



METRO Interfaith Housing Management

The Key to Housing in Greater Binghamton Since 1968

Conant Smith
President & CEO

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
607.724.3774
Fax 607.723.9602

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.

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.

www.metrointerfaith.org

NYS Relay System 1-800-421-1220

METRO INTERFAITH HOUSING MANAGEMENT CORP. IS A VIABLE 501(C)3

DONATIONS MAY BE TAX-DEDUCTIBLE

Call 607.722.8912 for more information



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
 Conant Smith, 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: _____

Present Address: _____
Last First Middle
Street City State Zip: _____

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.

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: \$ _____

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

Other Adult Member Signature Date

Received By Date

Spouse or Co-tenant Signature Date

Other Adult Member Signature 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

The Key to Housing in Greater Binghamton Since 1968

Conant Smith
President & CEO

Application requirements for each household member.

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

Provide the following information attached with your application. Please schedule an appointment if providing originals and copies are required.

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

- ID or Birth Certificate.
- Social Security card.
- 6 months checking statements.
- 1 month saving statement. (most recent)
- 10 years landlord history. (month and year, names, and phone numbers)
- Income information. (award letters, 6 pay stubs, pension statements etc.) dated within last 4 months.
- Any stocks, bonds, life insurance, burial policies, money markets, certificate of deposits.
- Any real estate properties, evaluations from the county or a relator.
- Out of pocket medical expenses within the last 12 months, along with receipts, proof of payment.
- Childcare costs for children under age 13 (including foster children) that will allow a household member to work or pursue an education.

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

Lincoln Court Apartments Inc.
21 New Street
Binghamton, New York 13903
607.772.6766
Fax 607.722.8912

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

To schedule an appointment for:

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

Metro Plaza Apartments.
Call: 607-772-6368

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

Lincoln Court Apartments.
Broome County VOA Living Center.
Call: 607-772-6766 ext.305

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

Metro Interfaith Services.
Metro Management Rental.
4 Munsell Street Apartments.
Call: 607-772-6766 ext.304

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

Thank you,
Metro Interfaith Housing Management

www.metrointerfaith.org

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

NYS RELAY SYSTEMS
1-800-421-1220





Our Senior Housing Options

Lincoln Court Apartments

21 New Street
Binghamton NY 13903
Phone: (607)772-6766

45 One Bedroom Apartments

Each Apartment Features:

- ❖ Emergency Call System
- ❖ Carpeted Living/Dining Room and Bedroom
- ❖ Electric Range & Refrigerator
- ❖ Cable Ready Hook-up
- ❖ Intercom Entry System
- ❖ 3 Thermostats for heating System
- ❖ Carbon Monoxide & Smoke Detectors
- ❖ Window Blinds
- ❖ Non-Smoking facility
- ❖ Unit Square footage varied.

Site Amenities:

- ❖ Community Room w/ Library, T.V, Coin Machine, Water/Ice Machine.
- ❖ Coin Operated washer/dryers
- ❖ Elevator
- ❖ Handicap accessible units
- ❖ Off street Parking
- ❖ Hot noon meals available
- ❖ Canopied Patio in summer with lawn, garden, & community grill
- ❖ On-Site Management/Maintenance Staff
- ❖ Enriched Housing Program
- ❖ Service Coordinator
- ❖ Resident Association

How To Qualify:

** Applicants must be 62 years of age and older. This age requirement will be waived for those qualifying as "handicapped" within the regulations of the HUD Regulatory Agreement.

** Applicants gross annual income may not exceed income limits as established by the Federal Government.

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

*Subject to federal adjustment



1 Pet Under 20 lbs

Metro Plaza Apartments

110 Chenango Place
Binghamton NY 13903
Phone (607)772-6368

150 One Bedroom Apartments

Each Apartment Features:

- ❖ Emergency Call System
- ❖ Carpeted Living/Dining Room and Bedroom in select units.
- ❖ Electric Range & Refrigerator
- ❖ Cable Ready Hook-up
- ❖ Intercom Entry System
- ❖ 3 Thermostats for heating System
- ❖ Carbon Monoxide & Smoke Detectors
- ❖ Window Blinds
- ❖ Non-Smoking facility
- ❖ Each Unit is 550 square feet.

