

## Residential Application

Thank you for your interest in Eastman Commons.

Please fill out all forms and sign where indicated.

For all household members, attach the following:

**Government-issued photo ID(s) (18 years of age or over only)**

**Social Security card(s)**

**Birth certificate(s)**

To be eligible, your combined yearly household income has to be between \$15,725 and \$25,155. For income less than \$16,725 annually (or \$1,310.42 monthly), fill out the Project Based Voucher Housing Application as well.

For questions, call us at (585) 368-2020 or email at [eastmancommons@landsman.com](mailto:eastmancommons@landsman.com)



**Eastman Commons**  
 1630 Dewey Ave.  
 Rochester, NY 14615  
 Tel 585-368-2020 Fax 585-368-2029  
 eastmancommons@landsman.com



**PLEASE PRINT AND COMPLETE ALL INFORMATION**

NAME \_\_\_\_\_ DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

**List ALL addresses for the past 5 years, attach additional page if necessary**

Current Address	Previous Address	Previous Address
Landlord Name, Address & Phone	Landlord Name, Address & Phone	Landlord Name, Address & Phone
How long have you lived there?	How long did you live there?	How long did you live there?

**List ALL people who will live in the apartment**

NAME	RELATIONSHIP	STUDENT (Y/N)	SEX (M/F/CHOOSE NOT TO RESPOND)	AGE	BIRTHDATE	SOCIAL SECURITY NUMBER**
	HEAD OF HOUSEHOLD					

\*\*If member does not have a SS #, please see bottom of application for allowable exceptions

**List ALL states household members have lived in**

State	Which household member(s) lived there?

- 0 Yes 0No Have you ever been convicted of a felony? (prior convictions will not be an automatic reason for denial, a background check and an individualized assessment will be completed)
- 0 Yes 0No Is any household member subject to any state lifetime sex offender registration requirement?
- 0 Yes 0No Have you ever been convicted for illegal use, possession, manufacturing or distribution of a controlled substance?
- 0 Yes 0No Do you currently use, manufacture, or distribute illegal drugs?
- 0 Yes 0No Have you ever been terminated/evicted from housing for non-payment of rent?
- 0 Yes 0No Do you qualify for a reasonable accommodation? (if yes, please request a copy of Landsman's Section 504 policy)
- 0 Yes 0No Would you benefit from special design features of an accessible apartment? If yes, please explain: \_\_\_\_\_
- 0 Yes 0No Do you meet the qualifications under the HUD definition of disabled?  
*A person with disabilities, for purposes of program eligibility, is determined pursuant to HUD Regulations to have a physical, mental or emotional impairment that:*
  1. Is expected to be of long-continued, indefinite duration
  2. Substantially impedes his or her ability to live independently
  3. Is of such nature that the ability to live independently could be improved by more suitable housing conditions

Driver's License Number/Issuing State: \_\_\_\_\_

Are you eligible for any of the following preferences?

- Yes  No Involuntarily Displaced by a Presidential Declared disaster?  
 Yes  No Is any household member a U.S. military veteran that served active duty in time of war and were discharged honorably? (if yes, please submit form DD214)

### INCOME & ASSET INFORMATION

TYPE OF INCOME	GROSS MONTHLY AMOUNTS		TYPE OF ASSET	TOTAL VALUE	
	HEAD	ALL OTHER HOUSEHOLD MEMBERS		HEAD	ALL OTHER HOUSEHOLD MEMBERS
Wages			Savings Account		
Public Assistance			Checking Account		
Social Security			Certificates of Deposit (CDs)		
SSI/SSP/Disability			Stocks/Bonds		
Unemployment			Real Property		
Child Support/Alimony			Cash		
Pensions/Annuity			Other		
Periodic Payments from Retirement Account					
Other					

What is your preferred move in date? \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have a Section 8 voucher or any other type of voucher? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\*\*Exceptions to Social Security number are:

1. Ineligible, non-citizen member not contending eligible immigration status
2. Member who is 62 years old as of 1/31/2010 and whose initial determination of eligibility began before 1/31/2010 (will need to verify with prior management)

#### ALL adult household members must sign below

My/Our signature(s) below serves as written permission for **Eastman Commons** to obtain a Criminal Background/Sex Offender Check, Consumer Report (credit history) and other references deemed necessary. We may obtain credit information from other sources and may exchange credit information with consumer reporting agencies. The applicant(s) also affirm that all information provided in the application is true and complete. The applicant(s) also understand that a personal interview must be held, assets and income verified before approval. All information received is confidential. After the application process is approved, a security deposit must be made and a lease agreement signed by all applicants. If accepted, I/We certify this apartment will be my/our sole residence. The undersigned makes the foregoing representation knowing that if any of such proves false **Eastman Commons** may cancel and annul any lease given in reliance upon such information.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant 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).\*\*

Date Received _____
Time Received _____
Identification # _____
Mgr. Comments _____

#### PLEASE RETURN THIS FORM TO:

**EASTMAN COMMONS**  
1630 Dewey Avenue  
Rochester, NY 14615  
**Phone:** (585) 368-2020 **Fax:** (585) 368-2029  
TTY/TDD #: (800) 421-1220

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

***The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).***

Name of Section 504 Coordinator:	Tracy Skavarek
Address:	3 Townline Circle, Rochester, NY 14623
Phone Number:	(585) 427-7570
TDD/TTY Number:	(800) 421-1220
Email	tskavarek@landsman.com

### **Protections Provided Through the Violence Against Women Act Reauthorization of 2013**

HUD provides protections for victims of acts of domestic violence, dating violence, stalking and sexual assault. This is true for women and men. While victims are still required to fulfill lease requirements, you will not be subjected to rejection solely because you are a victim of an act covered under VAWA. If you would like a copy of the VAWA policy or to exercise your VAWA protections, please contact the management office.

