

Cortland Housing Assistance Council, Inc.

36 Taylor Street
Cortland, NY 13045
607-753-8271 – Phone
607-756-6267 – Fax



Housing Application

1 to 3 Bedroom Units * Rent ranges \$450 - \$600 * Includes Heat & Hot Water

Locations: 47 Pomeroy Street 18/20 Maple Avenue
 Cortland, NY 13045 Cortland, NY 13045

You MUST PROVIDE ALL of the following documentation:

- Picture identification for everyone over 18 years of age
- CHAC Inc. will provide an ORIGINAL police report for all household members over 18 years of age upon receiving your signed permission on page 10
- Social Security card for everyone in household
- Birth Certificate for everyone in household
- Income / Asset verification for the household
(3 recent pay stubs, SSI award letter, DSS budget sheet, Section 8, bank statements, 401K statements, etc.)
- Copy of tax forms and W-2 forms for previous year
- Any explanation or additional information that will help in the processing of this application (attach a written statement)

Family Size	50%	60%
1	\$20,250	\$24,300
2	\$23,150	\$27,780
3	\$26,050	\$31,260
4	\$28,900	\$34,060
5	\$31,250	\$37,500
6	\$33,550	\$40,260
7	\$35,850	\$43,020
8	\$38,150	\$45,780

Cortland Housing Assistance Council
 36 Taylor Street
 Cortland, NY 13045
 (607) 753-8271

Date received:

I was referred by: (please check all that apply)

- Friend/Relative** (Name: _____) **Agency** (Name: _____)
 Newspaper Ad (Paper: _____) **Flyer** (Location: _____)
 TV (Station: _____) **Article** (Publication: _____)

Household Information:

Complete the following information for each household member that will occupy the unit at time of move-in:

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <i>Month, Date, Year</i>
	Head of Household			

Current Address: _____ **Date Moved in:** _____
 _____ **Rent** _____ **Own** _____
Daytime Phone: (____) _____ **Evening Phone:** (____) _____

Answer either YES or NO to each question.

- YES** **NO**
 1. Are you currently living in transitional or other temporary housing program or in a unit with sub-standard conditions? (please circle appropriate answer)
 Transitional Housing Program Homeless Shelter Sub-standard Conditions
 Other Temporary Housing (please state): _____
- 2. Do you or a member of your family require a handicapped accessible unit?**
 Please circle the appropriate adaptations needed: Physical/Wheelchair Blind Deaf
 Any other (please list): _____
- 3. Do you or anyone in your family require a live-in care attendant?** (Attach verification from Doctor)
 Name of Live-in Care Attendant: _____
- 4. Will your household be receiving Section 8 rental assistance at time of move-in?**
 Name of Agency: _____ Contact Person Name: _____
- 5. If you are not currently receiving Section 8, are you on a waiting list?**

YES

NO

6. Do you expect any additions to the household within the next twelve months?

Name & Relationship: _____

Explanation: _____

7. Is there anyone living with you now who will not be living with you at this property?

Name & Relationship: _____

Explanation: _____

8. Do you have full custody of your child(ren)?

Explanation of custody arrangements: _____

9. Are there any absent household members who under normal conditions would live with you?
(for example, a household member away in the military)

Explanation: _____

10. Does your household have or anticipate having any pets other than those used as service animals?

Type: _____ Weight: _____

11. Have you or any one else named on this application filed bankruptcy?

Explanation: _____

12. Have you or any one else named on this application been convicted of a felony?

Explanation: _____

13. Have you or any one else named on this application been convicted for selling or manufacturing illegal drugs?

Explanation: _____

14. Have you or any one else named on this application been convicted of property damage?

Explanation: _____

15. Have you ever been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?

Explanation: _____

Housing References: PLEASE PROVIDE COMPLETE MAILING ADDRESS

List the past **FIVE** years of housing references. (If additional space is required, use the back of this page)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____	_____	Own <input type="checkbox"/>	Move in: _____
	_____	_____		_____
	_____	_____	Rent <input type="checkbox"/>	Move out: _____
	_____	_____		_____
	Phone: () _____	_____		_____

2. _____ Own Move in: _____
 _____ Rent Move out: _____

 Phone: () _____

3. _____ Own Move in: _____
 _____ Rent Move out: _____

 Phone: () _____

Reference: PLEASE PROVIDE COMPLETE MAILING ADDRESS

Name/Address of Reference (List a personal reference other than a relative)

_____ Phone: () _____
 _____ Relationship: _____

Reference: PLEASE PROVIDE COMPLETE MAILING ADDRESS

Name/Address of Reference (List a professional reference)

_____ Phone: () _____
 _____ Relationship: _____

Emergency Contact: PLEASE PROVIDE COMPLETE MAILING ADDRESS

Name/Address (If possible list someone in this area that is not listed on the application)

_____ Phone: () _____
 _____ Relationship: _____

Income Information:

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as grant or benefit, it is counted for all household members including minors. Include the dollar (\$) amount in the space provided.

Include all income anticipated for the next 12 months.
Do YOU or ANYONE in your household receive OR expect to receive income from:

YES **NO**

 (If yes, EMC #01)
 (If no, #101)

1. **Employment wages or salaries?** (Include overtime, tips, bonuses, commissions and payments received in cash)

<u>Name of Company & Phone Number</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

 (EMC #02)

2. **Self-employment?** (Attach Federal Tax Return or Profit and Loss Statements)

<u>Type of Business</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO

(EMC #03)

3. Regular pay as a member of the Armed Forces?

<u>Base & Branch</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #04 or #106)

4. Unemployment benefits or workman's compensation?

<u>Contact Person</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #05)

5. Public Assistance, General Relief, Aid to Families with Dependent Children (AFDC) or Temporary Assistance to Needy Families (TANF)?

