

APPLICATION FOR ADMISSION to:

Promenade Apartments

West Circular St

Saratoga Springs, NY 12866

Phone: (518) 584-6600

NAME:	_____
Application #:	_____ (M/L only)
Type of Housing:	Subsidized Un-Subsidized
(For Official Office Use Only)	

This application must be returned to the office located at 1 South Federal St Saratoga Springs , NY 12866. *If you need a reasonable accommodation due to a disability we can provide an alternative method for your application process upon your request.* Please answer all questions and include all information requested. If a question does not pertain to you, please indicate N/A in answer space. **FAILURE TO DO SO WILL RESULT IN THE APPLICATION BEING CONSIDERED INCOMPLETE AND THEREFORE WILL NOT BE PROCESSED.** Make certain you carefully read and understand all items before you submit this application. All information is confidential. Pets are only allowed for persons with disabilities who require a service animal. The occupancy of a unit is subject to possession of unit being delivered by present occupant. It is understood that this application and each prospective occupant is subject to approval and acceptance. Approval is based on, but not limited to, acceptable credit history and demonstrated ability to pay required rent. When also approved and accepted the applicant agrees to execute a lease before possession is given and to pay the first month's rent plus the required security deposit. All Adults, 18 years of age and older, listed on the application will be required to sign the application and its attachments as well as provide a picture identification.

Head of Household Name: (Last) _____ (First) _____ (Middle) _____

Marital Status

Divorced/Single/Separated

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Present Address: _____ Street _____ City _____ State _____ Zip: _____

Home/cell

Phone: _____ Work Phone: _____

Present Landlord: _____

Present Landlord Address: _____ Zip: _____

Landlord Phone: _____ Reason for Leaving: _____

How long have you lived there: _____ Dates Resided Here: _____

Monthly Rent: \$ _____ Did This Include Utilities? Yes No

Is your present landlord or any of your previous landlords a relation to you? Yes No

If Yes, which one? _____

What is your citizenship status?

Citizen or National of US _____ Eligible Non-Citizen _____ Non-Eligible Non-Citizen _____

If Eligible Non-citizen: ALIEN/USCIS # _____ and Card Number _____

Card Number is located on the back of the I-551 (Issue Apr 2010) Permanent Resident Card and the front of I-551 (Issue Nov 2004)

Do any other household members have a different citizenship status then the one declared above? Yes No

The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, sex, religion, age, disability, marital or familial status. USDA, Rural Development applicants may file any complaints of discrimination to USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD). Section 8 applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410.

This section is optional and not required to submit an application

The Individual listed as Head of Household on this application should complete the following:

Race of Head of Household:

_____ White _____ American Indian/Alaskan Native _____ Black or African American
 _____ Asian _____ Native Hawaiian or Other Pacific Islander _____ Other

Ethnicity of Head of Household: _____ Hispanic _____ Non-Hispanic

Based on number of household members, how many bedrooms are you applying for?

(Please circle all applicable) 0 1 2 3 4 5



Please list ALL ADULTS (Including Yourself) to reside in the unit. (Individuals 18 years or older)

Name	Relationship	Student Y/N	D.O.B.	SS#	Source of income	Marital Status

List All Children Who Will Reside In Household

Name	Relationship	Student Y/N	D.O.B.	SS#	School Name

Do you have full custody of all children noted above? Yes No Partial

Absent Parent(s) Name: _____ Phone Number: _____ Address: _____

Name: _____ Phone Number: _____ Address: _____

LIST TWO PREVIOUS ADDRESSES

(IF ANOTHER PERSON WILL BE RESPONSIBLE FOR RENTING THE APARTMENT WITH YOU, LIST HIS/HER CURRENT AND PREVIOUS TWO ADDRESSES ON BACK OF THIS FORM AND GIVE THE LANDLORD'S NAME AND ADDRESSES.)

1st Previous Address: _____ Zip: _____

How Long At This Address: _____ Dates Resided There: _____

Reason for Leaving: _____

Landlord's Name: _____ Phone: _____

Address: _____

2nd Previous Address: _____ Zip: _____

How Long At This Address: _____ Dates Resided There: _____

Reason for Leaving: _____

Landlord's Name: _____ Phone: _____

Address: _____

Are any household members now living in housing with a subsidized program? Yes No

If yes, is this assistance: Tenant based _____ Project based _____

If yes, list names of complex(s): _____

Address(s): _____

Dates Resided Here: _____

Manager/Owner Name: _____ Phone: _____

Address: _____

Please Note: Assistance cannot be made available to you at this Property while you are receiving assistance for another residence.

