



\*Smoke-Free\*



# Binghamton Gateway Apartments

C/o  
First Ward Action Council, Inc  
167 Clinton Street  
Binghamton, NY 13905  
607-772-2850  
607-231-2819 Fax

Low Income Housing Tax Credit Program

For management use

Date & time received

Property Name & Address: \_\_\_\_\_

### Household Information:

Complete the following information for each household member that will occupy the unit at time of move-in:

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <i>Month, Date, Year</i>

**Current Address:** \_\_\_\_\_ **Date Moved in:** \_\_\_\_\_

\_\_\_\_\_ **Rent** \_\_\_\_\_ **Own** \_\_\_\_\_

**Daytime Phone:** (    ) \_\_\_\_\_ **Evening Phone:** (    ) \_\_\_\_\_

Answer either YES or NO to each question.

<u>YES</u>	<u>NO</u>
<input type="radio"/>	<input type="radio"/>

1. Do you expect any additions to the household within the next twelve months?

Name & Relationship: \_\_\_\_\_

Explanation: \_\_\_\_\_

<input type="radio"/>	<input type="radio"/>	2. Is there anyone living with you now who will not be living with you at this property?
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Name & Relationship: \_\_\_\_\_

Explanation: \_\_\_\_\_

<input type="radio"/>	<input type="radio"/>	4. Are there any absent household members who under normal conditions would live with you? (for example, a household member away in the military)
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Explanation: \_\_\_\_\_

<input type="radio"/>	<input type="radio"/>	5. Does your household have or anticipate having any pets other than those used as service animals?
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Type: \_\_\_\_\_ Weight: \_\_\_\_\_

- |            |           |  |
|------------|-----------|--|
| <u>YES</u> | <u>NO</u> |  |
| o          | o         | 6. <b>Have you or any one else named on this application filed bankruptcy?</b>   |
|            |           | Explanation: _____   |
| o          | o         | 7. <b>Have you or any one else named on this application been convicted of a crime?</b>                                    |
|            |           | Explanation: _____   |
| o          | o         | 8. <b>Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs?</b>    |
|            |           | Explanation: _____   |
| o          | o         | 9. <b>Have you or any one else named on this application been convicted of property damage?</b>                            |
|            |           | Explanation: _____   |
| o          | o         | 10. <b>Have you ever been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?</b> |
|            |           | Explanation: _____   |

**Housing References:**

List the past THREE years of housing references. *(If additional space is required, use the back of this page.)*

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____	_____	Own    o	Move in: _____
	_____	_____	Rent    o	Move out: _____
	Phone: (    ) _____	_____		_____
2.	_____	_____	Own    o	Move in: _____
	_____	_____	Rent    o	Move out: _____
	Phone: (    ) _____	_____		_____
3.	_____	_____	Own    o	Move in: _____
	_____	_____	Rent    o	Move out: _____
	Phone: (    ) _____	_____		_____

**Personal Reference:**

List a personal reference other than a relative.

1. **Name/Address of Reference**

\_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Vehicle Identification:**

1. License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_

2. License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name/Address (If possible list someone in the area that is not listed on the application.)  
 \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Income Information:**

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as grant or benefit, it is counted for all household members including minors. Include the dollar (\$) amount in the space provided.

**Include all income anticipated for the next 12 months.**

Do YOU or ANYONE in your household receive OR expect to receive income from:

YES    NO  
   

(If yes, EMC #01  
 (If no, #101)

1. **Employment wages or salaries?** (Include overtime, tips, bonuses, commissions and payments received in cash.)

