



## **BRIGHTON TOWERS REDEVELOPMENT LLC**

821 EAST BRIGHTON AVENUE  
SYRACUSE, NEW YORK 13205  
PHONE: (315) 469-6919 FAX: (315) 469-1322  
EMAIL: OFFICE@BRIGHTONTOWERSAPARTMENTS.COM

# **BRIGHTON TOWERS**

With Application submission, the following documents are required:

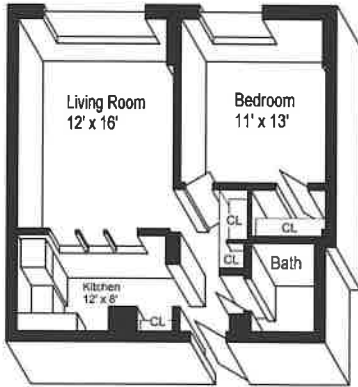
- Copy of Driver's License or Photo ID for Household Members.
- Copy of Birth Certificates for **ALL** Household Members.
- Copies of Social Security for **ALL** Household Members.
- Proof of Household Income. (Six (6) Current Pay Stubs, Social Security Benefit letters, Pensions, DSS Budget Sheet, Proof of Section 8, etc.)
- Proof of Child Support (Support Obligation Summary and 12 month history of payments).
- Copy of 6 Current Bank Statement(s).
- Copy of **current** Tax Return with W2's and 1099's.
- Copy of Life Insurance (Whole Life), Certificates of Deposit (CD's), Stocks & Bonds.

**\*\*Note: Copies can be made at the Rental Office if needed.**

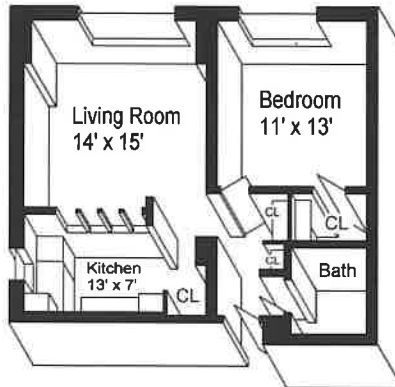


# Brighton Towers

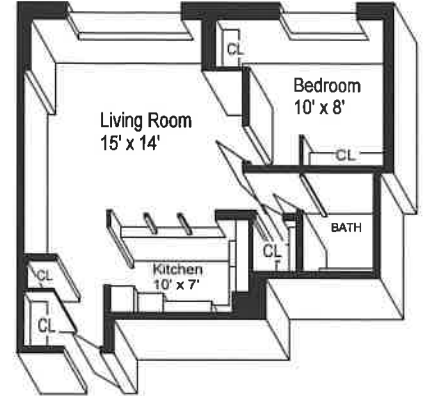
## Apartment Styles



One Bedroom



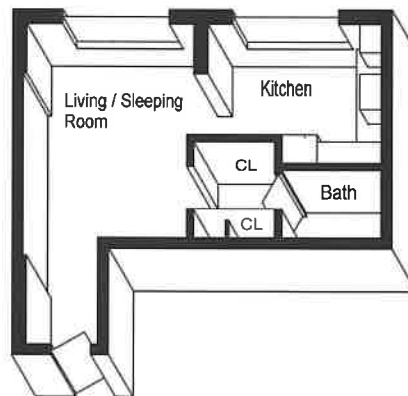
One Bedroom End



One Bedroom Alcove



Studio



Studio Alcove

Address

**Brighton Towers Office**  
**821 E. Brighton Avenue**  
**Syracuse, New York 13205**

E-Mail Address

**Office@BrightonTowersApartments.com**

Phone Number

**315-469-6919**

Fax Number

**315-469-1322**

Web Site

**www.BrightonTowersApartments.com**



### **No Moving on Sundays or Holidays**

You must reserve the elevator through the Brighton Towers office so that the Maintenance Department can unlock the elevator for your use.

All move ins should go through the loading docks in the rear of the buildings, **NOT** the lobby!

### **Moving Hours**

Monday through Friday  
8:00 A.M. – 10:00 A.M.  
10:00 A.M. – 12:00 P.M. Noon  
12:00 P.M. – 2:00 P.M.  
2:00 P.M. – 4:00 P.M.

Saturdays Only  
8:00 A.M. – 10:00 A.M.

# Things You Should Know

**Don't risk your chances for Federally assisted housing by providing false, incomplete or inaccurate information on your application and re-certification forms**

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## **Purpose**

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

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## **Penalties for Committing Fraud**

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or re-certification forms contain false or incomplete information, you may 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 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

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## **Asking Questions**

If you do not understand something on the application or about the housing program, say so. The Housing staff can answer your question or find out what the answer is.

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## **Completing the Application**

When you give your answers to application questions, you must include the following information:

### **Income**

- All sources of money you and any adult member of your family receive (wages, welfare payments, alimony, social security, pension, student loans, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union, certificates of deposit, dividends from stocks, etc.);
- Earning from a second job or part-time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive).