Are you or any other adult household members active in the military or armed forces? Yes No

Have there been any changes in the household composition in the last 12 months? Yes No

If yes, explain: _____

Do you anticipate any changes in the household composition in the next 12 months? Yes No

If yes, explain: _____



Are any household members currently under eviction or ever been evicted? Yes No
 If so, why? _____

Are any household members currently living in a unit with any type of pest? Yes No

Are any household members currently living in a unit containing bed bugs? Yes No

Do you or any household member have any type of pet? Yes No

Have any household member ever committed any fraud in a federally assisted housing program or been required to repay money for knowingly misrepresenting information for such program? Yes No
 If Yes, Explain: _____

Have any household member ever been evicted from any federally assisted housing unit for drug related criminal activity? Yes No
 If Yes, Explain: _____

Have any household member ever been convicted of a felony? Yes No
 If Yes, please list dates for time served, probation, and/or parole status: _____

Have any household member ever been convicted of the illegal manufacture, use, or distribution of a controlled substance? Yes No
 If Yes, Explain: _____

Are any household members currently using illegal substances? Yes No

Have any household member ever been convicted of a sex related crime or are they, or ever been, a registered sex offender in any state? Yes No

Have you or any member of the household ever used another social security number other than the one you were assigned? Yes_____ No_____ if Yes, explain_____

Do you own a car? Yes_____ No_____. If yes, please list the following:
 License #:_____ State of Registration: _____ Model/Type: _____

STUDENT STATUS INFORMATION

Are any household members listed on this application currently enrolled as a student (k-12) in an institute of higher education (*Institutes of higher education include post-secondary vocational institutions, proprietary institutions of higher education which prepare students for gainful employment in a recognized occupation, and accredited post-secondary colleges and universities.*)? Yes No

If yes, please list all household members who were, are currently, or intend to be enrolled in an institute of higher education:

Name	D.O.B.	Full or Part Time	Name of School/Institute

If any household members are listed above is a FT Student, please answer the following questions (*For LIHTC purposes only*):

Are any full-time student(s) married and filing a joint tax return?	Yes	No
Are any full-time 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 Title V/TANF recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her minor child and the parent and child are not dependents on another's tax return?	Yes	No
Are any full-time student(s) previously a Foster Child?	Yes	No



EMPLOYMENT INFORMATION

PRESENT EMPLOYER: _____

Employer Address: _____

Employer Phone #: (____) _____ How Long Employed: _____

Job Title: _____ Supervisor: _____

Gross Weekly Wage: \$ _____ Hourly Rate: \$ _____ Avg. Hrs. worked per week _____

Spouse or Co-Tenant Current Employer: _____

Employer Address: _____

Employer Phone #: (____) _____ How Long Employed: _____

Job Title: _____ Supervisor: _____

Gross Weekly Wage: \$ _____ Hourly Rate: \$ _____ Avg. Hrs. worked per week _____

ALL INCOME MUST BE REPORTED

Complete for all members of the household. List all money earned or received by everyone living in your household.

Please list a "0" on each line that no income is received.

<u>SOURCE</u>	<u>GROSS MONTHLY INCOME</u>
Social Security	\$ _____
SSI/SSP	\$ _____
Pension's	\$ _____
Public Assistance(Not including Food Stamps)	\$ _____
Child Support/ Alimony/ Adoption Assistance	\$ _____
Trust Funds	\$ _____
Disability	\$ _____
Unemployment Insurance	\$ _____
Workman's Compensation	\$ _____
Wages (if not previously listed)	\$ _____
Self Employment	\$ _____
Rental Income	\$ _____
Income property owned (List Market Value of Real Estate)	\$ _____
Military Reserves	\$ _____
Money paid to you by Higher Education (Grants/Scholarships)	\$ _____
Any monies paid to anyone in the household by someone not living in the household (Include any bills paid by someone outside the household)	\$ _____
Other (specify source)	\$ _____

Do you or anyone in your household receive utility assistance from sources other than HUD?
 (This includes HEAP) Yes or No If you answered yes how much? \$ _____

Have any household member sold or disposed of any asset(s) valued over \$1,000 in the last two years? Yes No
 If yes, type of asset (e.g., money/land/house) _____
 Market value when sold/disposed (Must be able to be verified) \$ _____
 Amount sold/disposed for: \$ _____ Date of transaction _____ Name/Address of Broker _____

(For LIHTC purposes only)

Has any household member filed income taxes for the last tax year? Yes No
 If so, Who _____

If Yes, what was the filing status listed on the income tax return:

Single Married Filing Jointly Married Filing Separately Head of Household Qualifying Widow(er) with Dependent

Please list all states that household members have lived in besides NY State: _____



ASSET INFORMATION

List **ALL** assets and investments owned by **ALL** members of the household. Include all savings accounts, checking accounts, IRA's Keogh accounts, annuities, certificate of deposits, real estate owned (**must provide full market value of all real estate owned**), stocks, bonds and all other assets owned. *Please use separate sheet of paper if necessary.*

