



Equal Housing Opportunity

Application for Admission



(Office use only)

Property Name: _____

Date Received: _____

Address: _____

Time Received: _____

Received by: _____

Please answer all questions truthfully. We will verify your answers through the appropriate third-party source. Any misrepresentation of information related to eligibility, preference for admission, allowances, rent, family composition or prior resident history is grounds for rejection. Additionally, you should be aware that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds. All information is kept confidential.

Applicant Name: _____

Phone No: _____

Present Address: _____

HOUSEHOLD COMPOSITION

List the Head of Household first. (Must be 18 years of age or older) List all persons that will live in the household.

APPLICANT'S FULL NAME (HEAD OF HOUSEHOLD):

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

GENDER

____ MALE

____ FEMALE

____ PREFER NOT TO DISCLOSE

CITIZENSHIP STATUS

____ US CITIZEN

____ ELIGIBLE NON-CITIZEN

____ INELIGIBLE NON-CITIZEN

PLEASE MARK ALL STATES WHERE THIS PERSON HAS LIVED:

__ Alabama, __ Alaska, __ Arizona, __ Arkansas, __ California, __ Colorado, __ Connecticut, __ Delaware, __ Florida,
__ Georgia, __ Hawaii, __ Idaho, __ Illinois, __ Indiana, __ Iowa, __ Kansas, __ Kentucky, __ Louisiana, __ Maine,
__ Maryland, __ Massachusetts, __ Michigan, __ Minnesota, __ Mississippi, __ Missouri, __ Montana, __ Nebraska,
__ Nevada, __ New Hampshire, __ New Jersey, __ New Mexico, __ New York, __ North Carolina, __ North Dakota, __ Ohio,
__ Oklahoma, __ Oregon, __ Pennsylvania, __ Rhode Island, __ South Carolina, __ South Dakota, __ Tennessee, __ Texas,
__ Utah, __ Vermont, __ Virginia, __ Washington, __ West Virginia, __ Wisconsin, __ Wyoming, __ Washington D.C

INFORMATION FOR APPLICANT #2

FULL NAME OF APPLICANT #2:

RELATIONSHIP TO HEAD OF HOUSEHOLD: Spouse/Co-Head _____ Child _____
Another Adult _____ Foster adult/child _____
Live-in Aide _____ None of Above _____

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

GENDER

_____ MALE
_____ FEMALE
_____ PREFER NOT TO DISCLOSE

CITIZENSHIP STATUS

_____ US CITIZEN
_____ ELIGIBLE NON-CITIZEN
_____ INELIGIBLE NON-CITIZEN

PLEASE MARK ALL STATES WHERE THIS PERSON HAS LIVED:

__ Alabama, __ Alaska, __ Arizona, __ Arkansas, __ California, __ Colorado, __ Connecticut, __ Delaware, __ Florida,
__ Georgia, __ Hawaii, __ Idaho, __ Illinois, __ Indiana, __ Iowa, __ Kansas, __ Kentucky, __ Louisiana, __ Maine,
__ Maryland, __ Massachusetts, __ Michigan, __ Minnesota, __ Mississippi, __ Missouri, __ Montana, __ Nebraska,
__ Nevada, __ New Hampshire, __ New Jersey, __ New Mexico, __ New York, __ North Carolina, __ North Dakota, __ Ohio,
__ Oklahoma, __ Oregon, __ Pennsylvania, __ Rhode Island, __ South Carolina, __ South Dakota, __ Tennessee, __ Texas,
__ Utah, __ Vermont, __ Virginia, __ Washington, __ West Virginia, __ Wisconsin, __ Wyoming, __ Washington D.C.

INFORMATION FOR APPLICANT #3

FULL NAME OF APPLICANT #3:

RELATIONSHIP TO HEAD OF HOUSEHOLD: Spouse/Co-Head _____ Child _____
Another Adult _____ Foster adult/child _____
Live-in Aide _____ None of Above _____

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

GENDER

_____ MALE
_____ FEMALE
_____ PREFER NOT TO DISCLOSE

CITIZENSHIP STATUS

_____ US CITIZEN
_____ ELIGIBLE NON-CITIZEN
_____ INELIGIBLE NON-CITIZEN

PLEASE MARK ALL STATES WHERE THIS PERSON HAS LIVED:

