Income Limits (\$) Low (80%) Income Limits (\$)	40,500	46,300	52,100	57,850	62,500	67,150	71,750	76,400

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.





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.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

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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. 13694) 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.

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