Type of Asset	Yes/No	Name(s)	Value (Full Market for Real Estate)	Bank Name/Address
Checking	_____	_____	\$ _____	_____
Savings	_____	_____	\$ _____	_____
Certificate of Deposit	_____	_____	\$ _____	_____
IRA/Keogh/401K	_____	_____	\$ _____	_____
Real Estate	_____	_____	\$ _____	_____
Stocks/Bonds	_____	_____	\$ _____	_____
Life Insurance	_____	_____	\$ _____	_____
Burial Fund	_____	_____	\$ _____	_____
Trusts	_____	_____	\$ _____	_____
Other Asset(s)	_____	_____	\$ _____	_____
Debit Cards	_____	_____	\$ _____	_____

CHILDCARE EXPENSES INFORMATION (SECTION 8 PROPERTIES ONLY)

Do you pay childcare for a child 12 years old or younger so that you can work or attend school?

Yes____ No____

If yes, what is the weekly cost of care: \$ _____

Name of childcare provider: _____

Address of childcare provider: _____

ELDERLY/DISABLED HOUSEHOLD INFORMATION (SECTION 8 PROPERTIES ONLY)

There is a deduction of \$400 per every elderly/disabled household when calculating rent. An elderly household is one in which the head, co-head, or spouse is at least 62 years of age. A disabled household is one in which the head, co-head, or spouse is handicapped or disabled as defined by the agency providing subsidy (*a verification form will be sent to a medical professional but it does not inquire of the nature of the disability*)

Would you like to be considered for the \$400 Elderly/Disabled Household allowance? Yes No

MEDICAL EXPENSE INFORMATION (SECTION 8 PROPERTIES ONLY)

An elderly/disabled household may be eligible to receive a deduction from their rent based on the amount of ongoing medical expenses they incur. Please list all medical expenses you expect **to incur in the next 12 months** that will NOT BE PAID OR REIMBURSED by Medicare or any kind of health insurance and which you expect to be continuous.

Health Insurance: Name _____ Monthly Amount \$ _____

Health Insurance: Name _____ Monthly Amount \$ _____

Medicaid Spend down: Monthly Amount \$ _____ Medicare: Monthly Amount \$ _____

Prescriptions (Not covered by insurance; used for ongoing medical problems):

Pharmacy Name _____ Monthly Amount \$ _____

Unpaid Hospital Bills for which you are making payments: (Only amounts not covered by nor reimbursed by insurance or other agency) Total Amount Owed: \$ _____ Monthly Payment Amount \$ _____

REASONABLE ACCOMMODATION INFORMATION

This information is voluntary. SSHA / Norstar Property Management, Inc. is a management company that provides low rent housing to eligible households, elderly households and single people. SSHA/NPM has a legal obligation to provide "reasonable accommodations" to applicants if they or any household member have a disability or handicap. You may request a reasonable accommodation at any time during the application process or after admission. If you would prefer to not discuss your situation with management, that is your right.

Does any member have special housing needs which require any of the following: (check applicable items)

- | | | |
|--|--------------------------------|--|
| _____ Separate Bedroom | _____ Unit for Vision Impaired | _____ Unit for Hearing Impaired |
| _____ Barrier-free Unit | _____ One-level Unit | _____ Br/Bath on 1 st Floor |
| _____ Live-In Aide | _____ Service Animal | _____ Ramp |
| _____ Other (<i>Please specify</i>): _____ | | |



Please complete the following to help us identify which forms of advertisement or outreach we are using in accordance with our AFHMP that is working to reach our targeted areas.

How did you hear about our community?

____ Newspaper Advertisement (*please indicate which newspaper*): _____

____ Friend or Current/Former Resident: _____

____ Referral from Community Resource: _____

____ Internet: _____

____ Brochure/Flyer: _____

____ Other: _____

APPLICANT CERTIFICATION (READ CAREFULLY)

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence. I/we understand that we must provide valid proof of social security numbers for all household members prior to occupying a unit.

I/we understand that eligibility for housing will be based on either the USDA, Rural Development, Low-Income Housing Tax Credit program, and/or the Department of Housing and Urban Development’s eligibility criteria and SSHA / Norstar Property Management’s resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from a residential program; (5) police records indicating any type of criminal activity or conviction; and (6) a credit score lower than that set for this project by an online screening website.

I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

_____ Head of Household Signature	_____ Date	_____ Spouse or Co-tenant Signature	_____ Date
_____ Other Adult Member Signature	_____ Date	_____ Other Adult Member Signature	_____ Date
_____ Received By	_____ Date	_____ Time	_____ AM/PM

“Title 18, Section 1001 of the US 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 \$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 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).”

ATTACHMENTS TO APPLICATION:

1. VAWA right and certification form
2. Authorization to use an online screening website for credit/criminal background checks
3. Criminal History Policy
4. Credit History Policy

Revised: 8-4-2020