__ Alabama, __ Alaska, __ Arizona, __ Arkansas, __ California, __ Colorado, __ Connecticut, __ Delaware, __ Florida,
__ Georgia, __ Hawaii, __ Idaho, __ Illinois, __ Indiana, __ Iowa, __ Kansas, __ Kentucky, __ Louisiana, __ Maine,
__ Maryland, __ Massachusetts, __ Michigan, __ Minnesota, __ Mississippi, __ Missouri, __ Montana, __ Nebraska,
__ Nevada, __ New Hampshire, __ New Jersey, __ New Mexico, __ New York, __ North Carolina, __ North Dakota, __ Ohio,
__ Oklahoma, __ Oregon, __ Pennsylvania, __ Rhode Island, __ South Carolina, __ South Dakota, __ Tennessee, __ Texas,
__ Utah, __ Vermont, __ Virginia, __ Washington, __ West Virginia, __ Wisconsin, __ Wyoming, __ Washington D.C.

INFORMATION FOR APPLICANT #4

FULL NAME OF APPLICANT #4:

RELATIONSHIP TO HEAD OF HOUSEHOLD: Spouse/Co-Head Child
Another Adult Foster adult/child
Live-in Aide None of Above

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

GENDER

MALE
 FEMALE
 PREFER NOT TO DISCLOSE

CITIZENSHIP STATUS

US CITIZEN
 ELIGIBLE NON-CITIZEN
 INELIGIBLE NON-CITIZEN

PLEASE INDICATE ALL STATES WHERE THIS PERSON HAS LIVED:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida,
 Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine,
 Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska,
 Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio,
 Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas,
 Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, Washington D.C.

If you have no Social Security Number, are you exempt due to:

You are an ineligible non-citizen
 You were 62 as of 1/31/2010 and receiving HUD housing assistance as of 1/31/2010

CITIZENSHIP NOTIFICATION and CERTIFICATION (For program eligibility purposes only)

In properties subject to the restriction of assistance to noncitizens, housing will be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

Is the Head-of household or co-head/spouse 62 or older? YES NO

If the head-of household or co-head/spouse is not 62 or older, do you claim eligibility because the head-of household, co-head or spouse has one or more disabilities? YES NO

Are you currently receiving housing assistance from HUD or a PHA? YES NO

DISABILITY STATUS (For program and unit eligibility purposes only)

Christopher Community does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in federally assisted programs and activities.

Note: Answers to questions on your application concerning disability status are optional, but please note that families with disabled members may be entitled to (1) certain deductions from income that affect rent or (2) units designed to be accessible for individuals with disabilities. Without this information we may not be able to calculate your rent correctly or verify your eligibility to live in an accessible unit.

In addition, Person(s) with disabilities have the right to request reasonable accommodations to participate in the application process. A reasonable accommodation is some modification or change that we can make to policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the programs under which we operate. We may be able to provide alternative methods of taking your application. You may contact our office with your request for a reasonable accommodation or structural modifications to the unit or premises. Appropriate assistance will be handled in a confidential manner and setting.

If you request special unit features, the owner/agent may verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please identify any special housing needs your household has (For example, hearing impaired, wheelchair unit, live in aide, modification to a typical unit).

Mobility Disability (Use of Walker, Cane, Wheelchair) YES NO
Visual Impairment (Legally Blind) YES NO
Hearing Impairment (50% Loss of Hearing or Greater) YES NO
Other: _____

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) V.P. of Property Management, Christopher Community, Inc., 990 James Street, Syracuse, NY 13203 Phone: (315) 424-1821 Fax: (315) 424-6048 TDD/TTY: (800) 662-1220

STUDENT ELIGIBILITY

Will any of the persons in the household under the age of 24 be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? YES NO

If YES, are any full-time student(s) married and filing a joint tax return? YES NO

Are any student(s) enrolled in a job training program receiving assistance under the Job Training Partnership Act?
 YES NO

Are any full-time student(s) a TANF recipient? YES NO

Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return?
 YES NO

The Violence Against Women Act (VAWA)

VAWA provides protections to women or men who are the victims of domestic violence, dating violence, sexual assault or stalking. The owner/agent understands that regardless of whether state or local laws protect victims of domestic violence, dating violence, sexual assault or stalking, people who have been victims of violence have certain rights under federal fair housing regulation.

If any applicant or resident wishes to exercise the protections provided in the VAWA, he/she should contact the owner/agent immediately. The owner/agent is committed to ensuring that the Privacy Act is enforced in this and all other situations.

