

AMHERST STATION

2671 Main Street
Buffalo, New York 14214
Telephone: (716) 852-4331
Fax: (716) 852-4533

building futures



Return Completed Application to:

**Amherst Station
2671 Main Street
Buffalo, New York 14214
Attn: Housing Administration**

Please Print

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

1. HOUSEHOLD INFORMATION

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

Name	M/F	Full-time Student (Yes or No)	Birth Date	Social Security Number

Desired Apartment Size (please check one): One-bedroom Apartment Two-bedroom Apartment

2. CURRENT ADDRESS

Street Name and Address _____ City _____ State _____ Zip Code _____
Telephone Number _____ Length of Time There _____
Current Landlord _____ Landlord Address _____ Landlord Telephone Number _____

3. PREVIOUS LIVING HISTORY

Address	Landlord or Mortgagee	Own/Rent	Dates
Name:		<input type="checkbox"/> Own <input type="checkbox"/> Rent	From:
Address:			To:
Phone:			

Address	Landlord or Mortgagee	Own/Rent	Dates
Name:		<input type="checkbox"/> Own <input type="checkbox"/> Rent	From:
Address:			To:
Phone:			

Address	Landlord or Mortgagee	Own/Rent	Dates
Name:		<input type="checkbox"/> Own <input type="checkbox"/> Rent	From:
Address:			To:
Phone:			

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:		

Reference	Relationship to You	How Long Known
Name:		
Address:		
Phone:		

5. APPLICANT STATUS

YES NO

1. Have you or any household member used a name or social security number other than the one listed on this application?
2. Do you expect any additions to the household within the next 12 months?
Name & Relationship: _____
3. Is there anyone currently living with you that you do not expect to move with you to the apartment?
4. Are there any absent household members who normally would live with you?
(For example, a household member in the military)
5. Do you have custody of your children 50% of the time or more? (If applicable)
6. Does anyone in your family 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?
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 a Section 8 subsidy?
14. Are any household members subject to lifetime registration as a sex offender?

6. 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:

<input type="checkbox"/>	<input type="checkbox"/>	1. Employment						
			Household Member	Company Name	Amt per:	Hour	Week	Year
<input type="checkbox"/>	<input type="checkbox"/>	2. Unemployment or Worker's Compensation	Household Member: _____	Amount/week: _____	\$ _____			
					\$			
<input type="checkbox"/>	<input type="checkbox"/>	3. Regular Severance Pay Payments	Household Member: _____		\$ _____			
					\$			
<input type="checkbox"/>	<input type="checkbox"/>	4. Self Employment	Household Member: _____	Amount/week: _____	\$ _____			
					\$			
<input type="checkbox"/>	<input type="checkbox"/>	5. Regular Pay as a Member of the Armed Forces	Household Member: _____	Amount/ _____	\$ _____			
				Amount/ _____	\$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	6. Public Assistance (TANF)	Household Member _____	Amount: _____	\$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	7. Alimony		Amount: _____	\$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	8. Child Support		Amount: _____	\$ _____			
			How is the support received?					
		<input type="checkbox"/>	Child Support Enforcement Agency	Name of Agency:				
		<input type="checkbox"/>	Directly from Individual	Name:				
		<input type="checkbox"/>	Other	Name/Agency				
<input type="checkbox"/>	<input type="checkbox"/>	9. Social Security, SSI, Social Security Disability, VA Pension		Amount: _____	\$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	10. Regular Pension/Retirement Benefit/ Annuity Payments		Amount _____	\$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	11. Regular Payments from a Settlement <i>(ex: insurance settlement)</i>		Amount _____	\$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	12. Regular Gifts /Payments from anyone outside the household <i>(includes payments of bills made on applicant's behalf)</i>		Amount _____	\$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	13. Regular Payments from Lottery or Inheritances		Amount _____	\$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	14. Regular Payments from Rental Property/Other Real Estate		Amount _____	\$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	15. Any Other Income Sources or Types Not Listed			\$ _____			
<input type="checkbox"/>	<input type="checkbox"/>	16. Do You or any other household member expect any changes in your income in the next 12 months?	Explain: _____					

7. 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

<input type="checkbox"/>	<input type="checkbox"/>	Checking/Savings Account		Checking			Savings	
		Name of Bank	Account #	Current Balance	% Interest	6 Mos. Avg. Balance	Current Balance	% Interest

<input type="checkbox"/>	<input type="checkbox"/>	CD's, Money Market Accts, or Treasury Bills						
		Financial Institution	Type of Account	Account #	Balance	% Interest		

<input type="checkbox"/>	<input type="checkbox"/>	Stocks, Bonds or Securities						
		Financial Institution	Type of Account	Account #	Current Value	Dividend/% Interest		

<input type="checkbox"/>	<input type="checkbox"/>	Trust Funds or Life Insurance Policy						
		Financial Institution	Type of Account	Account #	Current Value	% Interest		

<input type="checkbox"/>	<input type="checkbox"/>	Pensions, IRA's, Keogh or other Retirement Accounts						
		Financial Institution	Type of Account	Account #	Current Value	% Interest		

<input type="checkbox"/>	<input type="checkbox"/>	Real Estate (including home, land, rental property, commercial property, other real estate)						
		Type of Real Estate	Value of Real Estate				% of Ownership	

<input type="checkbox"/>	<input type="checkbox"/>	Personal Property Held as an Investment						
		Type of Property				Value of Property:		

<input type="checkbox"/>	<input type="checkbox"/>	Safe Deposit Box						
		Contents				Value of Contents		

<input type="checkbox"/>	<input type="checkbox"/>	Cash on Hand (over \$500 in value)						
		Amount:						

OTHER

YES **NO**

 Do you wish to seek a preference because you or a person in your household is in recovery from substance abuse?

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

 Does your household have any needs that might require a unit, which is accessible to persons with mobility, hearing or visual impairments?

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 AMHERST STATION, LP. 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 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).

