

Bethel Estates
 S-4647 Southwestern Blvd.
 Hamburg, NY 14075
 Phone: (716)648-6444

Application

ALL INDIVIDUALS 18 YEARS OF AGE AND OLDER MUST COMPLETE A SEPARATE APPLICATION

Unit Type Desired **1 Bedroom** **2 Bedroom** **Handicapped Accessible**

If Handicapped Accessible is needed, are you willing to take a unit that is not handicapped accessible if one becomes available? Yes No

Head of Household Name _____

Your Name (if different from Head of Household) _____

Current Address _____

City, State, Zip Code _____

Home Phone _____ Work Phone _____

1. LIST ALL PERSONS WHO WILL RESIDE IN THE UNIT STARTING WITH THE HEAD OF HOUSEHOLD:

Full Name	Relationship To Head	Birth Date	Age	Sex	Social Security No.
	Head				

2. Does anyone live with you now who is not listed above? Yes No

3. Do you expect a change in your household composition? Yes No

Explain if you answered yes to either question: _____

4. Do you currently have any form of rental assistance and/or have you applied for assistance? If so, please specify the subsidizing agency: _____

5. Are you or any member of your household a Disable Veteran? Yes No

INCOME (Please list all sources of income for all family members)

List all income from all types of employment, public assistance, child support, alimony, social security, SSI, disability, unemployment benefits, workers compensation, pensions, annuities, veterans' benefits, student financial assistance and any other income:

Name	Source of Income/Type of Income	Annual Income

ASSETS (Please list all asset sources for all family members)

List all checking, savings accounts (including IRAs, Keogh accounts, and Certificates of Deposits, Mutual funds, etc.) and all stocks, bonds, trusts, real estate, life insurance or other assets and their value owned for all household members:

Name	Bank Name	Type of Account	Balance

Within the past two (2) years, have you sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value. Yes No

If yes, please list the assets, value and date of transaction:

EXPENSES (Please list all medical and child care expenses for all family members)

****Use Medical Expense Affidavit for more than 5 expenses****

Name	Service Provider	Type of Expense	Annual Amount

PREVIOUS RENTAL HISTORY

Name and address of Your Present Landlord:

Telephone No. _____

How Long Have You Lived There? _____

Reason for Leaving? _____

Is this landlord a relative? Yes No

Name and address of Your Former Landlord:

Previous Address you lived at: _____
Landlord Name _____
Address _____
City/State/Zip _____

Telephone No. _____

How Long Have You Lived There? _____

Reason for Leaving? _____

EMPLOYMENT HISTORY

Name and address of Your Current Employer:

Telephone No. _____

Telephone No. _____

Supervisor's Name _____

How long have you worked there? _____

GENERAL INFORMATION

Do you have a pet? Yes No If yes, Weight _____ Description _____

Do you have a waterbed? Yes No If yes, waterbed insurance company _____

MARKETING

How did you hear about us?

Newspaper Internet Friends/Family Referral (please list Name _____)

Apartment Spotlight Magazine Other: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Address _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

ALL APPLICANTS

I authorize Bethel Estates to obtain an investigative Credit Report and/or a Criminal Background Report, and check registered sex offender status in connection with this application. This report may include information as to my character, general reputation, personal characteristics and/or mode of living and credit standing. I understand that I may request the name of the reporting agency providing this information. I understand that the above information is being collected to determine my eligibility. I authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information, which may be released to appropriate Federal, State, or local agencies. I further certify that if the result of this verification process allows me to receive rental assistance, the unit I/we occupy will be my/our only residence.

I have read this application and hereby state that the information provided by me on this application is accurate and complete, and I acknowledge that in the event I enter into a lease with Bethel Estates that lease may be canceled by the lessor in the event any information provided by me in this application or any other document furnished by me is materially inaccurate or incomplete.

I understand that if approved for residency all applicants 18 or older must sign the Lease and its attachments as well as the Section 42 Tax Credit Tenant Income Certification, and that I must live in the unit and that unit must be my only place of residence.

Please refer to the Resident Selection Criteria for program eligibility and reasons for possible rejection. I have received a copy of the Resident Selection Criteria from the leasing office and copies will be available upon request.

*Applicants being placed on a waiting list will be subject to policies, resident selection and approval, and rejection requirements in effect at the time that a unit becomes available. **I will contact the office if there are any changes to my address, phone number, household composition or income.***

I acknowledge that I must also complete and sign the attached Income/Asset Certification.

Signature of Applicant _____ Date _____

Owner/Manager _____ 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, the PHA and any owner (or an 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 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 \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, 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 42 u.s.c. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 u.s.c. 408 f, g and h.



INCOME/ASSET CERTIFICATION
(To be completed by all household members, 18 yrs or older)

NAME _____ UNIT # _____

I certify that I **HAVE** or **DO NOT HAVE** any of the following:

