

# FIRST WARD ACTION COUNCIL

## APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

For management use  
Date & time received.

**Please Print Clearly**

This is an application for housing at:	<b>Project: VESTAL CHATEAU</b>
	<b>Address: 2040 NYS Route 26 Vestal, NY 13850</b>
Please complete this application and return to:	<b>Name: FIRST WARD ACTION COUNCIL, INC.</b>
	<b>Address: 167 CLINTON STREET</b>
	<b>BINGHAMTON, NY 13905</b>
	PHONE: (607) 772-2850 FAX: (607) 231-2819 Email: <a href="mailto:fwac-rental@firstwardaction.org">fwac-rental@firstwardaction.org</a> Website: <a href="http://www.firstwardaction.org">www.firstwardaction.org</a>

\*\*Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application\*\*

### A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
                                Street                                Apt.#                                City                                State                                ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. of BR's in current unit: \_\_\_\_\_ Do you  RENT or  OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_  
If owned, do you receive monthly rental income from property? Yes \_\_\_\_\_ No \_\_\_\_\_

Bedroom size requested:   \_\_\_ One BR   \_\_\_ Two BR   \_\_\_ Handicap BR

### B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	ITIN #	SS# (last 4 digits)	Student Y/N
Head		Self				
Co-H						
3.						
4.						
5.						
6.						

\*\*You may enter ITIN or SSN\*\*

Application

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Will all listed minors be living in the unit at least 50% of the time?  Yes  No

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

***If yes, explain:***

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

***If yes, explain:***

Is there someone not listed above who would normally be living with the household?  Yes  No

***If yes, explain:***

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?  Yes  No

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**C. INCOME**

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Public Assistance (Title IV/TANF etc.)	\$



	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
		\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$

Application

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Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household likely to receive income or assistance ( <i>monetary or not</i> ) from someone who is not a member of the household as listed on Page 2 etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes to any of the above, explain:</b>		
-----		
-----		
Is the income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### D. ASSETS

*If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA.*

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Direct Deposit Cards (For SS, SSI, SSP, TANF, Child Support, Work)	#	Bank	Balance \$	
	#	Bank	Balance \$	
Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

### Application

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Real Estate Property: <b><i>Do you own any property?</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , describe:	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , Type of property:	
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction:	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , describe the asset:	
Date of disposition:	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , please list:	

<b>E. ADDITIONAL INFORMATION</b>		
Has anybody over the age of 18 been convicted of a felony within the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes</i></b> , describe:		
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes, describe</i></b>		
If you feel the housing provider did not properly evaluate your application and wrongfully denied you housing, contact New York State Homes and Community Renewal's Fair and Equitable Housing office at <a href="mailto:feho@hcr.ny.gov">feho@hcr.ny.gov</a> for assistance. More information available at <a href="https://hcr.gov/marketing-plans-policies#credit-and-justice-involvement-assessment-policies">https://hcr.gov/marketing-plans-policies#credit-and-justice-involvement-assessment-policies</a>		
Will you rent an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>Briefly describe your reasons for applying:</i></b>		



Are you a veteran?	Yes ___ No ___
<b>Victims Against Women's Act (VAWA)</b>	
Have you been a victim of domestic violence?	Yes ___ No ___
If so, did you pursue legal action?	Yes ___ No ___

Do you have someone appointed Poer of Attorney Yes ___ No ___	
In the Event of a death please contact the following person:	
Name: _____	Phone#: _____

**F. REFERENCE INFORMATION**

Current Landlord	Name:	
	Address:	
	Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Phone:	
	How Long?	
Personal Reference #1:		
Address:		
Relationship:		Phone #:
Personal Reference #2:		
Address:		
Relationship:		Phone #:
Personal Reference #3:		
Address:		
Relationship:		Phone #:

In case of emergency notify:		
Address:		
Relationship:		Phone #:

**G. VEHICLE AND PET INFORMATION (if applicable)**

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 of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:



Do you own any pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes, describe:</i></b>		
Is this pet a registered service or ESA animal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Does anyone require a live in care giver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive Section 8? (This information is not used as a basis for eligibility. New York State Human Rights Law prohibits the discrimination in housing based on lawful source if income like whether you have a Section 8 background)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**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 prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. 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. All adult applicants, 18 or older, must sign application.

**SIGNATURE (S):**

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	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. Are you a previous tenant? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you presently have a lease? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, do you need to give a 30-day notice? \_\_\_\_\_

5. Why are you interested in moving at this time?

\_\_\_\_\_

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

7. Do you require any mobility adaptations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