Name of Company \_\_\_\_\_

Household Member \_\_\_\_\_

Amount \_\_\_\_\_

     
 (EMC #02)

2. **Self-employment?** (Attach Federal Tax Return or Profit and Loss Statements)

Type of Business \_\_\_\_\_

Household Member \_\_\_\_\_

Amount \_\_\_\_\_

     
 (EMC #03)

3. **Regular pay as a member of the Armed Forces?**

Base & Branch \_\_\_\_\_

Household Member \_\_\_\_\_

Amount \_\_\_\_\_

     
 (EMC #04 or #106)

4. **Unemployment benefits or workman's compensation?**

Contact Person \_\_\_\_\_

Household Member \_\_\_\_\_

Amount \_\_\_\_\_

     
 (EMC #05)

5. **Public Assistance, General Relief, or Temporary Assistance ?**

Contact Person \_\_\_\_\_

Household Member \_\_\_\_\_

Amount \_\_\_\_\_

     
 (If yes, EMC #06  
 (If no, #103)

6. **(a) Child Support or Alimony?** (Any **AWARDED** amounts—collected or uncollected. We must count court-ordered support whether or not it is being received unless legal action has been taken to remedy. We must also count support that is not court-ordered but received directly from payor.)

Payor \_\_\_\_\_

Household Member \_\_\_\_\_

Amount \_\_\_\_\_

(See next page for continuation of question)

(b) How is the support being received? (Check all that apply)

- Court of Law
- Directly from Individual
- Other

Name of Court: \_\_\_\_\_  
Name of Person: \_\_\_\_\_  
Explain: \_\_\_\_\_

YES      NO  
○            ○  
(If yes, obtain court papers)

(c) If money is not actually received, are you taking legal action to remedy?

Explanation: \_\_\_\_\_

○            ○  
(EMC #07)

7. Social Security, SSI or any other payments from the Social Security Administration?

SSA Office	Household Member	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

○            ○  
(EMC #08)

8. Veteran's benefits, pensions, retirement benefits or annuities?

Source of Benefit	Household Member	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

○            ○  
(EMC #08)

9. Severance payments?

Source of Benefit	Household Member	Amount
_____	_____	_____
_____	_____	_____

○            ○  
(EMC #08)

10. Regular Payments from any type of Settlements? (Such as insurance settlements)

Source	Household Member	Amount
_____	_____	_____
_____	_____	_____

○            ○  
(EMC #08)

11. Disability, death benefits or life insurance dividends?

Source	Household Member	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

○            ○  
(EMC #08)

12. Regular gifts or payments from anyone outside of the household?  
(This includes anyone supplementing your income or paying any of your bills.)

Source	Household Member	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

○            ○  
(EMC #08)

13. Educational grants, scholarships, or other student benefits?

Source	Household Member	Amount
_____	_____	_____
_____	_____	_____

YES    NO

     
(EMC # 08)

14. Lottery winnings or inheritances?

Source	Household Member	Amount
_____	_____	_____
_____	_____	_____

     
(EMC # 08)

15. Payments from rental property, land contracts or other forms of real estate?

Source	Household Member	Amount
_____	_____	_____
_____	_____	_____

     
(EMC # 08)

16. Any other income sources or types not listed?

Source	Household Member	Amount
_____	_____	_____
_____	_____	_____

  

17. Do you or any other household members expect any changes to your income in the next 12 months? Explanation: \_\_\_\_\_

**Asset Information:**

Include all assets held and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

**Do YOU or ANYONE in your household hold:** (Include ALL assets held by ALL household members including minors.)

YES    NO

     
(EMC #09)

1. Checking or savings accounts?

Source	Household Member	Amount	% Interest
_____	_____	_____	_____
_____	_____	_____	_____

     
(EMC # 09)

2. CDs, money market accounts or treasury bills?

Source	Household Member	Amount	% Interest
_____	_____	_____	_____
_____	_____	_____	_____

     
(EMC #10)

3. Stocks, bonds or securities?

Source	Household Member	Amount	% Interest
_____	_____	_____	_____
_____	_____	_____	_____

     
(EMC # 09)

4. Trust funds?

Source	Household Member	Amount	% Interest
_____	_____	_____	_____
_____	_____	_____	_____

**YES**    **NO**  
      
 (EMC #09 or #10)

5. **Pensions, IRAs, KEOGH or other retirement accounts?**

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>% Interest</u>
_____	_____	_____	_____
_____	_____	_____	_____

     
 (EMC #13)

6. **Cash on hand over \$500?** (Monies not currently held in bank accounts)

Household Member: \_\_\_\_\_ Amount: \_\_\_\_\_

     
 (EMC #10)

7. **Real estate, rental property, land contracts/contract for deeds or other real estate holdings?**  
 (Include your personal residence, mobile homes, vacant land, farms, vacation homes, etc.)