INCOME	<u>HAVE</u>	<u>DO NOT HAVE</u>	ASSETS	<u>HAVE</u>	<u>DO NOT HAVE</u>
Employment Income (wages, salaries, overtime pay, commissions, fees, tips, bonuses)	_____	_____	Checking Account	_____	_____
			Savings Account	_____	_____
			Safety Deposit Box	_____	_____
Income, Salary or Distribution from a Business (self employed or as owner of a business)	_____	_____	Cash On Hand	_____	_____
			Certificates of Deposit	_____	_____
			Trust Fund	_____	_____
Income from Net Family Assets	_____	_____	Stocks, Bonds or Treasury Bills	_____	_____
			Money Market Account	_____	_____
Military Pay	_____	_____	Mutual Fund	_____	_____
			IRA (Individual Retirement Account)	_____	_____
<u>Payments in Lieu of Earnings:</u>			401K Account	_____	_____
Unemployment	_____	_____	Keogh Fund	_____	_____
Disability	_____	_____	Retirement Fund	_____	_____
Worker's Compensation	_____	_____	Pension Fund	_____	_____
Severance Pay	_____	_____	Life Insurance (excluding Term)	_____	_____
Social Security or SSI for any family members	_____	_____	Land Contract	_____	_____
			Mortgage or Deed of Trust	_____	_____
Veterans Administration Benefits	_____	_____	Real Estate or Other Capital Investments	_____	_____
Welfare (excluding Food Stamps)	_____	_____	Lump Sum Receipts (Inheritance, Insurance Settlement, Capital Gains, Lottery Winnings)	_____	_____
Child Support or Alimony	_____	_____	Personal Property held as an Investment: (e.g. Jewelry, Coins, Antique Cars)	_____	_____
<u>Payments from:</u>					
Insurance Policies	_____	_____			
Retirement Fund	_____	_____			
Pension Fund	_____	_____			
Death Benefits	_____	_____			
Annuities	_____	_____			
Income from Rental Property	_____	_____			
Student Financial Assistance	_____	_____			
Lottery Winnings paid periodically	_____	_____			
Recurring Monetary Gifts, Contributions or Payments (from persons not living in the unit)	_____	_____			

EXPENSES	<u>HAVE</u>	<u>DO NOT HAVE</u>
All medical bills including eye doctors, dentists, prescriptions, hearing aids, etc. **For elderly or disabled households ONLY**	_____	_____
Bills for Medical Insurance **For elderly or disabled households ONLY**	_____	_____
Child Care Expenses	_____	_____
Other Care Expenses	_____	_____

INCREASES & CHANGES	<u>HAVE</u>	<u>DO NOT HAVE</u>
Expected Income Increase in the next 15 months.	_____	_____
Expected Change in Family Composition in the next 15 months.	_____	_____

I swear and attest that the above information about my income and assets is true and correct. I understand that increases in total family income may cause me to no longer qualify for residency.

Household Member (18 yrs or older)

Date

I have personally met with the applicant/resident regarding the completion of this form and attest that to best of my ability I have explained the content of the form and answered any questions the applicant/resident had.

Signature of Agent/Owner

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"/> 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	
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.	

Check this box if you choose not to provide the contact information.

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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.

DECLARATION OF SECTION 214 STATUS

INSTRUCTIONS: Complete this Declaration for each member of the household.

LAST NAME _____ FIRST NAME _____
RELATIONSHIP TO _____ DATE OF
HEAD OF HOUSEHOLD _____ SEX _____ BIRTH _____
SOCIAL _____ ALIEN _____
SECURITY NO. _____ REGISTRATION NO. _____
ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on
DHS Form I-94, *Departure Record*)
NATIONALITY _____ (Enter the foreign nation or country to
which you owe legal allegiance. This is normally but not always the country of birth.)
SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the Person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury,
that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format

AND

b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."

CONTINUED ON PAGE 2

- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
- (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature _____

Date _____

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION	
<p>I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.</p>	
Signature _____	Date _____
Check if adult signed for a child: _____	

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature _____

Date _____

Check here if adult signed for a child: _____

VERIFICATION OF LANDLORD

DATE: _____

TO: _____

FROM: **Bethel Estates**

**4647 Southwestern Blvd
 Hamburg, NY 14075 716-648-644**

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

NAME: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

INFORMATION BEING REQUESTED:

Address of apartment/house rented/lived in _____

Dates that applicant rented from you or lived with you: From _____ To _____
 (Month/Year) (Month/Year)

Is/Was resident receiving subsidized housing assistance? _____ Yes _____ No

If Yes, what type? _____

**If the resident is receiving property-based Section 8 assistance at your property, what is the last day subsidy will be collected? _____

1. Rent Payment

- a. Does applicant pay rent? _____ Yes _____ No
- b. If YES, is/was applicant current on rent? _____ Yes _____ No
- c. Has applicant been late paying rent in the last 12 months? _____ Yes _____ No
- d. If late, what are the dates of late payments? _____
- e. Has applicant incurred legal fees for late rental payments? _____ Yes _____ No

2. Caring for the Unit

- a. Does/Did the applicant keep the unit clean? _____ Yes _____ No
- b. Has the applicant damaged the unit? _____ Yes _____ No
 Describe _____
- c. If YES, did applicant pay for the damages? _____ Yes _____ No
- d. Will/Did you keep any of the security deposit? _____ Yes _____ No

3. General

- a. Does/Did applicant permit persons other than those on the lease to live in the unit? _____ Yes _____ No
- b. Has the applicant or applicant's family damaged or vandalized any common areas? _____ Yes _____ No
- c. Does/Did the applicant create any physical or social hazards to the unit or other residents? _____ Yes _____ No
- d. Does/Did the applicant interfere with the rights and quiet enjoyment of other residents? _____ Yes _____ No
- e. Has the applicant ever given you any false information? _____ Yes _____ No
 Describe _____
- f. Would you rent to this applicant or allow applicant to live with you again? _____ Yes _____ No
 If Not, why? _____

NAME AND TITLE OF PERSON SUPPLYING INFORMATION _____ FIRM/ORGANIZATION _____

SIGNATURE _____ DATE _____ PHONE NUMBER _____

APPLICANT: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 5 years.

APPLICANT SIGNATURE _____ DATE _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that if 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 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 \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.