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**Assets**

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by an any adult who will be living in the household with you.
- Any business or asset you sold in the last 2 years for less than its full value.

**Family/Household Members**

- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.
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**Signing the Application**

- Do not sign any form unless you have read it, understand it and are sure everything is complete and accurate.
  - When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
  - Information you give on your application will be verified by the Housing staff. In addition, HUD may do computer matches of the income your report with various Federal, State or private agencies to verify that it is correct.
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**Re-Certifications**

You must provide updated information at least once a year. You must report any changes in income or family/household composition immediately. AGENCY does re-certifications on an annual basis. You must report on re-certification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/household members.
  - Any family/household member who has moved in or out.
  - All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.
- 

**Beware of Fraud**

You should be aware of the following fraud schemes:

- Do not pay any money to file a SHP Housing Program application.
  - Do not pay any money to move up on the waiting list.
  - Do not pay for anything not covered by your lease.
  - Do not pay more rent. Your share of the rent is determined by the Housing staff. If your landlord requests more rent, contact the Housing staff immediately.
  - Get a receipt for any money you pay.
  - Get a written explanation if you are required to pay any money other than rent. Check with the Housing staff before you pay any extra money to your landlord.
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**Reporting Fraud**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the Housing staff or call the HUD Hotline at (202) 472-4200.

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

U.S. Department of Housing and Urban Development

## **Document Package for Applicant's/Tenant's Consent to the Release Of Information**

**This Package contains the following documents:**

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

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Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

## Verification of Information Provided by Applicants and Tenants of Assisted Housing

### What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

**Example:** Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

**Example:** Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

### Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

### Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

### Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

# Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing and Urban Development  
Office of Housing  
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

**Authority:** Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

**Purpose:** In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Homeownership of Multifamily Units

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

**Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.**

Signatures:		Additional Signatures, if needed:	
_____	_____	_____	_____
Head of Household	Date	Other Family Members 18 and Over	Date
_____	_____	_____	_____
Spouse	Date	Other Family Members 18 and Over	Date
_____	_____	_____	_____
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date
_____	_____	_____	_____
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date



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## Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

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**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

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### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

# Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information  
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

## Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign.  
Staple or clip them together in one package in the order listed.
  - a. The HUD-9887/A Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

## Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
  - HUD's requirements concerning the release of information, and
  - Other customer protections.
2. Sign on the last page that:
  - you have read this form, or
  - the Owner or a third party of your choice has explained it to you, and
  - you consent to the release of information for the purposes and uses described.

## Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

## Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

## Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

## Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)  
Rent Supplement  
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)  
Section 202  
Sections 202 and 811 PRAC  
Section 202/162 PAC  
Section 221(d)(3) Below Market Interest Rate  
Section 236  
HOPE 2 Home Ownership of Multifamily Units

**Failure to Sign the Consent Form**

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

**Conditions**

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

**I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.**

\_\_\_\_\_  
Name of Applicant or Tenant (Print)

\_\_\_\_\_  
Signature of Applicant or Tenant & Date

**I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.**

\_\_\_\_\_  
Name of Project Owner or his/her representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature & Date  
cc:Applicant/Tenant  
Owner file

**Penalties for Misusing this Consent:**

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.

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.



EQUAL HOUSING OPPORTUNITY



HANDICAPPED ACCESSIBLE

**UNEMPLOYED STATUS AFFIDAVIT**

ALL ADULTS (age 18 or older) WHO ARE UNEMPLOYED MUST COMPLETE THIS FORM

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Property Name: Brighton Towers \_\_\_\_\_ City: Syracuse, NY \_\_\_\_\_

.....  
COMPLETE EITHER SECTION A, B OR C AS APPLICABLE.

**SECTION A**

I [print name], \_\_\_\_\_, state that I am currently unemployed and that I do not anticipate becoming employed within the next twelve months.

**SECTION B**

I [print name], \_\_\_\_\_, state that I am currently unemployed but am aware of an employment start date of \_\_\_\_\_ at a rate of \$ \_\_\_\_\_ per \_\_\_\_\_.

**SECTION C**

I [print name], \_\_\_\_\_, state that I am currently unemployed. I am not aware of a start date at this time. However, I anticipate becoming employed in the upcoming twelve months. Based upon my prior employment history and educational training, I anticipate earning \$ \_\_\_\_\_ from anticipated employment over the next twelve months.

