

WHITE'S LIVERY APARTMENTS

430 Jersey Street

Buffalo, New York 14213

Telephone: (716) 885-2344 ext. 21

E-mail: whiteslivery@wsnhs.org



Please Print

*Complete all Information. Do
Not Leave Any Items Blank*

Return Completed Application to:
West Side Neighborhood Housing Services, Inc.
359 Connecticut Street
Buffalo, New York 14213
Attn: Alana Weeks

1. HOUSEHOLD INFORMATION

List all household members, including yourself, that are applying to live with you in the apartment

| Name of Household Member | Soc Sec # | Name of Household Member | Soc Sec # |
|--------------------------|-----------|--------------------------|-----------|
| Household Head: | XXX-XX- | | XXX-XX- |
| | XXX-XX | | XXX-XX |
| | XXX-XX | | XXX-XX |

2. CURRENT ADDRESS

| | | | |
|-------------------------|------------------|---------------------------|----------|
| Street Name and Address | City | State | Zip Code |
| Telephone Number | e-mail address | Length of Time There | |
| Current Landlord | Landlord Address | Landlord Telephone Number | |

3. PREVIOUS LIVING HISTORY

| Address | Landlord Name or Mortgagee | Own/Rent | Dates |
|---------|----------------------------|-------------|--------------|
| | | Own Rent | From: To: |
| | Telephone #: | | |

| Address | Landlord Name or Mortgagee | Own/Rent | Dates |
|---------|----------------------------|-------------|--------------|
| | | Own Rent | From: To: |
| | Telephone #: | | |

| Address | Landlord Name or Mortgagee | Own/Rent | Dates |
|---------|----------------------------|-------------|--------------|
| | | Own Rent | From: To: |
| | Telephone #: | | |

4. PERSONAL REFERENCES: If you have no landlord history, please provide the names of at least two individuals who can verify your ability to live by the conditions of a lease. (example: clergy, employer)

| Reference | Relationship to You | How Long Known |
|-----------|---------------------|----------------|
| Name: | | |
| Address: | | |
| Phone: | E-Mail: | |

| Reference | Relationship to You | How Long Known |
|-----------|---------------------|----------------|
| Name: | | |
| Address: | | |
| Phone: | E-Mail: | |

YES NO

1. Is the Head of Household 18 or older?

2. Have you or any household member used a name or social security number other than the one listed on this application?

3. Do you expect any additions to the household within the next 12 months?

Name & Relationship: _____

4. Is there anyone currently living with you that you do not expect to move with you to the apartment?

5. Are there any absent household members who normally would live with you?

(For example, a household member in the military)

6. Does anyone in your household have any pets other than those used as service animals?

7. Have you or anyone on the application filed for bankruptcy in the last 2 years?

8. Have you or anyone listed on the application been convicted of a felony?

9. Have you or anyone listed on the application been arrested for any type of violent crime, including domestic violence?

10. Have you or anyone listed on the application been convicted of dealing or manufacturing illegal drugs?

Explain: _____

11. Have you or anyone listed on the application been evicted from a rental unit?

Explain: _____

12. Have you or anyone listed on the application moved in violation of a lease with owner?

13. Are you currently receiving any type of government housing subsidy, including Section 8?

14. Are any household members subject to lifetime registration as a sex offender?

5. APPLICANT STATUS

INCOME INFORMATION *Income is counted for all household members over the age of 18 as well as emancipated minors. Unearned income of household members under the age of 18 is also counted. Do you or any one listed on the application receive income from the following source:*

YES NO

1. Employment

| Household Member | Company Name | Amt per: | Hour | Week | Year |
|------------------|--------------|----------|------|------|------|
| | | | | | |
| | | | | | |
| | | | | | |

2. Unemployment or Worker's Compensation
 Household Member: _____ Amount/week: \$ _____
 _____ \$ _____

3. Regular Severance Pay Payments
 Household Member: _____ \$ _____
 _____ \$ _____

4. Self Employment
 Household Member: _____ Amount/week: \$ _____
 _____ \$ _____

5. Regular Pay as a Member of the Armed Forces
 Household Member: _____ Amount / \$ _____
 _____ Amount/ \$ _____

6. Public Assistance (TANF)
 Household Member _____ Amount: \$ _____

7. Alimony Amount: \$ _____

8. Child Support Amount: \$ _____
 How is the support received?

- Child Support Enforcement Agency
- Directly from Individual
- Other

| | |
|--------------------|-------|
| Name of Agency: | _____ |
| Name of Individual | _____ |
| Name/Agency: | _____ |