<u>Type</u>	<u>Household Member</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____

     
 (EMC #10)

8. **Personal property as an investment?** (Attach appraisal)  
 (This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques.)

<u>Type</u>	<u>Household Member</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____

     
 (EMC #13)

9. **A safe deposit box?**

Household Member: \_\_\_\_\_ Monetary Value of Contents: \_\_\_\_\_

     
 (EMC #11)

10. **Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?**

Household Member: \_\_\_\_\_ Amount: \_\_\_\_\_

Explanation: \_\_\_\_\_

**Zero Income Verification:**

**YES**    **NO**  
      
 (#101)

1. **Are YOU or is ANY OTHER ADULT member of your household claiming zero income?**

Household Member(s) \_\_\_\_\_

**Student Information:**

**YES**    **NO**  
   

1. **Are YOU or is ANYONE in your household currently a full or part-time student, or planning to be one within the next 12 months? If yes, please list whom & status:**

Name: \_\_\_\_\_ Status (Full or Part-time) \_\_\_\_\_

Name: \_\_\_\_\_ Status (Full or Part-time) \_\_\_\_\_

**IF YES AND FULL-TIME, CONTINUE WITH THE FOLLOWING QUESTIONS:**

*(You will need to provide verification of all items to which you answered YES.)*

  

a. **Are you married and currently filing a joint tax return?** (Attach copy)

  

c. **Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local, county or state program?**

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Live-In Care Attendant:

YES    NO

     
(EMC #15)

1. **Will you or anyone in your household require a live-in care attendant?** *(Attach verification from Doctor)*

Name of Live-in Care Attendant: \_\_\_\_\_ Relationship *(if any)*: \_\_\_\_\_

Section 8 Rental Assistance:

YES    NO

  

1. **Will your household be receiving Section 8 rental assistance at time of move-in?**

Name of Agency: \_\_\_\_\_ Contact Person Name: \_\_\_\_\_

  

2. **Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?**

Explanation: \_\_\_\_\_ Name of Agency: \_\_\_\_\_

Smoking

**Do you or does anyone in your household smoke?** YES \_\_\_\_\_ NO \_\_\_\_\_

**\*Binghamton Gateway Apartments is a smoke free project.\***

Displaced Family

**Are you a Displaced Family (Tropical Storm Lee/Superstorm Sandy/Hurricane Irene?** YES \_\_\_\_\_ NO \_\_\_\_\_

Veteran

**Are you a Veteran?** YES \_\_\_\_\_ NO \_\_\_\_\_

All questions that were answered YES will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers where applicable and any other information required to expedite this process.

Signature Clause:

I understand that management is relying on this information to prove my household's eligibility for the Low Income Housing Tax Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Low Income Housing Tax Credit Program requirements.

**All ADULT household members must sign below:**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

For Office Use Only		
Date of Interview: _____	Desired Apt. #: _____	Desired Move-in Date: _____

**General Information:**

1. How did you learn about the FWAC Rental Program? \_\_\_\_\_

2. Have you ever applied to the FWAC Rental Program before? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Do you presently have a lease? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when does it expire? \_\_\_\_\_

4. **Why** are you interested in moving at this time? \_\_\_\_\_

5. What is your total monthly rent at present? \$ \_\_\_\_\_

6. Which of the following utilities does your current rent include:

All Utilities \_\_\_\_\_ Heat \_\_\_\_\_ Cooking \_\_\_\_\_ Lights \_\_\_\_\_ Hot Water \_\_\_\_\_ No Utilities \_\_\_\_\_

**What unit(s) are you applying for?**

\_\_\_\_\_ One Bedroom \_\_\_\_\_ Two Bedroom \_\_\_\_\_ Three Bedroom

\_\_\_\_\_ Wheelchair adaptable \_\_\_\_\_ Other (special needs)

Month you need to move in by? \_\_\_\_\_

**For Statistical Purposes Only\*** (Check ALL that apply for your household.)

\_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ Native American