*(Please supply documentation such as previous tax returns and/or W-2)*

I certify that the information given above is true to the best of my knowledge and that any misrepresentation of the information will lead to cancellation and/or rejection of my application for tenancy. I am signing under penalty of perjury.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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 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 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 42 U.S.C. Section \*\*408 (a) (6) (7) and (8).\*\*

**Disposal of Asset Form**

Re: Name:  
SS#:

Community: Brighton Towers  
Unit Number:

**Please complete the section that applies to you by checking off the appropriate box and sign and date this form where the black checkmark appears.**

I, \_\_\_\_\_, certify as follows;

Have **NOT** disposed of or obtained any additional assets in the past 24 months

Have **OBTAINED** assets in the past 24 months: Amount is: \$ \_\_\_\_\_

This is what I did with this asset: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have **DISPOSED OF** assets in the past 24 months:

Type of Asset – Describe (e.g., cash, real estate, etc.): \_\_\_\_\_

Date Disposed of (approximate): \_\_\_\_\_

Total Amount Disposed of \$ \_\_\_\_\_

Market Value of Asset at Time of Disposition (if known) \$ \_\_\_\_\_

If there were proceeds from the sale of real estate, please explain below or on a separate piece of paper, in detail, what you did with the money. If you placed the money in bank accounts or any other type of account, please provide \_\_\_\_\_ with the name and address of the bank or other business and the account numbers. All proceeds must be accounted for per government regulations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(**Π**) \_\_\_\_\_

Signature

\_\_\_\_\_ Date

"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 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 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 42 U.S.C. 408 (a) (6) (7) and (8).\*\*



HANDICAPPED ACCESSIBLE



EQUAL HOUSING OPPORTUNITY

**Brighton Towers**



HANDICAPPED ACCESSIBLE

**LIHTC CERTIFICATION OF STUDENT ELIGIBILITY**

Household Name: \_\_\_\_\_

Apartment #: \_\_\_\_\_

**This section to be completed by applicant/resident.**

For the purpose of this form, a full-time student is defined as one who is or will be carrying a full-time subject load at an institution with a degree or certificate program (including school-age children 16 years and older) or one who was carrying a full-time subject load during any portion of five months within the current calendar year.

Check One:

\_\_\_\_\_ This household has no full-time students as defined above.

\_\_\_\_\_ This household is NOT comprised ENTIRELY of full-time students as defined above

\_\_\_\_\_ ALL members of this household are full-time students, but the following checked item applies:

\_\_\_\_\_ A member of his household is receiving assistance under Title IV of the Social Security Act (TANF).

\_\_\_\_\_ A member of this household is enrolled in a job-training program receiving assistance under the JTPA (Job Training Partnership Act) or under similar Federal, State or Local laws.

\_\_\_\_\_ The entire household is composed of a Head of Household who is a single parent with children and such parent and children are not dependents (as defined in IRC Section 152) or another individual.

\_\_\_\_\_ The entire household is composed of individuals who are married and file a joint tax return.

\_\_\_\_\_ The entire household is occupied by full-time students who were previously under the care, placement and responsibility of a foster care program.

I understand that this Certification is made part of the qualification process to determine eligibility for residency. Any misrepresentation herein will be considered a material breach of the Lease Agreement and subject me to immediate eviction. Under penalties of perjury, I certify the above information to be true, as of the date shown below.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

"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 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 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 42 U.S.C. Section \*\*408 (a) (6) (7) and (8).\*\*"

# MARITAL STATUS AFFIDAVIT

(Use this form for any applicant or resident who is divorced, separated, widowed, or estranged from their spouse/partner/significant other)

Household Name: \_\_\_\_\_

Unit No. \_\_\_\_\_

Property Name: Brighton Towers

City: Syracuse, NY

I hereby certify that I am  divorced;  separated;  widowed;  estranged from my spouse/partner/significant other whose name is: \_\_\_\_\_

Date of divorce/separation/etc. \_\_\_\_\_

### Check this box and initial:

My spouse/partner/significant other is NOT a member of this household and WILL NOT be living in the apartment. \_\_\_\_\_

### Check A or B:

A.  I am NOT and will NOT be receiving any form of spousal contributions to my household.

B.  I AM and DO anticipate receiving spousal contributions to my household.

Spousal contribution in the amount of \$ \_\_\_\_\_ per month will be received during the next 12 month period. I will immediately notify the office of any change in this amount.

### Answer the following:

YES  NO – I have been awarded income such as alimony, child support, or survivor benefits.

YES  NO – I am in possession of and can provide copies of legal documents to verify divorce, separation, etc.

If NO, please state why: \_\_\_\_\_

The following legal actions have been made to attempt to collect payments owed to me:

\_\_\_\_\_

*These questions are being asked to document income eligibility for affordable housing. You will not be approved or denied based on your marital status*

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Printed Name of Applicant/Resident

\_\_\_\_\_  
Date

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 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 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 42 U.S.C. 408 (a) (6) (7) and (8).\*\*



HANDICAPPED ACCESSIBLE



# Affidavit of Non-Filing of Income Tax Return

(Use this form for any applicant or resident who has not filed an Income Tax Return)

Household Name: \_\_\_\_\_

Unit No. \_\_\_\_\_

Property Name: Brighton Towers

City: Syracuse, NY

## Initial line below and list year(s) not filed for:

\_\_\_\_\_ I did not and will not file a Federal Income Tax return, Form 100, 1040A or 1040EZ for tax year(s) \_\_\_\_\_ . I will, if requested, provide official confirmation from the Internal Revenue Service (IRS) to this effect.