Site Amenities:

- ❖ Community Room, Water/Ice Machine
- ❖ Library Room with T.V
- ❖ Coin Operated washer/dryers, Coin Machine
- ❖ Elevator
- ❖ Handicap accessible units
- ❖ Off street Parking
- ❖ Hot noon meals available
- ❖ Outdoor seating area with community grill
- ❖ On-Site Management/Maintenance Staff
- ❖ Enriched Housing Program
- ❖ Service Coordinator
- ❖ Resident Association

How To Qualify:

** Applicants must be 62 years of age and older. This age requirement will be waived for those qualifying as "handicapped" within the regulations of the HUD Regulatory Agreement.

** Applicants gross annual income may not exceed income limits as established by the Federal Government.

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

*Subject to federal adjustment



1 Pet Under 20 lbs



www.Metrointerfaith.Org

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

NYS RELAY SYSTEMS

1-800-421-1120



Our Multi-Family & Disabled Housing Options

Metro Interfaith Services

21 New Street
Binghamton NY 13903
Phone: (607)772-6766

**14 2-4 Bedroom Properties
Throughout Broome County**

Apartments Features:

- ❖ Utilities Included
- ❖ Binghamton Trash Bags provided, amount depending on family size
- ❖ Carpeted Living/Dining Room and Bedroom, varies for each unit
- ❖ Gas Range & Refrigerator
- ❖ Cable Ready Hook-up
- ❖ Thermostats for heating System
- ❖ Carbon Monoxide & Smoke Detectors
- ❖ Window Blinds
- ❖ Unit Square footage varies
- ❖ Washer/Dryer hookups
- ❖ 24 Hour Emergency On-Call Maintenance
- ❖ Off-street parking, varies per property
- ❖ Covered Porches
- ❖ Shared Backyard

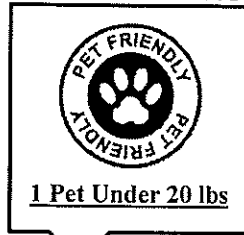
How To Qualify:

** Applicants must be defined as a family unit within the regulations of the HUD Regulatory Agreement.

** Applicants gross annual income may not exceed income limits as established by the Federal Government.

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

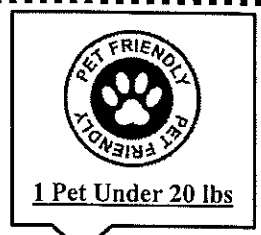
***Subject to federal adjustment**



VOA Living Center

316 Glenwood Rd
Binghamton NY 13905
Phone (607)798-8156

20 One Bedroom Apartments



Each Apartment Features:

- ❖ Non-Smoking facility
- ❖ Emergency Call System
- ❖ Carpeted Living/Dining Room and Bedroom, (depending on unit).
- ❖ Electric Range & Refrigerator
- ❖ Cable Ready Hook-up
- ❖ Intercom Entry System
- ❖ 3 Thermostats for heating System
- ❖ Carbon Monoxide & Smoke Detectors
- ❖ Window Blinds
- ❖ Each Unit is 500 square feet

Site Amenities:

- ❖ Community Room
- ❖ Coin Operated washer/dryers, Coin Machine
- ❖ Elevator
- ❖ Handicap accessible units
- ❖ Off street Parking
- ❖ Outdoor seating area with community grill
- ❖ On-Site Management
- ❖ On-Call Maintenance Staff
- ❖ On-Site Caretaker

How To Qualify:

** Applicants must be defined as Chronically mentally ill within the regulations of the HUD Regulatory Agreement.

** Applicants gross annual income may not exceed income limits as established by the Federal Government.

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

***Subject to federal adjustment**



www.Metrointerfaith.Org

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

**NYS RELAY SYSTEMS
1-800-421-1120**



Our Low-Income Housing Options

Metro Management Rental

21 New Street
Binghamton NY 13903
Phone: (607)772-6766

**7 1-2 Bedroom Properties
Throughout Binghamton**

***Section-8 Vouchers Accepted.**

Apartments Features:

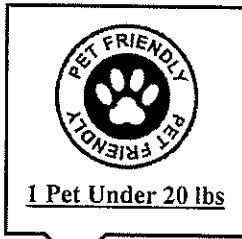
- ❖ Carpeted Living/Dining Room and Bedroom, varies per unit
- ❖ Range & Refrigerator
- ❖ Cable Ready Hook-up
- ❖ Thermostats for heating System
- ❖ Carbon Monoxide & Smoke Detectors
- ❖ Window Blinds
- ❖ Unit Square footage varies
- ❖ Coin Operated Washer/Dryer
- ❖ 24 Hour Emergency On-Call Maintenance
- ❖ Off-street parking, varies per property
- ❖ Garbage removal, varies per property

How To Qualify:

** Applicants must be 55 years and older. This age requirement will be waived for those qualifying as "handicapped."

** Applicants gross annual income may not exceed income limits as established by the Federal Government.

***Subject to federal adjustment**



4 Munsell Apartments

4 Munsell Street
Binghamton NY 13901
Phone (607)772-6766

4 1 Bedroom Apartments

Each Apartment Features:

- ❖ Carpeted Living/Dining Room and Bedroom, (depending on unit).
- ❖ Range & Refrigerator
- ❖ Cable Ready Hook-up
- ❖ Thermostats for heating System
- ❖ Carbon Monoxide & Smoke Detectors
- ❖ Window Blinds

Site Amenities:

- ❖ Coin Operated washer/dryers as well as Washer/Dryer hookups
- ❖ On-Street Parking
- ❖ 24 Hour Emergency On-Call Maintenance

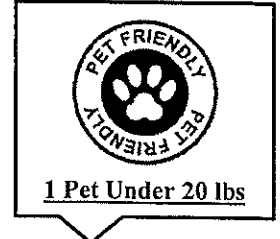
How To Qualify:

** Applicants must be 55 years and older. This age requirement will be waived for those qualifying as "handicapped."

** Applicants gross annual income may not exceed income limits as established by the Federal Government.

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

***Subject to federal adjustment**



www.Metrointerfaith.Org

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

**NYS RELAY SYSTEMS
1-800-421-1120**

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 2024 Income Limit Area	FY2024 Income Limit Category	Persons in Family							
		1	2	3	4	5	6	7	8
Binghamton, NY MSA \$88,700	Very Low (50%) Income Limits (\$)	31,050	32,500	39,950	44,350	47,900	51,450	55,000	58,550
	Extremely Low (30%) Income Limits (\$)	18,650	21,300	25,820	31,200	36,580	41,960	47,340	52,720
	Low (80%) Income Limits (\$)	49,700	56,800	63,900	70,950	76,650	82,350	88,000	93,700

Income Limit Categories for:

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

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



Metro Interfaith Housing Management Corp.
21 New Street, Binghamton, NY 13901
Conant Smith, 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.



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.

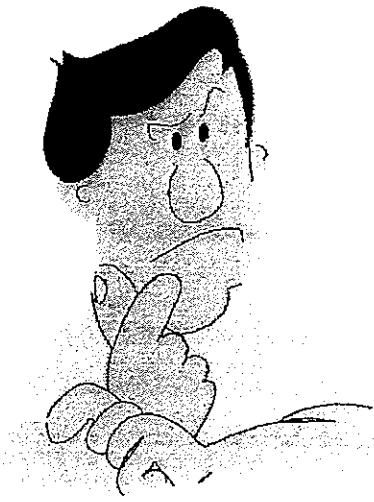
A copy is available to be reviewed by appointment on normal business days between 9:00 am and 3:00 pm in the following offices:

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





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 Carefull

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 13903
Conant Smith, 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.