In order to receive the protections outlines in the VAWA, the applicant/resident must specify that he/she wishes to exercise these protections.

All applicants will be screened in order to determine their capability of fulfilling the lease agreement including: criteria regarding ability to pay rent on time, with or without assistance.

RENTAL HISTORY

(Please list for the past five years. If you require additional space, please attach a page.)

Are you currently homeless? YES NO If yes, please skip questions about your current landlord and answer questions related to your most recent landlord.

Current Address: _____

City, State, Zip code: _____

Current Landlord Name/Contact Person you pay rent to: _____

Landlord/Contact Person Address: _____

Phone Number: _____

How long have you lived at this address? _____

Reason for leaving? _____

Did you owe the previous landlord any money when you left, or do you currently have an outstanding balance owed to this landlord? YES NO

Have you given this landlord notice that you will be moving? YES NO

Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control?

includes roaches, rodents, bed bugs etc.... YES NO

PREVIOUS LANDLORD INFO BELOW

Address where you lived: _____

City, State, Zip Code: _____

Contact/Landlord Name: _____

Address of Landlord/Rental Office: _____

Phone Number: _____

How long did you live at this address? _____

Reason for leaving? _____

Did you owe the previous landlord any money when you left, or do you currently have an outstanding balance owed to this landlord? YES NO

Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? includes roaches, rodents, bed bugs etc.... YES NO

RENTAL HISTORY CONTINUED BELOW

Address where you lived: _____

City, State, Zip code: _____

Contact/Landlord Name: _____

Address of Landlord/Rental Office: _____

Phone Number: _____

How long did you live at this address? _____

Reason for leaving? _____

Did you owe the previous landlord any money when you left, or do you currently have an outstanding balance owed to this landlord? YES NO

Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? Includes roaches, rodents, bed bugs etc.... YES NO

HOUSEHOLD CHARACTERISTICS

Are you enlisted or a veteran of the U.S. Military? YES NO

Are you a victim of a presidentially declared disaster? YES NO

UTILITY PROVIDERS

Do you have any current outstanding balances owed to any utility provider? YES NO

Will you be able to establish utilities in your unit? YES NO

PETS & ASSISTANCE/COMPANION ANIMALS:

THE PRESENCE OF ANY ANIMAL MUST BE APPROVED BEFORE THE ANIMAL IS ALLOWED TO BE KEPT IN THE UNIT.

Do you plan to house an animal in the unit? YES NO (If NO, please move onto the next section)

If YES, please provide the following information

ANIMAL TYPE	BREED	HEIGHT (measured at shoulders)	WEIGHT
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Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?

YES NO

RACE/ETHNICITY INFORMATION (For statistical purposes only)

The information regarding race, ethnicity and sex designation solicited on this application is requested for statistical purposes only. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Race of Head of Household (please check all that apply):

American Indian/or Alaska Native Asian Black or African American
 Native Hawaiian or Pacific Islander White Other prefer not to disclose

Ethnicity of Head of Household (please check one):

Hispanic or Latino Not Hispanic or Latino prefer not to disclose

MARKETING

How did you hear about this apartment complex?

FRIEND/RELATIVE

NEWSPAPER/TELEVISION

SOMEONE YOU KNOW LIVES IN BUILDING

DRIVE BY PROPERTY

WEBSITE

AGENCY/OTHER

THE OWNER/AGENT CANNOT PROCESS INCOMPLETE APPLICATIONS TO DETERMINE ELIGIBILITY

Please fill out all questions with current correct info. If you have any questions or need assistance, please contact the Management Office of the Property.

INCOME

List all sources of income as requested below. Please write 0.00, N/A or None if you will receive no income from these sources. List all gross monthly income (income before taxes are taken out)