## Initial line below and check reason for non-filing:

\_\_\_\_\_ I did not file a tax return for the following reason

Received no taxable income

Taxable income received was less than the amount required for filing a tax return.

Total income was \_\_\_\_\_ . Attached is a W2 or other statement

Other (explain) \_\_\_\_\_

## Initial line below, list annual income and sources:

\_\_\_\_\_ My total income taxable and/or nontaxable was \$ \_\_\_\_\_ from the following source(s):  
Report any earnings from odd jobs, child care, etc.

\_\_\_\_\_  
\_\_\_\_\_

### Certification

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement

Signature of Household Member: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to me under oath this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

\*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 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 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 42 U.S.C. 408 (a) (6) (7) and (8).\*\*



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**Request for Transcript of Tax Return**

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).

OMB No. 1545-1872

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

**Note:** Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 1040

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . . .

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . .

7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

| / / | / / | / / | / /

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

**Sign Here**

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

**AUTHORIZATION TO RELEASE INFORMATION**

RE: Applicant/Tenant: \_\_\_\_\_ Unit # \_\_\_\_\_

Property Name: Brighton Towers

Address: 821 East Brighton Avenue

Syracuse, New York 13205

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

_____	Tax Credit Specialist
Authorized Signature	Title
<b>Lisa Barletta / Katrina Hayes</b>	_____
Print Name	Date

***Release by Applicant(s)/Tenant(s)***

I/We hereby authorize you to furnish all requested information.

_____	_____
Signature	Date
_____	_____
Signature	Date
_____	_____
Signature	Date
_____	_____
Signature	Date



**BRIGHTON TOWERS**

821 EAST BRIGHTON AVENUE • SYRACUSE, NEW YORK 13205

PHONE (315) 469-6910 • FAX (315) 469-1322

OFFICE@BRIGHTONTOWERSAPARTMENTS.COM

**BRIGHTON TOWERS REDEVELOPMENT LLC.  
TENANT SELECTION PLAN**

***Eligibility Requirements***

- ***Brighton Towers Redevelopment LLC. is a Senior Citizens complex for those 55 years of age or older. Several apartments hold project base vouchers for the very low income level. You must submit an application for project base apartments thru the public administrator, Christopher Communities. HUD income guidelines must be met.***
- HUD established income guidelines must be met. Current guidelines are:

**Maximum Income Requirements**

<b>Project Base Voucher</b>	<b>Maximum Income</b>	<b>Maximum Income</b>
<b>50%</b>	<b>60%</b>	<b>80%</b>
1 person \$27,850	1 person \$33,420	1 person \$44,550
2 persons \$31,800	2 persons \$38,160	2 persons \$50,900
3 persons \$35,800	3 persons \$42,960	3 persons \$57,250
4 persons \$39,750	4 persons \$47,700	4 persons \$63,600

\*Elderly status set forth in Certificate of Incorporation.

- Applicants must be U.S. citizens or Nationals or non-citizens who have eligible immigration status verified through the Department of Homeland's Security Alien Status Verification Index (ASVI). For U.S. citizens, a signed declaration of citizenship is required for each family member, regardless of age, as well as a birth certificate. In the case of a non-citizens, a signed declaration of eligible non-citizen status and proof of age.
- All applicants must disclose social security numbers in order for the owner to make an eligibility determination. Adequate documentation means a Social Security card issued by the Social Security Administration or other acceptable evidence. If documentation is not available, applicant may submit the SSN and certify that the number is accurate and that acceptable documentation is not available. However, documentation must be submitted within 90 days of such certification. The owner must accept the certification and continue to process the application. However, the applicant may not become a resident unless they submit the required documentation. The applicant must provide their SSN documentation within 60 days from the date which the applicant certified the documentation was not available. If the applicant is otherwise eligible for admission, they may retain their place on the waiting list for the 60 days in which the applicant is trying to

obtain the documentation. After 60 days, if the applicant has been unable to supply the required SSN documentation, the applicant should be determined ineligible and removed from the waiting list. An owner may extend the time period for an additional 60 days if the applicant is at least 62 years old and unable to submit the required documentation within the first 60-day period.

- Policies to comply with Fair Housing:
  - a. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance from HUD.
  - b. The Fair Housing Act prohibits discrimination in housing and housing related transactions based on race, color, religion, sex, national origin, disability and familial status. It applies to housing, regardless of the presence of federal financial assistance.
  - c. Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin in any program or activity receiving federal financial assistance from HUD.
  