9. Social Security, SSI, Social Security Disability, VA Pension Amount: \$ _____

10. Regular Pension/Retirement Benefit/ Annuity Payments Amount \$ _____

11. Regular Payments from a Settlement Amount \$ _____
(ex: insurance settlement)

12. Regular Gifts /Payments from anyone outside the household Amount \$ _____
(includes payments of bills made on applicant's behalf)

13. Regular Payments from Lottery or Inheritances Amount \$ _____

14. Regular Payments from Rental Property/Other Real Estate Amount \$ _____

15. Any Other Income Sources or Types Not Listed Source: _____ \$ _____

16. Do you or any other household member expect any changes in your income in the next 12 months? Explain: _____

6. ASSET INFORMATION: Include all assets held by all household members including minors. **Do you or any household member have any of the following assets:**

YES NO

| Checking/Savings Account | | Checking | | | Savings | |
|---------------------------------|-----------|-----------------|------------|---------------------|-----------------|------------|
| Name of Bank | Account # | Current Balance | % Interest | 6 Mos. Avg. Balance | Current Balance | % Interest |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| CD's, Money Market Accts, or Treasury Bills | | | | |
|--|-----------------|-----------|---------|------------|
| Financial Institution | Type of Account | Account # | Balance | % Interest |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Stocks, Bonds or Securities | | | | |
|------------------------------------|-----------------|-----------|---------------|---------------------|
| Financial Institution | Type of Account | Account # | Current Value | Dividend/% Interest |
| | | | | |
| | | | | |
| | | | | |

| Trust Funds or Life Insurance Policy | | | | |
|---|-----------------|-----------|---------------|------------|
| Financial Institution | Type of Account | Account # | Current Value | % Interest |
| | | | | |
| | | | | |
| | | | | |

| Pensions, IRA's, Keogh or other Retirement Accounts | | | | |
|--|-----------------|-----------|---------------|------------|
| Financial Institution | Type of Account | Account # | Current Value | % Interest |
| | | | | |
| | | | | |
| | | | | |

| Real Estate (including home, land, rental property, commercial property, other real estate) | | |
|--|----------------------|----------------|
| Type of Real Estate | Value of Real Estate | % of Ownership |
| | | |
| | | |

| Personal Property Held as an Investment | |
|--|--------------------|
| Type of Property | Value of Property: |
| | |

| Safe Deposit Box | |
|-------------------------|-------------------|
| Contents | Value of Contents |
| | |

| Cash on Hand (list only if over \$500 in value) | |
|--|--|
| Amount: | |
| | |

7. OTHER

YES NO

Are you applying for an apartment with special handicapped design features ?

Do you have the need for any audio/visual design features in your apartment?

Will you or any ADULT household member require a live-in aide?

Are any household members full time students?

8. CERTIFICATION:

I/WE 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 THE SECURITY DEPOSIT WILL BE EQUAL TO ONE MONTH'S RENT. I/WE FURTHER UNDERSTAND THAT FAILURE TO GIVE A PROPER 30 DAYS NOTICE WILL RESULT IN LOSS OF SECURITY DEPOSIT. I/WE UNDERSTAND THAT MY/OUR 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 PROVIDING 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 THIS APPLICATION. I/WE HEREBY GIVE PERMISSION FOR WEST SIDE NEIGHBORHOOD HOUSING SERVICES, INC. TO VERIFY ALL OF THE ABOVE INFORMATION AND REFERENCES, AND TO OBTAIN MY/OUR CONSUMER CREDIT REPORT AND CRIMINAL BACKGROUND REPORTS.**

Signature

Date

Signature

Date

Signature

Date

Signature

Date

ACCEPTANCE OF THIS APPLICATION DOES NOT GUARANTEE RENTAL OF AN APARTMENT. ALL APPLICANTS MUST MEET SCREENING CRITERIA, INCLUDING LANDLORD, CREDIT AND CRIMINAL CHECKS WHICH IS AUTHORIZED BY THE ABOVE SIGNED PARTIES. CHANGES IN FAMILY INCOME, SIZE, AND ADDRESS MUST BE REPORTED PROMPTLY TO MANAGEMENT. A MINIMUM ONE YEAR LEASE IS REQUIRED.

Title 18, Section 1001 of the US 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 employee of HUD or owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of information collected based on this verification is restricted to the purpose 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 \$5000. 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 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).