SOCIAL SECURITY?	<input type="checkbox"/> CHECK	<input type="checkbox"/> DIRECT DEPOSIT	<input type="checkbox"/> PRE-PAID DEBIT CARD	\$ _____
SSI?	<input type="checkbox"/> CHECK	<input type="checkbox"/> DIRECT DEPOSIT	<input type="checkbox"/> PRE-PAID DEBIT CARD	\$ _____
RETIREMENT BENEFITS?	<input type="checkbox"/> CHECK	<input type="checkbox"/> DIRECT DEPOSIT	<input type="checkbox"/> PRE-PAID DEBIT CARD	\$ _____
VA BENEFITS?	<input type="checkbox"/> CHECK	<input type="checkbox"/> DIRECT DEPOSIT	<input type="checkbox"/> PRE-PAID DEBIT CARD	\$ _____
UNEMPLOYMENT BENEFITS?	<input type="checkbox"/> CHECK	<input type="checkbox"/> DIRECT DEPOSIT	<input type="checkbox"/> PRE-PAID DEBIT CARD	\$ _____
CHILD SUPPORT?	<input type="checkbox"/> CHECK	<input type="checkbox"/> DIRECT DEPOSIT	<input type="checkbox"/> PRE-PAID DEBIT CARD	\$ _____
ALIMONY AMOUNT?	<input type="checkbox"/> CHECK	<input type="checkbox"/> DIRECT DEPOSIT	<input type="checkbox"/> PRE-PAID DEBIT CARD	\$ _____
PUBLIC ASSISTANCE?	<input type="checkbox"/> CHECK	<input type="checkbox"/> DIRECT DEPOSIT	<input type="checkbox"/> PRE-PAID DEBIT CARD	\$ _____
INCOME FROM A PENSION OR ANNUITY OR ANOTHER ASSET?				\$ _____
PERIODIC PAYMENTS FROM LONG-TERM CARE INSURANCE, DISABILITY OR DEATH BENEFITS?				\$ _____
ANY LUMP SUM AMOUNTS FROM DELAY OF PAYMENTS FOR SSI OR VA DISABILITY?				\$ _____
REGULAR CONTRIBUTIONS FROM ORGANIZATIONS OR FROM INDIVIDUALS NOT LIVING IN THE UNIT?				\$ _____
CONTRIBUTIONS FROM FAMILY FOR RENT, CHILD CARE OR OTHER BILLS?				\$ _____
DO YOU RECEIVE FINANCIAL AID FOR EDUCATION ASSISTANCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		\$ _____
OTHER?				\$ _____

In order to determine eligibility and to ensure that you and your family receive the correct assistance, please provide the following information: Are you employed? YES NO

Employer #1 (Name) _____

Address: _____

Address: _____

City, State, Zip: _____

Phone: _____

How much gross employment income do you expect to receive in the next 12 months? _____

Employer #2 (Name) _____

Address: _____

Address: _____

City, State, Zip: _____

Phone: _____

How much gross employment income do you expect to receive in the next 12 months? \$ _____

ASSETS INFORMATION

(PLEASE WRITE 0.00, N/A OR None if the asset value is zero)

HAVE YOU SOLD OR GIVEN AWAY REAL PROPERTY OR OTHER ASSETS VALUED AT \$1,000.00 OR MORE INCLUDING CASH DONATIONS IN THE PAST TWO YEARS? _____ YES _____ NO

HAVE YOU GIVEN ANY MONEY TO CHARITIES IN THE PAST TWO YEARS? _____ YES _____ NO

ARE ANY BENEFITS DEPOSITED INTO A DIRECT EXPRESS DEBIT CARD ACCOUNT? _____ YES _____ NO

DO YOU HAVE A CHECKING ACCOUNT? _____ YES _____ NO

(If you answered yes, you will be required to provide the most recent six month's bank statements so that we may estimate the value of the asset in accordance with HUD requirements.)

DO YOU HAVE A SAVINGS ACCOUNT? _____ YES, _____ NO CURRENT BALANCE-\$ _____

DO YOU HAVE CASH THAT IS NOT DEPOSITED IN AN ACCOUNT? _____ YES _____ NO AMOUNT-\$ _____

DO YOU OWN AN IRA OR OTHER RETIREMENT ACCOUNT? _____ YES _____ NO CURRENT BALANCE-\$ _____

DO ANY OF YOUR RETIREMENT ACCT'S HAVE A REQUIRED MINIMUM DISTRIBUTION? _____ YES _____ NO AMT-\$ _____

DO YOU OWN A HOME OR OTHER PROPERTY? _____ YES _____ NO CURRENT VALUE-\$ _____

DO YOU HAVE BUSINESS INCOME? _____ YES _____ NO CURRENT VALUE OF BUSINESS-\$ _____

DO YOU OWN STOCKS/BONDS, CERTIFICATES OF DEPOSIT (CD) _____ YES _____ NO CURRENT VALUE-\$ _____

DO YOU OWN A LIFE INSURANCE POLICY? _____ YES _____ NO CURRENT VALUE- \$ _____

DO YOU OWN AN ANNUITY? _____ YES, _____ NO CURRENT VALUE -\$ _____

IS THERE A TRUST FUND IN YOUR NAME OR HAVE YOU ESTABLISHED A TRUST FUND FOR SOMEONE ELSE? _____ YES _____ NO CURRENT VALUE- \$ _____