- **Eligibility of Students for Other Assistance Programs**
  1. \*This paragraph applies to the Rent Supplement, RAP, Section 221(d)(3) BMIR, Section 236, Section 202 PRAC, Section 202 or Section 811 PRAC programs.\*
  2. Owners must determine a student's eligibility for assistance at move-in, initial or annual recertification, and at the time of an interim recertification if one of the changes reported is that a household member is enrolled as a student, at an institution of higher education.
  3. The student must meet **all** of the following criteria to be eligible. The student must:
    - a. Be of legal contract age under state law;
    - b. Have established a household separate from parents or legal guardians for at least one year prior to application for occupancy, **or**
    - c. Meet the U.S. Department of Education's definition of an independent student. (See the Glossary for definition of Independent Student);
    - d. Not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations; and
    - e. Obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support. This certification is required even if no assistance will be provided.
  4. \*The full amount of financial assistance paid directly to the student or to the educational institution and amounts of scholarships funded under title IV of the Higher Education Act of 1965, including awards under federal work-study programs or under the Bureau of Indian Affairs student assistance programs, are excluded from annual income for the programs listed in 1, above (see paragraph 5-6 D and Exhibit 5-1.)\*

## **Accepting Applications and Selecting from the Waiting List**

- Anyone wishing to be admitted into Brighton Towers Redevelopment LLC or placed on the waiting list, must complete and submit to the office, an application which will include name, sex, age, disability status (only when necessary to establish eligibility) of each household member; need for an accessible unit, if applicable; race/ethnicity of head of household; sources and estimates of anticipated annual income and assets, as well as, medical expenses accountable to the applicant as well as a complete list of all states any household member has resided. Applications will be stamped with date and time when received and placed in chronological order on the waiting list. Those applicants who would like to be on a waiting list for a project base voucher must apply with Christopher Communities.
- Potentially eligible and acceptable applicants will be notified in writing that their preliminary application has been reviewed and they will be contacted when an appropriate unit becomes available. Ineligible applicants will also be notified in writing of the reason for rejection and of their right to appeal, first by responding in writing within 14 days to the housing company and then to NYSHCR Law Bureau after housing company denial of an appeal. All applicants will be treated alike regardless of race, color, sex, religion, family status, national origin, age, or any other arbitrary reasons and reasonable accommodation will be made for the disabled.
- Applicants will be screened for credit history through a recognized screening service/data base such as RentGrow. Applicants must have a satisfactory credit report/rental history. Any applicant who provides:
  1. Evidence of having made full payment of their rent on a timely basis or for prior 12 months, or
  2. receives full rent subsidy from Section 8 Voucher, HUD/Vash, Public Assistance/FIPS, HOPWA/HASA, Rual Rental Assistance, Non-Profit Rental Assistance or other subsidy will be approved for the credit portion of the application process.

Applicant may be denied for credit due to "applicable debt". Applicable Debt may include debt that is over 120 days delinquent as of the date of the credit report or debt that has been transferred to a collection agency and is being pursued for collection. Individualized credit worksheets will be used to consider credit history. Screening will also be done for drug related or criminal activity involving crimes of physical violence to persons or property and other criminal acts which would adversely affect the health, safety or welfare of other tenants. Applicants with criminal convictions will have a personal interview with the housing complex to complete the "worksheet for applying New York State Anti Discrimination Policies when assessing applicants for State funded housing who have criminal convictions". (Brighton Towers lease violations e.g. nonpayment of rent or use of premises for illegal purposes).

A minimum of one person and a maximum of two persons may occupy a studio or one-bedroom apartment and a minimum of two person and maximum of four persons may occupy a two bedroom apartment.

Applicants are advised that they will be entitled to one apartment refusal without affecting their position on the waiting list. A failure to respond within ten (10) business days from the apartment notification shall be considered a refusal.

Occupancy is limited to only those persons identified as applicants on the original application.

Quarterly Tenant Selection Activity Reports are submitted to the NYS Division of Housing and Community Renewal.

**Admission will be denied if:**

Any household member has an unacceptable landlord history, including inability to appropriately maintain housing in a decent safe and sanitary condition, history of unjustified and chronic nonpayment of rent, history of disturbing the quiet enjoyment of others, history of violence and harassment of others, history of violations of the terms of previous rental agreements such as destruction of the unit or surrounding premises.

If credit shows bankruptcy in certain cases, delinquencies, collections, money judgements and liens, in certain instances ("applicable debt").

Any household member with convictions of manufacturing and distribution of controlled substances - narcotics.

There are two circumstances in which an Applicant's criminal history will automatically make them ineligible for housing:

1. Conviction for producing methamphetamine.
2. Lifetime registrant on a State or Federal Sex Offender Registry.

Other convictions or pending arrests that may be considered involve physical danger or violence to persons or property or that adversely affected the health, safety and welfare of other people. However, an individual assessment must be done prior to a decision.

The worksheet for applying New York State Discrimination Policies when assessing applicants for State funded housing who have criminal convictions will provide you with the opportunity to answer questions regarding the conviction(s).

