

Kamargo Housing Development Fund Co., Inc.

Kamargo Apartments

224 LeRay Street
Black River, New York 13612
(315) 773-6918

Monday-Friday
8:00 A.M. - 11:00 A.M.

For Office Use Only	
Received	_____
Time	_____

The policy of Kamargo Housing Development Fund Company, Inc. 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 Housing & Urban Development 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 U.S. Dept. of Housing & Urban Development, 451 7th Street S.W., Washington, DC 20410
Telephone: (202) 708-1112 or TTY: (202) 708-1455"



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 _____) Life insurance, etc.

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.

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. Does anyone in your household smoke cigarettes or any form of tobacco products? YES NO
12. Are you now or will you become a part-time or full-time student prior to move-in? YES NO
13. Are your bills current with the electric company? YES NO
14. Will you be able to have heat & lights in your name with National Grid ? YES NO
15. How did you hear about this housing? _____
16. Will you take an apartment when one is available? YES NO
17. 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

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

Applicants Driver's License #: _____
 Co-Applicants Driver's License #: _____

This application must be filled out completely and to the best of your knowledge. If something does not apply, write N/A. Any application I receive that is not filled out completely will be returned, and your name will not be put on the waiting list until it is received correctly. If you need assistance in filling out this application, please call the site office at 773-6918 or 686-4386. Thank you.

AUTHORIZATION and CERTIFICATION

AUTHORIZATION

I/We do hereby authorize Kamargo Housing Dev. Fund Co., Inc. 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 Kamargo Housing Dev. Fund Co., Inc. I further authorize Kamargo Housing Dev. Fund Co., Inc. 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 U.S. Dept. of Housing & Urban Development Section 8 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 U.S. Dept of Housing & Urban Development 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

In accordance with Federal law and US Department of Housing & Urban Development 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.)

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"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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 numbers 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)."

Revised 08/09

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.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

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.

Form HUD- 92006 (05/09)