DO YOU HAVE A SAFETY DEPOSIT BOX? _____ YES _____ NO

ARE ASSETS STORED IN THE SAFETY DEPOSIT BOX SUCH AS SAVINGS BONDS, CASH, and STOCKS ETC.? _____ YES _____ NO

DO YOU HAVE ACCESS TO ANY OTHER ASSETS, PROPERTY, INSURANCE POLICIES, BUSINESSES, ETC.? _____ YES _____ NO

PROVIDE A DESCRIPTION OF THE ASSET(S) AND THE CURRENT VALUE: _____

DEDUCTIONS

Household income can be reduced based on the amount of qualified monthly expenses. Households in which the head of household, co-head of household or spouse are disabled or at least 62 years old qualify for deductions based on out of pocket medical expenses. Please let us know if you or any members of your household have out of pocket expenses for the following:

HEALTH INSURANCE #1 --ANNUAL PREMIUM \$ _____

HEALTH INSURANCE #2- ANNUAL PREMIUM \$ _____

HEALTH INSURANCE #3- ANNUAL PREMIUM \$ _____

DR. VISIT/MEDICAL TREATMENTS- ANNUAL OUT-OF-POCKET EXPENSE: \$ _____

PRESCRIPTION DRUGS- ANNUAL OUT-OF-POCKET EXPENSE \$ _____

DO YOU HAVE AN HMO, MEDICAL PLAN OR HEALTH INSURANCE POLICY WHICH PAYS ALL OR PART OF THE COST OF YOUR MEDICATIONS? YES NO IF YES, PLEASE GIVE THE NAME OF THE HMO, PLAN, INSURANCE COMPANY BELOW:

WHAT AMOUNT OR % MUST YOU PAY? \$ _____ % _____

IF YOU MUST PAY FOR THE MEDICINES YOURSELF, ARE YOU LATER REIMBURSED ALL OR PART OF THE COST? YES NO

IF YES, WHO REIMBURSES YOU? _____

OVER- THE- COUNTER MEDICAL EXPENSES TO TREAT A SPECIFIC MEDICAL CONDITION, ANNUAL OUT-OF-POCKET EXPENSE TO YOU
EXAMPLE: ASPIRIN FOR HEART CONDITION, CALCIUM SUPPL FOR OSTEOPOROSIS \$ _____

PERSONAL USE ITEMS ANNUAL OR OUT-OF-POCKET EXPENSE: GLASSES, INCONTINENCE SUPPLIES, HEARING AIDS \$ _____

COST/CARE FOR ASSISTANCE/COMPANION ANIMALS ANNUAL OUT OF POCKET EXPENSE \$ _____

MILEAGE TO/FROM MEDICAL APPOINTMENTS, total number of miles: _____

ARE THERE ANY OTHER MEDICAL EXPENSES, WHICH YOU PAY, THAT WE SHOULD CONSIDER WHEN CALCULATING YOUR RENT?

ANNUAL CHILD CARE FOR A MINOR 12 YRS. OF AGE OR YOUNGER: \$ _____

CHILD CARE IS NEEDED: THE PARENT/GUARDIAN IS: EMPLOYED SEEKING EMPLOYMENT ATTENDING SCHOOL

PROVIDER NAME: _____

PROVIDER ADDRESS: _____

CITY, STATE, ZIP: _____

ANNUAL COST OF CARE FOR A DISABLED FAMILY MEMBER TO ALLOW ANY ADULT FAMILY MEMBER TO WORK: \$ _____

PROVIDER NAME: _____

CITY, STATE, ZIP: _____

EXPENSES FOR AUXILIARY AIDES FOR A DISABLED FAMILY MEMBER: \$ _____

CRIMINAL HISTORY ALL APPLICANTS:

All applicants and household members will be screened

Have you or any member of your household ever been convicted of manufacturing or distributing a controlled substance? YES NO