Convictions that have been excused by pardon, overturned on appeal or otherwise vacated will not be considered ineligible.

You may appeal an ineligible criminal decision within 14 business days.

**Veteran's Preference**

Preference will be given for admission to veterans as described in Section 85 of the Civil Service Law. This will encompass **all veterans, or their surviving spouses, who served on active duty in time of war, as defined in Section 85 of the Civil Service Law, and reside in New York State.**

Veterans eligible for the preference are those who:

- a) were members of the Armed Forces of the United States;
- b) served on active duty for other than training purposed in **time of war**;
- c) were discharged honorably or released under honorable circumstances;
- d) are residents of New York State;

- e) have documented their eligibility by submitted Form DD214 (NAVPERS-553/NAVMC-78PD/WDAG-53,98) and for service in Lebanon, Grenada or Panama, the award of an appropriate expeditionary medal.

### **Unit Transfers**

- Unit transfers may result when there is a change in family composition. Owner shall determine, according to occupancy standards, if the unit is still the appropriate size. Residents may be required to move if there is an appropriate size unit available, there is a market for the size unit resident will be vacating and if the resident will be remaining in the property. If it is determined a move is required, resident must move within 30 days after being notified a unit of required size is available.
- Accepted reasons for transfer are: inappropriate family composition for unit size; medical request including making reasonable accommodation for disabled resident requiring more accessible unit.
  - Assignment for accessible units may be limited to persons requiring the specific accessibility features of those units. Accessible units must be assigned first to current residents who need the accessibility features of the unit and then to other applicants.
- A list of residents required to transfer will be maintained and vacancies will be filled chronologically when appropriate unit becomes available.
- Lateral transfers are not allowed unless it's for a reasonable accommodation.
- Transfer applicants take priority over admission applicants for 3 out of 4 apartments of each size.

### **Opening /Closing Waiting List**

- Should the wait for an apartment become excessive, the owner may close the waiting list for one or more unit size. Owner must advise potential applicants that the waiting list is closed and refuse to take applications. Owner must also publish a notice, stating the reason for refusing to take applications, in a publication likely to be read by potential applicants.
- When the owner agrees to accept applications again, the notice of this action must be announced in a publication likely to be read by potential applicants. Advertisements should include where and when to apply and conform to the Affirmative Fair Housing Marketing Plan.  
(Both actions require pre-approval by the NYSHCR.)

### **Waiting List**

The waiting list shall be updated periodically. Canvassing letters of continued interest shall be sent to 10% of the waiting list.

### **Smoke Free**

1st and 2<sup>nd</sup> floor apartments in building I and II are smoke free. Current smoking residents on these floors have been grandfathered in. There is no smoking within 50 feet of the building.

### **Fees**

- Incoming residents are required to pay a security deposit of one (1) month's rent.
- Pets are allowed (within certain guidelines) and an additional pet fee of three hundred dollars (\$300), refundable upon move-out or no longer have the pet, pending any damage charge accrued.
- A late rent fee of \$5.00 is charged on the 6<sup>th</sup> day of the month with \$1.00 added for each additional day rent remains unpaid.



## **Unit Inspections**

- Unit inspections are made jointly by owner or representative and resident. A unit inspection report must be signed by both owner/representative and resident indicating the condition of the unit. Resident has five (5) days to report any additional deficiencies. Any repair must be completed no more than 30 days after the effective date of the lease.

## **Annual Recertifications**

- A review of family income and composition is conducted annually and resident's rent and assistance payment recalculated.
- Residents must supply information requested by the owner. Residents must sign consent forms, and owners obtain third party verification (whenever possible) of the following items: reported family annual income; the value of assets; expenses related to deductions from annual income and any other factors that affect the determination of adjusted income.
- At this time also, the resident must certify that no member of the household is subject to a state lifetime sex offender registration in any state. If the owner discovers a household member was erroneously admitted, (after June 25, 2001), the owner will immediately pursue eviction for that member or termination of assistance for the household member. If the family is unwilling to remove that individual, the owner must terminate assistance for the entire household.

## **Interim Recertifications**

- Residents may request an interim recertification due to any changes occurring since the last recertification that may affect the Total Tenant Rent or the tenant rent and assistance payment.
- Owners must process and interim recertification if a resident reports a change in family composition, increase of family income of more than \$200/month, increase in allowances, most decreases in income, a change in citizenship or eligible immigration status of any family member.

