

# APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

PLEASE PRINT CLEARLY

**IMPORTANT:**

- **Completed applications must be mailed to: The Riverview Apartments at Corinth, PO Box 440, Wading River, NY 11792**
- **Do NOT send more than one application. Applicants who submit more than one application will be penalized.**
- **Applications mailed to any address other than that listed below will be discarded.**

This is an application for housing at:	<b>Project:</b> The Riverview Apartments at Corinth
	<b>Address:</b> 1 Pine Street
	Corinth, NY 12822
Please complete this application and return to:	<b>Name:</b> The Riverview Apartments at Corinth
	<b>Address:</b> PO Box 440
	Wading River, NY 11792

An applicant may be interviewed only after the receipt of this tenant application which must be fully completed and signed by all adult members. Please answer every question. Partially completed applications may be disqualified.

Eligible Applicants must meet income criteria:

Unit Size	50% AREA MEDIAN INCOME (AMI) UNITS	# Units	Monthly Rent*	Household Size	Household Income**	60% AREA MEDIAN INCOME (AMI) UNITS	# Units	Monthly Rent*	Household Size	Household Income**
1 BR	50% AREA MEDIAN INCOME (AMI) UNITS	8	\$700		\$28,000-\$41,250	60% AREA MEDIAN INCOME (AMI) UNITS	8	\$825		\$33,000-\$49,500
					\$28,000-\$47,150					\$33,000-\$56,580
2 BRs	50% AREA MEDIAN INCOME (AMI) UNITS	7	\$800		\$32,000-\$47,150	60% AREA MEDIAN INCOME (AMI) UNITS	7	\$925		\$37,000-\$56,580
					\$32,000-\$53,050					\$37,000-\$63,660
					\$32,000-\$58,900					\$37,000-\$70,680

\*Rent includes electric, electric cooking, heat, hot water. Income guidelines & permitted household size are subject to change.

\*\*Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies. Asset limits also apply.

## A. GENERAL INFORMATION

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

*It is unlawful to discriminate against any person because of race, color, religion, familial status, age, sex, sexual orientation, handicap, veteran's status, national origin or ancestry.*



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

Email Address: \_\_\_\_\_

What is your preferred method of contact?  Telephone  Email  Mail

Will you or any ADULT household member require a live-in care attendant to live independently?

If yes, please describe: \_\_\_\_\_

Do you or any member of your household require specific unit designs such as wheelchair accessibility, visual aids or apparatus for hearing assistance?  Yes  No

If Yes, please describe: \_\_\_\_\_

Do you have a Housing Choice Voucher or other rental subsidy?  Yes  No

If Yes, please specify \_\_\_\_\_

Are you currently on a Public Housing Authority Waitlist?  Yes  No

If Yes, please specify \_\_\_\_\_

Do you have a pet?  Yes  No

If Yes, please specify \_\_\_\_\_

### B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Marital Status D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS #, ITIN, or other alternative	Full-Time Student Y/N
Head							
2.							
3.							
4.							

**Optional:**

**Ethnicity:**  Hispanic  Non-Hispanic  Prefer not to answer

**Race:**  American Indian or Alaska Native  Asian  Black or African American

Native Hawaiian or Other Pacific Islander  White  Other  Prefer not to answer

Will any 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 with regular faculty and students?

Yes  No

Do you anticipate any additions to the household in the next twelve months?  YES  NO

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



**Incomplete applications may not be considered**

Income Source	YES	NO	Recipient Names & Approximate Amounts (\$)
Social Security			
SSI			
Pension			
Annuity			
Veterans Benefits			
Disability			
Unemployment			
Worker's Compensation			
TANF/Public Assistance			
Employment			
Alimony			
Child Support			
Military Pay			
Self-Employment			
Contributions (monetary or not) from Friends/Relatives/Etc.			
Other			

Asset	YES	No	Names(s) of Holder(s) of Accounts/Assets
Checking Account			
Savings Account			
Certificate of Deposit			
IRA or Other Retirement Accounts			
Stocks or Bonds			
Mutual Funds			
Trust Accounts			
Life Insurance			
Real Estate			
Other			
Assets Disposed of for Less than FMR			

Real Estate (home, land, camp, mobile home, etc.): <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	