<u>Contact Person</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(If yes, EMC #06)
(If no, #103)

6(a) Child support or alimony? (Any **AWARDED** amounts—collected or uncollected. We must count court-ordered support whether or not it is being received unless legal action has been taken to remedy. We must also count support that is not court-ordered but received directly from payor.)

<u>Payor</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(EMC #07)

7. Social Security, SSI or any other payments from the Social Security Administration?

<u>SSA Office</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(EMC #08)

8. Any other income sources? (ie. Veteran's benefits, pensions, retirement benefits or annuities, severance payments, insurance settlements, disability, death benefits or life insurance dividends, regular gifts or payments from anyone outside of the household, educational grants, scholarships or other student benefits, lottery winnings or inheritances, payments from rental properties)

<u>Source of Benefit</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Do you or any other household members expect any changes to your income in the next 12 months? Explanation: _____

(EMC #101)

10. Are YOU or is ANY OTHER ADULT member of your household claiming zero income?

Household Member(s) _____

Asset Information:

Include all assets held and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

Do YOU or ANYONE in your household hold: (Include ALL assets held by ALL household members **including minors**.)

YES NO

(EMC #09)

1. Checking or savings accounts?

<u>Bank/ Credit Union</u>	<u>Household Member</u>	<u>Amount</u>	<u>Interest Rate</u>	<u>Account #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(EMC # 09)

2. CDs, money market accounts or treasury bills; trust funds, pensions, IRA's, KEOGH or other retirement accounts?

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>Interest Rate</u>	<u>Account #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(EMC #10)

3. Stocks, bonds or securities; real estate, rental property, land contracts/ contract for deeds or other real estate holdings?

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>Interest Rate</u>	<u>Account #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(EMC #13)

4. Cash on hand over \$500 (Monies not currently held in bank accounts) or a safe deposit box?

Household Member: _____ Amount: _____

(EMC # 10)

5. Personal property as an investment? (Attach appraisal)
(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques.)

<u>Type</u>	<u>Household Member</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____

(EMC #11)

6. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: _____ Amount: _____

Explanation: _____

Student Information:

YES **NO**

1. **Are YOU or is ANYONE in your household (INCLUDING MINORS) currently a full or part-time college or trade school student, or planning to be one within the next 12 months? If yes, please list whom, circle status, and indicate the name of the college or trade school:**

Name: _____ Status: Full or Part-time College/Trade School : _____

Name: _____ Status: Full or Part-time College/Trade School : _____

Name: _____ Status: Full or Part-time College/Trade School : _____

Name: _____ Status: Full or Part-time College/Trade School : _____

IF Head of Household , Co-Head , or Spouse ANSWERED YES ABOVE AND IS FULL-TIME, CONTINUE WITH THE FOLLOWING QUESTIONS:
(You will need to provide verification of all items to which you answered YES.)

YES **NO**

a. **Are you being claimed as a dependent by a third party?**

b. **Are you a single parent with child(ren) and neither you nor the child(ren) are dependents on anyone else's tax return?**

c. **Are you married and currently filing a joint tax return?**

d. **Are you receiving AFDC (Aid to Families with Dependent Children)?**

e. **Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local, county or state program?**

Contact Name: _____ Phone: _____

All questions that were answered YES will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers where applicable and any other information required to expedite this process.

All qualified applicants will be afforded equal opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

Information for Government Monitoring Purposes

The following information is requested by the Federal Government in order to monitor compliance with fair housing laws. You are not required to furnish this information, but are encouraged to do so. Cortland Housing Assistance Council, Inc. may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, CHAC, Inc. is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the following information, please initial below.

Applicant:

Race/National origin:

- American Indian/ Alaskan Native
- Asian, Pacific Islander
- Black
- Hispanic
- White
- Other (please specify) _____

Gender: Male Female

Spouse/Co-Applicant:

Race/National origin:

- American Indian/Alaskan Native
- Asian, Pacific Islander
- Black
- Hispanic
- White
- Other (please specify) _____

Gender: Male Female

Signature Clauses:

I understand that management is relying on this information to prove my household's eligibility for the Low Income Housing Tax Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I authorize Cortland Housing Assistance Council, Inc. to obtain a credit bureau report. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Low Income Housing Tax Credit Program requirements.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date

**Cortland Housing Assistance Council
36 Taylor Avenue
Cortland, NY 13045
607-753-8271
607-756-6267 Facsimile**

Applicant Name: _____

In order to comply with federal regulations and verify the appropriate information for applicants and/or residents of Cortland Housing Assistance Council, Inc. please complete the attached information and return it as soon as possible.

I/We, hereby authorize the release of any information requested by

Cortland Housing Assistance Council, Inc.

(Owner or agent)

which is deemed necessary to complete my/our application and/or certification for housing in this project. I/We understand and agree that photocopies of this authorization may be used for the purpose stated above.

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

The information obtained will only be used to determine eligibility in said program and will be kept confidential and not released outside of this scope.

This release for information will expire thirteen months from the date of signature.

**CORTLAND HOUSING ASSISTANCE COUNCIL, INC.
36 TAYLOR STREET
CORTLAND, NY 13045
(607) 753-8271 Phone # – (607)756-6267 Fax #**

NAME: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

I hereby give Cortland Housing Assistance Council, Inc. permission to request my criminal record from the Cortland County Sheriff's Department, in order to complete my housing application.

Signature

Date

**CORTLAND HOUSING ASSISTANCE COUNCIL, INC.
36 TAYLOR STREET
CORTLAND, NY 13045
(607) 753-8271 Phone # – (607)756-6267 Fax #**

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