## **Implementation of HUD's Enterprise Verification System (EIV)**

- All applicants must disclose if they are currently receiving HUD housing assistance. The owner/agent will not knowingly assist applicants who will maintain a residence in addition to the HUD assisted unit. The owner/agent will use EIV to determine if the applicant or any member of the applicant household is currently receiving HUD assistance – Existing Tenant Search Report.
- This information will be reviewed on an annual basis upon recertification. If any household member receives or attempts to receive assistance in another HUD assisted unit while receiving assistance at this property, the household member will be required to reimburse HUD for assistance paid in error. This is considered a material lease violation and may result in penalties including eviction and pursuit of fraud charges.
- In addition, EIV provides the owner/agent with income discrepancies if information provided on HUD's required documents differs from information provided by various government databases such as data provided by the Social Security Administration and data provided by the Department of Health and Human Services. The owner/agent will submit income information at move in and will review any income discrepancies provided by EIV. If a household member provides false information, it is considered a material lease violation and may result in penalties up to and including eviction and pursuit of fraud charges. We encourage you to review the information provided in this brochure and to contact the management office if you have any questions.

## House Rule Changes

- Certain house rules may be developed and listed in the lease as an attachment.
- Owners must give residents written notice 30 days prior to implementing any changes in house rules or adding new rules.

By signing below you (we) acknowledge receipt of the policy, and acknowledge that you (we) have read and understand its contents.

\_\_\_\_\_

Name

\_\_\_\_\_

Date

\_\_\_\_\_

Name

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date



**Return to:**  
**BRIGHTON TOWERS**  
**821 East Brighton Avenue**  
**Syracuse, New York 13205**

**NON- SMOKING Units**  
**Available on 1<sup>st</sup> & 2<sup>nd</sup> Floor**

<b>For office use only:</b>	
Apt. Size:	_____
Ant. Lease Date:	_____
RHA:	_____
DSS:	_____

**APPLICATION FOR APARTMENT AT:**  
**BRIGHTON TOWERS**

Date \_\_\_\_\_

\*Applications are placed in order of date and time received. An Applicant may be interviewed only after the receipt of this application.

Applicant Name(s): \_\_\_\_\_

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

Street
Apt.#
City
State
Zip

Please list all states in which any household member has resided:

Name: \_\_\_\_\_ States(s): \_\_\_\_\_

Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

# of Bedrooms in current unit: \_\_\_\_\_ Do you  RENT or  OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property?  Yes  No (check one)

Check utilities paid by you:  Heat  Electricity  Gas  Other (specify: \_\_\_\_\_)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Do you qualify as disabled under the following definition:  Yes  No (check one)

A person with disabilities for purposes of program eligibility is determined, pursuant to HUD Regulations, to have a physical, mental or emotional impairment that (A) is expected to be of long-continued and indefinite duration (B) substantially impedes his or her ability to live independently, and (C) is of such nature that the ability to live independently could be improved by more suitable housing conditions.

Do you require a reasonable accommodation:  Yes  No (check one)

**I. HOUSEHOLD COMPOSITION**

*Unless assistance is required, this form must be completed by the applicant/tenant.*

*List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.*

*Do not include minors who will be present less than 50% of the time.*

*List FT student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12; college; university; technical; trade; and mechanical schools.*

HOUSEHOLD MEMBER NAME (First MI Last)	RELATIONSHIP	DOB	SSN	STUDENT?
1.	<b>HEAD</b>			[ ] YES [ ] NO
2.				[ ] YES [ ] NO
3.				[ ] YES [ ] NO
4.				[ ] YES [ ] NO

Are any household changes expected in the next 12 months:  Yes  No (check one)

If YES, please explain: \_\_\_\_\_

Are any student changes expected in the next 12 months:  Yes  No (check one)

If YES, please explain: \_\_\_\_\_

## II. STUDENT STATUS

Is every member of the household a FT student as defined above? <i>If NO continue to Section III</i> <i>If YES please complete the following questions:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does a student receive assistance under Title IV of the Social Security Act (i.e. TANF or AFDC but not SS or SSI)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was a student previously a foster child?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a student married and eligible to file a joint tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a student a single parent who is not claimed as a dependent by another individual?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are the minors in the household claimed as a dependent by a parent?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### **INCOME INSTRUCTIONS:**

*List gross amounts anticipated to be received in the 12 month period following move in or recertification. For minors, include unearned income such as benefits, SSA, SSI, gifts, child support, income from assets. For adults, include both earned income from jobs and unearned income. Answer each YES-NO question. For each YES include the gross amount and frequency. Do NOT leave any unanswered questions.*

## III. HOUSEHOLD INCOME

*Use an extra copy of pages 2 and 3 as needed if more than 2 adult members are included in the household. All adults must sign the form.*

Type of Income	Head of Household			Co-Head and/or Other Member		
	Check One	Amount	Frequency	Check One	Amount	Frequency
1. Salary or pay from job	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
2. Overtime or shift pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
3. Bonus/commission/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
4. Do you have a 2 <sup>nd</sup> job?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
5. Seasonal/sporadic work	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
6. Tips	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
7. Cash pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
8. Self-employment income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
9. Periodic gift income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
10. Non cash contributions	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
11. Formal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
12. Is child support awarded but not paid?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
13. Informal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
14. Formal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
15. Is spousal support awarded but not paid?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
16. Informal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
17. Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
18. SSI	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
19. SSP	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
20. TANF, AFDC, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
21. Unemployment benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
22. Worker's compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
23. Severance pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
24. Pension income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
25. Retirement acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
26. Investment acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
27. Annuity acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
28. Trust acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	