Have you or any member of your household ever been convicted of a crime or sexual offense? YES NO

If yes, please describe: _____

Are you or any member of your household on the sex offender registry in any state? YES NO

If answered yes, are you subject to lifetime offender registration in any state? YES NO

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully request, 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, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

APPLICANT CERTIFICATION

- I/WE certify that if selected to move into this project, the unit I/WE occupies will be my/our only residence.
- I/WE understand that the above information is being collected to determine my/our eligibility for assistance.
- I/WE authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or Local agencies.
- I/WE certify that the statements made in this application are true and complete to the best of my/our knowledge.
- I/WE understand that false statements or information are punishable under Federal law and could result in this application being rejected.
- I/WE understand that my occupancy is contingent on meeting management's Tenant Selection Plan and the Federal Rental Assistance Program requirements.
- I/WE also give authorization to complete a background check on All household members listed, 18 years of age or older.

Print Name Head of Household: _____

Signature: _____

Date _____

Management Signature: _____

Date _____

All Adult Household members (18 years of age or older) must sign below:

- I/WE certify that if selected to move into this project, the unit I/WE occupies will be my/our only residence.
- I/WE understand that the above information is being collected to determine my/our eligibility for assistance.
- I/WE authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or Local agencies.
- I/WE certify that the statements made in this application are true and complete to the best of my/our knowledge.
- I/WE understand that false statements or information are punishable under Federal law and could result in this application being rejected.
- I/WE understand that my occupancy is contingent on meeting management's Tenant Selection Plan and the Federal Rental Assistance Program requirements.
- I/WE also give authorization to complete a background check on All household members listed, 18 years of age or older.

Print Name: _____

Signature: _____

Date _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

Signature of Applicant	Date
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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.



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT



ENTERPRISE INCOME VERIFICATION



What YOU Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



What income information is in EIV and where does it come from?

- The Social Security Administration:**
 - Social Security (SS) benefits
 - Supplemental Security Income (SSI) benefits
 - Dual Entitlement SS benefits
- The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):**
 - Wages
 - Unemployment compensation
 - New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

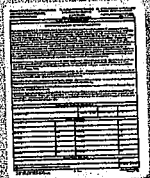
Yes! When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenant's Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - Child support
 - AFDC payments
 - Social security for children, etc.

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.



Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent is Determined," which includes a listing of what is included or excluded from income.

What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

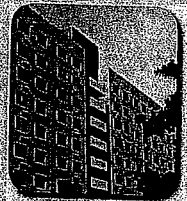
What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in, and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfh/rhlp/eiv/eivhome.cfm



JULY 2009

5. What made you interested in CCI Housing and specifically this building? {Choose all that apply}

- Area of Town Accessibility features Affordability
 Access to transportation Other

Comments about your interest in CCI Housing:

6. What type of housing amenities are you looking for? {Choose all that apply} This Survey is to help CCI with future development planning. Not all items are currently available.

- Community Meal Service Washer/Dryer hook-up
 Tenant Activities / Recreation Assistance with Finding Services
 Access to Community Transportation Weekly Shopping Bus
 Off-street Parking Walk-in Shower
 Dishwasher Wi-fi
 Cable
 Other

Comments about amenities:

Thank you!

Christopher Community Applicant Survey

Thank you for taking the time to respond to this survey. Your participation will help Christopher Community (CCI) serve our region's housing needs by helping with future development planning. All surveys will be confidential as you are not required to sign your name on the survey. Please return the filled out survey the CCI office or building manager.

1. What is your current housing situation?

- Shelter / Homeless Own Home
 Renting Living with family or friends
 Other

Comments about your current housing:

2. Reason you want to move:

- End of lease Home sale
 Eviction Seeking more affordable housing
 Other

Comments about reason for move:

3. When do you want to move?

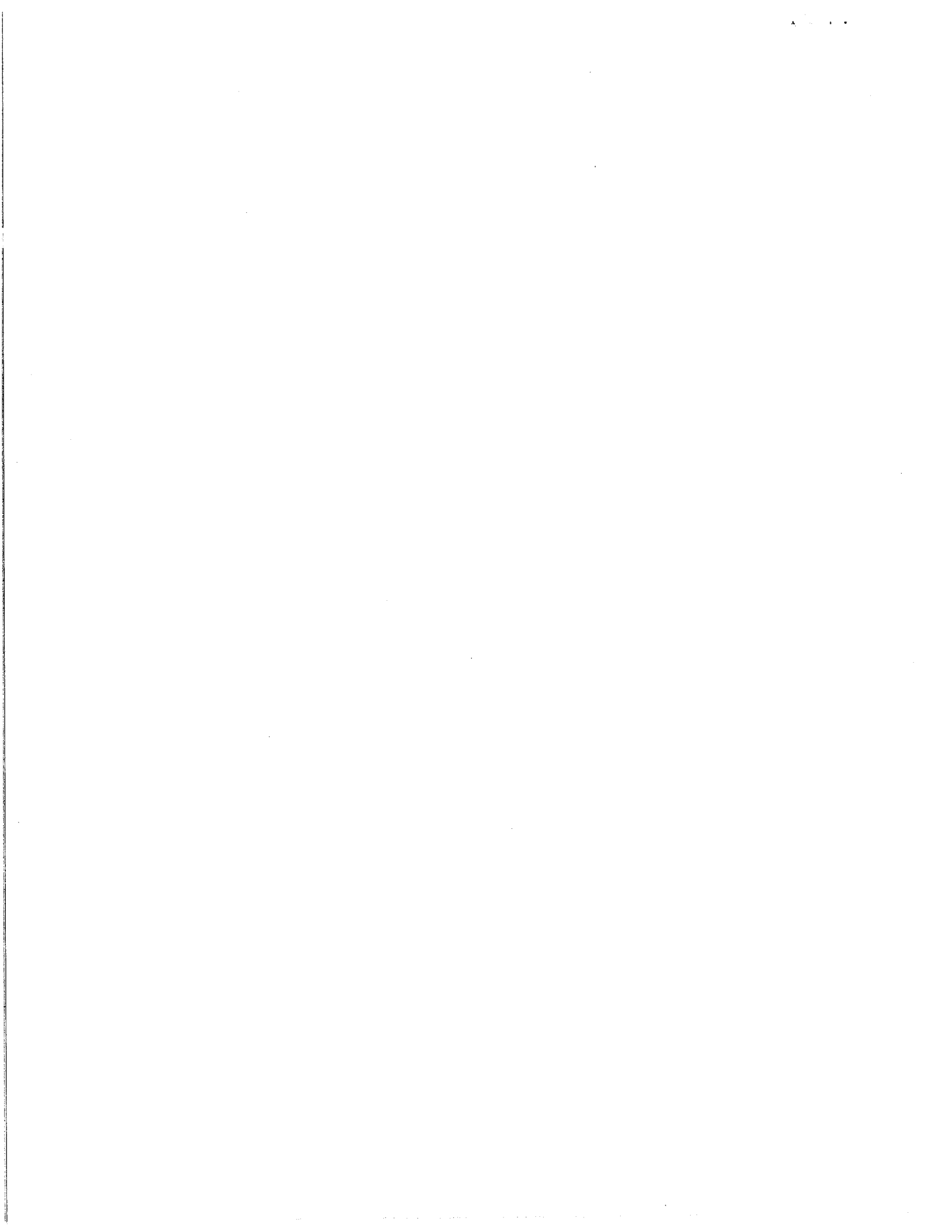
- Immediate / ASAP Next month
 2 or more months from now
 Other

Comments about when you want to move:

4. How did you find out about CCI Housing (or this building)? {Choose all that apply}

- Word of mouth Professional referral
 Advertisement (list where in Comments) Know current resident
 Drove by Christopher Community Website
 Other

Comments about how you found out about CCI Housing:



FAIR HOUSING NOTICE

Federal, State and Local Fair Housing Laws protect individuals from housing discrimination. It is unlawful to discriminate based on certain protected characteristics, which include, but are not limited to: race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, age, disability, marital status, lawful source of income or familial status.

THE FOLLOWING ARE SOME EXAMPLES OF POTENTIAL FAIR HOUSING VIOLATIONS:

- Refusing to rent, sell or show a property based on a potential tenant or purchaser's protected characteristic.
- Quoting a higher price to a purchaser or renter because of the potential purchaser or tenant's protected characteristic.
- Refusing to rent to a tenant who has children or increasing a security deposit based on the number of children who will be living in the apartment.
- Steering prospective tenants or purchasers to certain neighborhoods based on any protected characteristics.
- Refusing to rent to a potential tenant because of their source of income, including but not limited to, Section 8 vouchers or other government subsidies.
- Refusing to waive a "no pet" policy for tenants that require a service, assistance or emotional support animal.
- Discriminating at the direction of a seller or landlord or because it is the preference of a seller or landlord.
- Refusing to rent to a renter who is a victim of domestic violence.