Have you or anyone in the household disposed of any other assets in the last 2 years (Example: Given away or sold property to a relative for less than fair market value, set up Irrevocable Trust Accounts, etc.)?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , describe the asset	
Date of disposition	

*It is unlawful to discriminate against any person because of race, color, religion, familial status, age, sex, sexual orientation, handicap, veteran's status, national origin or ancestry.*



Amount disposed	\$
-----------------	----

Do you have any other assets not listed above or are you holding jewelry, coins, stamps, etc. as an investment (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

<i>If yes, please list:</i>	
-----------------------------	--

<b>E. ADDITIONAL INFORMATION</b>		
----------------------------------	--	--

Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

**CERTIFICATION**

I/We hereby certify that I do/we 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 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. I/We further consent to have the Owner verify all of the information contained in this Rental Application as well as my/our credit, landlord and personal references.

**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

*It is unlawful to discriminate against any person because of race, color, religion, familial status, age, sex, sexual orientation, handicap, veteran’s status, national origin or ancestry.*



**Preliminary RENTAL Application Instructions**  
**Please read this notice in full before completing your application**

**INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED.**

1. Your total household income and assets must be within the required limits.  
**Include as Income:** For ALL household members age 18 and older: gross income from employment including overtime; bonuses and commissions; pensions; annuities; dividends; interest on assets; social security; social security supplement; alimony and child support; veterans' benefits; unemployment and disability compensation; welfare assistance; regular gifts; etc.  
**Include as Assets:** The current value of all savings, checking and investment accounts (including retirement and educational accounts), real estate, investment property etc. (Do not include the value of automobile(s) and other personal property.)
2. Your household size and composition must be appropriate for the unit size.
3. You have not committed any fraud in connection with any federal or state housing assistance program.
4. You intend to reside in the development as your primary residence.

**Application Process**

1. You must fill out the application completely and it must be returned to the address indicated on the application. Applications mailed to addresses other than the indicated address will be disqualified. If **unsigned or incomplete**, your application may not be considered.
2. Information provide on this Preliminary Application will be treated as confidential. All information provided will be verified. If you have intentionally falsified information, your application will be rejected.
3. CGMR Compliance Partners will conduct a background check for all applicants. You have the right to review and contest the results of the background check and/or present evidence of rehabilitation if your application is denied due to criminal history.
4. Your household can file only one application, and no household member can appear on more than one application. If you file multiple applications, your application will not be considered.
5. Priority for the accessible units will be for individuals and families which require physical accommodations.
6. If you are disabled and require an accessible unit, an extra bedroom for equipment or for a Personal Care Attendant, a reasonable modification of the housing, or a reasonable accommodation of rules, policies, practices or services, please include a letter from your primary health care provider explaining such special requirements.
7. If your application number has been chosen, you will be required to attend an interview and complete a full application packet in order to complete your application.



## WHAT TO BRING TO YOUR INTERVIEW

### Records of Employment Income

- 6 most recent consecutive pay stubs and information on current rate of pay and overtime pay.
- Information about any changes you expect in your pay or hours during the next 12 months.
- Information on other types of income you expect to receive in the next 12 months from tips, commissions, or other employment sources.
- Most recent Federal & State Tax Returns and supporting schedules and supporting documents

### Records of Other Income

- Pensions and annuities (latest check stub from the issuing institution)
- Social Security (current award letter)
- Unemployment compensation (determination letter or latest check stub)
- SSI (award letter)
- TANF (award letter, recent check stub)
- Worker's Compensation (Form DOL 203, recent check stub)
- Alimony and/or Child Support (copy of court order)
- Education scholarships, grants and/or stipends (award letter)
- Trade union benefits (recent check stub)
- Other public assistance (award letter)
- Income from assets (credit union, bank statements, etc.)
- Regular support from family members or friends
- Veterans benefits
- Most recent Federal & State Tax Returns and supporting schedules and documents

### Asset Information

- Last 6-months bank statements for all bank accounts (savings, checking, CDs, Christmas Club, IRAs, and other accounts).
- Name, address, account numbers, and statements on value of any stocks, bonds, trusts, life insurance, 401(k) plans, or other investments.
- Information about any assets you have sold or given away within the past two years.

### Records of Family Circumstances/Family Composition/Allowances

- Birth Certificate
- Social Security Card, documentation of ITIN, or other alternative
- Driver's license or state issued photo I.D.