**III. HOUSEHOLD INCOME (Continued)**

29. Disability/death benefits	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
30. Real estate rent income	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
31. Student financial aid	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
32. Military pay	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
33. Veterans/VA income	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
34. Other income:	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
35. Other income:	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	

36. Are any income changes expected in the next 12 months? [ ] YES [ ] NO

*If YES please describe:*

*For each source of income checked YES above, please complete the following:*

Income #	HH Member	Name of Source	Address/Phone/Email

**IV. HOUSEHOLD ASSETS**

*List assets for all household members including minors*

*Cash value is market value minus any costs/penalties/fees required to convert to cash*

*Do not list assets that are not accessible to the family*

Type of Asset	Head of Household		Co-Head and/or Other Member	
	Check One	Apprx Cash Value	Check One	Apprx Cash Value
1. Checking account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
2. 2 <sup>nd</sup> checking account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
3. Savings account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
4. 2 <sup>nd</sup> savings account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
5. Debit /direct deposit card	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
6. 2 <sup>nd</sup> debit card	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
7. Cash on hand	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
8. Certificate of Deposit	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
9. Other bank account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
10. Mutual Fund	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
11. Stocks	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
12. Portfolio/brokerage	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
13. IRA/401K/etc.	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
14. 2 <sup>nd</sup> IRA/401K/etc.	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
15. Treasury bills/bonds	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
16. Company retirement acct	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
17. Annuity	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
18. Pension	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
19. Revocable trust	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
20. Life insurance (not term)	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
21. Real estate equity	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
22. Personal property held as investment	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
23. Other asset	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
24. Other asset	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$

25. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)? [ ] YES [ ] NO

26. Has anyone disposed of any assets for less than fair market value in the past 2 years? [ ] YES [ ] NO

*If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:*

For each asset checked YES above, please complete the following:

Asset #	HH Member	Name of Source	Address/Phone/Email

**V. MEDICAL EXPENSES**

List any reoccurring and unreimbursed medical, dental, mental health, disability and child care expenses for the next 12 months:


**VI. ADDITIONAL INFORMATION**

Are you or any member of your family currently using an illegal substance?  Yes  No

Have you or any member of your family ever been convicted of a felony or classified as a sex predator?  Yes  No  
If yes, please describe:

Have you or any member of your family ever resided at a Rochester Management Community?  Yes  No  
If yes, when and where:

Have you ever filed for bankruptcy?  Yes  No  
If yes, please describe:

Will you take an apartment when one is available?  Yes  No

Briefly describe your reason for applying:

**VII. VEHICLE AND PET INFORMATION (if applicable)**

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle

Make/Model of Vehicle:	License Plate #:
Year:	Color:

Make/Model of Vehicle:	License Plate #:
Year:	Color:

Do you have any pets?  Yes  No  
If yes, please describe:

**VIII. REFERENCE INFORMATION**

Current Landlord	Name:
	Address:
	Home Phone:
	Business Phone:
	How long?

**VIII. REFERENCE INFORMATION (continued)**

Previous Landlord	Name:	
	Address:	
	Home Phone:	
	Business Phone:	
	How long?	
Credit Reference	Company Name:	
	Account #:	
	Phone #:	
Personal Reference	Name:	
	Address:	
	Phone #:	Relationship:
Emergency Contact	Name:	
	Address:	
	Phone #:	Relationship:

**VETERANS ADMISSION PREFERENCE:**  If head-or-co-head of household is an honorably discharged veteran of the US Armed Services, or such veteran's surviving spouse, who served on active duty in time of war and resides in New York State, check box and attach DD-214 to qualify for admission preference.

**CERTIFICATION**

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

This development is operated under the supervision of the New York State Homes and Community Renewal. All questions must be answered in order to process the application.

The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verifying the facts herein stated.

I (we) understand that a credit inquiry and a Criminal Background check may be made in the course of processing this application.

**All adult applicants, 18 or older, must sign application.**

SIGNATURE(S):

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date

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 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 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 42 U.S.C. Section \*\*408 (a) (6) (7) and (8).\*\*



EQUAL HOUSING OPPORTUNITY



HANDICAPPED ACCESSIBLE

**Please submit the following items  
With your completed Application:**

- 1.) Social Security Card(s)**
- 2.) Drivers license(s) or photo ID**
- 3.) Birth Certificate(s)**
- 4.) All Income Verification**
- 5.) Please remember to sign pages  
6 & 12 of the HUD Fact sheet**

**This will help us in processing your  
application more efficiently.**

**Thank you for your anticipated cooperation.**