YOU HAVE THE RIGHT TO FILE A COMPLAINT

- New York State, Department of State: (518) 474-4429
- New York State, Division of Human Rights: (844) 862-8703

ALBANY OFFICE: One Commerce Plaza, 99 Washington Avenue, P.O. Box 22001, Albany, NY 12201-2001
• Customer Service: (518) 474-4429 • Website: www.dos.ny.gov • E-Mail: licensing@dos.ny.gov

REGIONAL OFFICES:

• BINGHAMTON • BUFFALO • HAUPPAUGE • NEW YORK CITY • UTICA

*This sign must be prominently posted in all real estate broker offices
and at all public open houses.*



New York State Housing and Anti-Discrimination Disclosure Form

Federal, State and local Fair Housing Laws provide comprehensive protections from discrimination in housing. It is unlawful for any property owner, landlord, property manager or other person who sells, rents or leases housing, to discriminate based on certain protected characteristics, which include, but are not limited to **race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, age, disability, marital status, lawful source of income or familial status**. Real estate professionals must also comply with all Fair Housing Laws.

Real estate brokers and real estate salespersons, and their employees and agents violate the Law if they:

- Discriminate based on any protected characteristic when negotiating a sale, rental or lease, including representing that a property is not available when it is available.
- Negotiate discriminatory terms of sale, rental or lease, such as stating a different price because of race, national origin or other protected characteristic.
- Discriminate based on any protected characteristic because it is the preference of a seller or landlord.
- Discriminate by “steering” which occurs when a real estate professional guides prospective buyers or renters towards or away from certain neighborhoods, locations or buildings, based on any protected characteristic.
- Discriminate by “blockbusting” which occurs when a real estate professional represents that a change has occurred or may occur in future in the composition of a block, neighborhood or area, with respect to any protected characteristics, and that the change will lead to undesirable consequences for that area, such as lower property values, increase in crime, or decline in the quality of schools.
- Discriminate by pressuring a client or employee to violate the Law.
- Express any discrimination because of any protected characteristic by any statement, publication, advertisement, application, inquiry or any Fair Housing Law record.

YOU HAVE THE RIGHT TO FILE A COMPLAINT

If you believe you have been the victim of housing discrimination you should file a complaint with the New York State Division of Human Rights (DHR). Complaints may be filed by:

- Downloading a complaint form from the DHR website: www.dhr.ny.gov;
- Stop by a DHR office in person, or contact one of the Division’s offices, by telephone or by mail, to obtain a complaint form and/or other assistance in filing a complaint. A list of office locations is available online at: <https://dhr.ny.gov/contact-us>, and the Fair Housing HOTLINE at (844)-862-8703.

You may also file a complaint with the NYS Department of State, Division of Licensing Services. Complaints may be filed by:

- Downloading a complaint form from the Department of State’s website https://www.dos.ny.gov/licensing/complaint_links.html
- Stop by a Department’s office in person, or contact one of the Department’s offices, by telephone or by mail, to obtain a complaint form.
- Call the Department at (518) 474-4429.

There is no fee charged to you for these services. It is unlawful for anyone to retaliate against you for filing a complaint.



Division of Licensing Services

New York State
Department of State, Division of Licensing Services
(518) 474-4429
www.dos.ny.gov

New York State
Division of Consumer Rights
(888) 392-3644

New York State Housing and Anti-Discrimination Disclosure Form

For more information on Fair Housing Act rights and responsibilities please visit <https://dhr.ny.gov/fairhousing> and <https://www.dos.ny.gov/licensing/fairhousing.html>.

This form was provided to me by Kelly A. Besaw (print name of Real Estate Salesperson/
Broker) of Christopher Community, Inc. (print name of Real Estate company, firm or brokerage)

(I)(We) _____

(Buyer/Tenant/Seller/Landlord) acknowledge receipt of a copy of this disclosure form:

Real Estate Consumer/Seller/Landlord Signature *Kelly A. Besaw* Date: _____

Real Estate broker and real estate salespersons are required by New York State law to provide you with this Disclosure.