

# Clayton Apartments Company 1

## French Bay Family Housing

916 Strawberry Lane, Clayton, NY 13624 Office Hours: Mon. Wed. & Fri. 8:00 am to 12:00 pm



(315) 686-5978 Fax: (315) 686-3920 TDD# 1-800-622-1220



For Office Use Only	
Received	_____
Time	_____

The policy of Clayton Apartments Company I is to conduct business in accordance with applicable fair housing laws. We do not discriminate against any person because of race, familial status, color, religion, sex or national origin.

Before we can process your application, it is necessary that you provide accurate names, phone numbers, addresses, social security numbers, income and asset information.

DATE: \_\_\_\_\_

### APPLICANT

NAME (First, Middle, Last) \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

### CO-APPLICANT

NAME (First, Middle, Last) \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, or call (800)-795-3272 (voice) or (202)-720-6382 (TDD)."



List all persons who will live in the apartment. List Head of Household first.

NAME	RELATIONSHIP	DATE OF BIRTH	AGE	SOCIAL SECURITY #
	HEAD			

**INCOME**

Declare the income for the applicant and co-applicants who are currently receiving income or expect to receive income in the next twelve months. Social security, unemployment, retirement funds, pension, disability, SSI benefits, death benefits, public assistance, alimony, wages, military pay, regular contributions or gifts from non-household members, net income from a business, lottery winnings paid in periodic payments, and income from assets are considered income. Please list accordingly.

FAMILY MEMBER	INCOME SOURCE	CLAIM/ID #

INCOME SOURCE ADDRESS	GROSS MONTHLY AMOUNT

Do you anticipate any changes in this income in the next twelve months?  YES  NO  
 If yes, please explain \_\_\_\_\_

**ASSETS** List assets for all household members. Each item must be checked "YES" or NO."

**CHECKING ACCOUNTS** YES NO

Bank	Address	Account #	Account Balance	Interest Rate

**SAVINGS, CD'S, MONEY MARKETS, ETC.** YES NO

Bank	Address	Account #	Account Balance	Interest Rate

**OTHER (Type \_\_\_\_\_)** YES NO

Institution	Address	Account #	Account Balance/Market Value	Interest Rate/Dividend

**PROPERTY** Have you sold any property on a deed of trust or mortgage whereby you are receiving periodic payments? YES NO  
 If yes - Current outstanding balance of contract \$ \_\_\_\_\_ as of \_\_\_\_\_  
 Interest rate \_\_\_\_\_ Payment amount \$ \_\_\_\_\_  
 Payments are: Monthly Quarterly Annual Other  
 Please attach an amortization schedule.

Do you own any property?    YES                    NO

If yes, Type of

property \_\_\_\_\_

Location \_\_\_\_\_

Appraised Market Value \$ \_\_\_\_\_

Mortgage or outstanding loans balance due \$ \_\_\_\_\_

Please attach a copy of your most recent tax bill.

Have you disposed of any assets in the last two years (Example - given away money to relatives, set up irrevocable trust accounts)    YES                    NO

If yes, Describe asset \_\_\_\_\_

Date of disposition \_\_\_\_\_                    Amount disposed \$ \_\_\_\_\_

Do you have any other assets not listed above? (Excluding personal property) YES NO

If yes, please

describe \_\_\_\_\_

**MEDICAL ALLOWANCES**

Indicate on whose behalf medical expenses will be incurred for the next twelve months. Medical expenses may include insurance premiums, Medicare premiums, prescriptions, over the counter drugs, doctor visits, dentist visits, eye doctors, chiropractors, hospital visits, etc.

Health Insurance Company

Premium \$ \_\_\_\_\_    PAID    Monthly    Quarterly    Annually

Applicant/Co-applicant	Medical Expense	Monthly Amount

Please attach a drug profile for the past twelve months.

**PROGRAM INFORMATION**

- Are you applying for status as an "Elderly Household", where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by Rural Development?<sup>1(1)</sup>

YES                    NO

<sup>1(1)</sup> If so, do you realize you will be eligible for a \$400 deduction and medical deductions? Please realize that your eligibility must be verified.

2. Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit? YES NO
3. If so, would you like to request an adapted unit? YES NO
4. Are you currently living in subsidized housing? YES NO
5. Have you ever resided in a project financed and/or subsidized by the Government? YES NO

If yes, name and address \_\_\_\_\_

6. Have you ever been evicted from Public Housing or any other Federal Housing Program? YES NO

If yes, Where \_\_\_\_\_  
When \_\_\_\_\_

Describe reasons \_\_\_\_\_

7. Have you ever been evicted from other housing? YES NO
8. Have you ever been convicted of a felony? YES NO

If yes, please list convictions. Please use the back of the application if you need additional space.

9. Are you currently using illegal drugs? YES NO
10. Have you ever been convicted of sale, distribution, or possession of illegal drugs? YES NO
11. Are you now or will you become a part-time or full-time student prior to move-in? YES NO
12. Are your bills current with the electric company? YES NO
13. Will you be able to have heat & lights in your name with National Grid? YES NO

14. How did you hear about this housing? \_\_\_\_\_

15. Will you take an apartment when one is available? YES NO

16. Briefly describe your reasons for apply \_\_\_\_\_

**REFERENCE INFORMATION**

**RENTAL INFORMATION**—Up to and including the past ten years. Put the current landlord on line #1 and prior landlords on lines #2 & 3. If additional space is required, please use the back of the application.

	Name	Address	Business Phone	Home Phone
1.				
2.				
3.				

**CREDIT REFERENCES**

	Name	Address	Phone
1.			
2.			
3.			

**PERSONAL REFERENCES**—whom we may contact in case of emergency on line #1 and additional names we may contact in the event there is an apartment available and we are unable to reach you by phone on lines #2 & 3.

	Name	Address	Phone
1.			
2.			
3.			

**ADDITIONAL INFORMATION**

Current Monthly Rental amount? \_\_\_\_\_

Size of Unit requesting \_\_\_\_\_ 1 Bedroom \_\_\_\_\_ 2 Bedroom  
 \_\_\_\_\_ 1 Bdrm Handicapped \_\_\_\_\_ 2 Bdrm Handicapped

**PETS** Do you own any pets? **YES** **NO**  
 If yes, please describe \_\_\_\_\_

**VEHICLES** List any cars, trucks or other vehicles owned. Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.

Type	Year/Make	Color	License Plate Number

Driver License # & State for APPLICANT: # \_\_\_\_\_

Driver License # & State for Co-APPLICANT: # \_\_\_\_\_

AUTHORIZATION and CERTIFICATION

**AUTHORIZATION**

I/We do hereby authorize Clayton Apartments Company I and its' staff or authorized representatives to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any application for housing in programs managed by Clayton Apartments Company I. I further authorize Clayton Apartments Company I to verify all information listed on this application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**CERTIFICATION**

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment. I/We understand that my eligibility for housing will be based on Rural Development income limits. I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**FAMILY HOUSEHOLD COMPOSITION**

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. 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. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

**Ethnicity:**

Hispanic or Latino \_\_\_\_\_  
Not Hispanic or Latino \_\_\_\_\_

**Race: (Mark one or more):**

- 1. American Indian/Alaska Native \_\_\_\_\_
- 2. Asian \_\_\_\_\_
- 3. Black or African American \_\_\_\_\_
- 4. Pacific Islander or Other Pacific Islander \_\_\_\_\_
- 5. White \_\_\_\_\_ "

**Gender:** Male      Female

**Equal Housing Opportunity**

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# Rural Housing and Community Programs

## Things You Should Know About USDA Rural Rental Housing

*Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification*

### **Penalties for Committing Fraud**

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

*Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.*

### **How To Complete Your Application**

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
  - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
  - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
  - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
  - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
  - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
  - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

### **Ask for Help if You Need It**

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

### **Before You Sign the Application**

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

### **Tenant Recertification**

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must immediately report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

### Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

**Report Abuse:** If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

### If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

#### Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

#### Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

#### When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

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The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.