**Note:** We conduct criminal background checks. If you have a criminal record, you have rights and protections. You have the right to review any conviction record the property is using to make a decision. There are only two reasons for *automatic* denial based on your criminal convictions: conviction for methamphetamine production in the home or being required to register for life on a state or federal sex offender database. In all other instances, you have the right to provide additional information about the circumstances of the conviction and the right to present evidence of your rehabilitation. For more information about your rights as an individual with a criminal conviction, please visit: <http://www.nyshcr.org/AboutUs/Offices/FairHousing/GPCC.htm>.

**If you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.**

Si tiene dificultad para entender el inglés, solicite nuestra asistencia y nos aseguraremos de que se le proporcione un acceso significativo basado en sus necesidades individuales.

Se avete difficoltà a comprendere l'inglese, si prega di richiedere la nostra assistenza e faremo in modo che si sono dotati di un accesso significativo in base alle esigenze individuali.

Если у вас возникли трудности с пониманием английского языка, пожалуйста, запросите нашу помощь и мы гарантируем, что вы получаете реальный доступ на основе ваших индивидуальных потребностей.

Nếu bạn gặp khó khăn trong việc hiểu tiếng Anh, xin vui lòng yêu cầu hỗ trợ của chúng tôi và chúng tôi sẽ đảm bảo rằng bạn được cung cấp quyền truy cập đầy ý nghĩa dựa trên nhu cầu cá nhân của bạn.

如果您很难理解英语，请要求我们的帮助，我们将确保您根据您的个人需要提供有意义的访问。



# Eastman Commons

## Project Based Voucher Housing Application

To apply for subsidized housing at Eastman Commons, complete all sections of this application.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please enter the family's TOTAL ANNUAL INCOME. If None, enter 0: \$ \_\_\_\_\_

Please indicate if your family's INCOME SOURCE is any of the following:

Wages  Social Security  SSI/SSD  DHS  Other Welfare  Other (Child Support, etc.)

Gender:  M  F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Race (optional):  White  Black/African American  American Indian  Asian  Pacific/Islander

Ethnicity (optional):  Hispanic  Non-Hispanic

First Name	Middle Initial	Last Name	Social Security Number	Relationship to Applicant	Sex M/F	Date of Birth	Disabled? Yes or No	Pregnant?
				Head of Household				

Have you ever served in the Military?  Yes  No

Are you currently homeless?  Yes  No

Does anyone living in your household require a unit with the following accommodations?

Wheelchair Accessibility  Hearing Impaired Accessibility  Visually Impaired Accessibility

Is there anyone in the household subject to a lifetime state sex offender registration program in any state?

(Failure to answer this question may jeopardize the approval of this application.)  Yes  No

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return to:

Eastman Commons  
1630 Dewey Avenue  
Rochester, NY 14615  
(585) 368-2020

If you or anyone in our family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs or services, please submit your request in writing to Rochester Housing Authority attention: PBV Waiting List at 675 West Main St Rochester NY 14611.



The Rochester Housing Authority is committed to serving eligible applicants and will not discriminate against any person on the grounds of age, race, color, national origin, religion, sex, familial status, sexual orientation, marital status, or physical or mental disability.

© Rochester Housing Authority, 675 West Main Street, Rochester, NY 14611

## Authorization for Release of Information

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

Eastman Commons  
1630 Dewey Ave  
Rochester, NY 14615

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### CONSENT:

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Eastman Commons any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under one of the following programs:

*Section 221 BMIR	*Rent Assistance Payments (RAP)
*Rent Supplement	*Section 8 Housing Assistance
*Section 236	Payments Programs
*DHCR	*HFA
*LIHTC Program	

I give my consent for the release also for the minor children in my care who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and Rural Development (RD) in administering and enforcing program rules and policies.

### INFORMATION COVERED:

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status	Employment, Income, and Assets
Residences and Rental Activity	Medical or Child Care Expenses
Credit and Criminal Activity	Social Security Numbers

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords	Past and Present Employers
Public Housing Agencies	Veterans Administration
Welfare Agencies	Retirement Systems
Post Offices	State Unemployment Agencies
Banks and Financial Institutions	Schools and Colleges
Social Security Administration	Credit Providers and Credit Bureaus
Support and Alimony Providers	Medical and Child Care Providers
Utility Companies	Realtors and Insurance Agencies

## Authorization for Release of Information, cont.

### COMPUTER MATCHING NOTICE AND CONSENT:

I understand and agree that HUD or a Public Housing Authority (PHA) may conduct computer matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

### CONDITIONS:

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is correct.

#### Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date

#### Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.**

#### \*Section 8 Housing Assistance Payments Programs

- ◆ Loan Management Set-Aside
- ◆ New Construction and Substantial Rehabilitation
- ◆ Property Disposition Set-Aside
- ◆ Existing "Certificate" Housing
- ◆ Housing Vouchers
- ◆ 515/8 Farmers Home Administration
- ◆ (Projects HUD formerly owned and Moderate Rehabilitation with project based Section 8 Contracts)

"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).\*\*"



**Race and Ethnic Data Reporting Form**

**U.S. Department of Housing and Urban Development**  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Eastman Commons 1630 Dewey Avenue Rochester, NY 14615  
**Name of Property** **Project No.** **Address of Property**

Breaking Ground  
**Name of Owner/Managing Agent** **Type of Assistance or Program Title:**

\_\_\_\_\_  
**Name of Head of Household** **Name of Household Member**

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to “self certify” during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household’s file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.



## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You may mark one or more.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.