

French Bay Cottages Application for Admission

Date:

Property Name:	French Bay Cottages	Telephone:	315-686-4386
Address:	915 Strawberry Lane	Fax:	315-686-3920
Address 2:	Clayton, NY 13624	TTD/TTY:	711 National Voice Relay
Property Web Site	clayton-improvement.com	Email	kate@clayton-improvement.com

(Please return this form to the above address)

For Office Use Only:		
Date application received _____	Time application received _____	By _____

Applicant Name			
How did you hear about us?		<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Internet <input type="checkbox"/> HUD <input type="checkbox"/> Other	
Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	
Citizenship Status		<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen	
What is your relationship to the Head of household?		<input type="checkbox"/> Head of Household <input type="checkbox"/> *Co-head <input type="checkbox"/> *Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child	
		<input type="checkbox"/> Live-in Aide (live in aides complete a different application and must be approved before move in)	
		<input type="checkbox"/> None of the Above	
*You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.			
Current Address			
Address Line 2			
City, State, Zip			
Home Phone		Cell Phone	
Work Phone		Email address	
May we contact you at work?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth date		Social Security Number	
If you have no Social Security Number, you claim you are exempt because			
<input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10 (if you claim this exemption you must provide proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD Form 50058 or 50059)			
If the Head-of-Household, coHead/spouse is NOT 62 or older, is the Head-of-Household, coHead or spouse disabled?		<input type="checkbox"/> HOH/coHOH or spouse is 62	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a victim of a recent presidentially declared disaster?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving housing assistance from HUD or a PHA?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a student enrolled in an institute of higher education?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Are you currently using marijuana?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? <i>This means that smoking is prohibited in the unit, on unit balconies and porches and in all indoor and outdoor common areas. This includes the parking lot, balconies, sidewalks, hallways, elevators, etc.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:			



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Are you or is <u>any member</u> of the household legally required to be a lifetime registrant on a state sex offender registry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of producing methamphetamine in your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when		
Please indicate each state where you have lived: <i>This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.</i>		
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C		

RENTAL HISTORY:

Are you currently homeless? <i>If yes, please skip questions about your current landlord and answer questions related to your most recent landlord.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are not the Head-of-Household (HOH), Is your current landlord the same as the HOH? <i>(if Yes, continue to the Previous Landlord information; if No, Complete the Information below)</i>		
Present Landlord		
Address		
Address		
City, State, Zip		
Contact Name (if known)		Phone Number
How long have you lived at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have any outstanding overdue balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given this landlord notice that you will be moving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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If you are not the Head-of-Household (HOH), is Previous Landlord #1 the same as the HOH? <i>(If Yes, continue to the next section. If No, complete the Information below)</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous Landlord #1				
Address				
Address				
City, State, Zip				
Contact Name (if known)		Phone Number		
How long did you live at this address				
Reason for leaving				
Were you or any member of your household evicted from this property?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are not the Head-of-Household (HOH), is Previous Landlord #2 the same as the HOH? <i>(If Yes, continue to the next section. If No, complete the Information below)</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous Landlord #2				
Address				
Address				
City, State, Zip				
Contact Name (if known)		Phone Number		
How long did you live at this address				
Reason for leaving				
Were you or any member of your household evicted from this property?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

UTILITY PROVIDERS: You may not live in the unit unless you can establish utilities in the unit.

Do you have any overdue/outstanding balances owed to any utility provider?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be able to establish utilities in your unit?				
Electric.....		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Gas.....		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A



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PETS & ASSISTANCE/COMPANION ANIMALS: Please review the property pet/assistance animal rules. The presence of any animal must be approved **before** housing the animal in the unit.

Do you plan to house an animal in the unit?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
ANIMAL TYPE <i>(I.E. DOG, CAT,..)</i>	BREED <i>(IF APPLICABLE)</i>	HEIGHT <i>(MEASURED AT WITHERS IF APPLICABLE)</i>	WEIGHT	

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

If you are the Head of Household (HOH), please complete this section which provides information about other household members. This application must include information about everyone who will live in the unit.

Will anyone else live in the unit with you? <i>If yes, please complete the following and note that all adults must complete their own application. If no, please skip to the next section.</i>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many people will live in the unit?		Adults		Minors	

MEMBER # & HOUSEHOLD MEMBER'S FULL NAME			
2			
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above			
SSN		Date of Birth	
Please indicate each state where you have lived: <i>This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.</i>			
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA			
<input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH			
<input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C			

UNIT FEATURES: The owner/agent will take your unit preferences/requirements in to consideration. Please indicate any necessary special features below:

<input type="checkbox"/> Mobility Accessible Unit	<input type="checkbox"/> Communication Accessible Unit (Hearing)	<input type="checkbox"/> Communication Accessible Unit (Visual)
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HOUSEHOLD COMPOSITION

The following information is requested by the NYS and Federal government in order to monitor compliance with state and federal laws prohibiting discrimination against applicants seeking to participate in this program. 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

<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
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Ethnicity

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
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INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Are you employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.		
Employer #1		
Address		
Address 2		
City, State, Zip		
Phone		
How much employment income do you expect to receive in the next 12 months?	\$	

Employer #2		
Address		
Address 2		
City, State, Zip		
Phone		
How much employment income do you expect to receive in the next 12 months?	\$	

Do you currently have more than two employers? Yes No
 If yes, please provide additional employment information on a separate sheet.

How much do you expect to receive in other income in the next 12 months?				
<u>Please write in 0.00, NA or None if you will receive no income from these sources.</u>				
THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.				
Monthly Social Security?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly SSI?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Retirement Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly VA Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Unemployment Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Public Assistance?	<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	\$

Are you entitled to Alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Alimony Amount	\$	
Income from a pension or annuity or other asset?	\$	
Regular contributions from organizations or from individuals not living in the unit?	\$	
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?	\$	
Contributions from family for rent, child care or other bills.	\$	
Any lump sum amounts from delay of payments for SSI or VA Disability	\$	
Do you receive financial aid for education assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual amount of education assistance.	\$	
Other?	\$	
Other?	\$	



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Assets

Have you sold or given away real property or other assets valued at \$1000.00 or more (including cash donations) in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given any money to charities in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a checking account? <i>If you answer yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a savings account? <i>If you answer yes, you will be required to provide the most recent bank statement so that we may estimate the value of the asset in accordance with HUD requirements.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have cash that is not deposited in an account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a 401K or other employment savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an IRA or other retirement account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do any of your retirement accounts have a Required Minimum Distribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount	\$	
Do you own a home or other property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have business income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value of Business - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own stocks/bonds/certificates of deposit (CD)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own a life insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> Whole <input type="checkbox"/> Term <input type="checkbox"/> Universal <input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an annuity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Is there a trust fund in your name or have you established a trust fund for someone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a safety deposit box?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to any other assets, property, insurance policies, businesses, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a description of the asset(s) and the current asset value below:		
\$		
\$		
\$		



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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 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 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).

AUTHORIZATION

I/We do hereby authorize the Clayton Improvement Association, Ltd and its staff or authorized representative to contact any agencies, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing administered by Clayton Improvement Association, Ltd.

Signature _____ Date _____

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/ 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/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

I would like to request a complete copy of the owner/agent's resident selection criteria.

No Yes If yes, which option do you prefer? Paper copy Electronic copy
Email: _____

Applicant Name (please print) _____

Signature _____ Date _____



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