

AMHERST STATION APARTMENTS

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

Return Completed Application to:

**Amherst Station
2671 Main Street
Buffalo, New York 14214
Attn: Property Manager**

*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	From:
Address:		<input type="checkbox"/> Rent	
Phone:			To:

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

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

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).





Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.

Protections for Applicants

If you otherwise qualify for the rental housing or program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

You may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

Amherst Station, L.P. _____ [Insert the project name, owner, or covered housing provider (acronym HP for purposes of this document)] may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from

further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic

violence, dating violence, sexual assault, or stalking, and a description of the incident.

The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.

- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you

fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property.

This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

For Additional Information

If you feel that they have been incorrectly denied your rights under VAWA, you should contact NYS Homes and Community Renewal (HCR) at (518-474-9583).

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

HCR has also created the HCR VAWA Local Services Provider List of local organizations, including housing and legal service providers, that support individuals who are or have been victims of domestic violence, available at

http://www.nyshcr.org/AboutUs/Offices/FairHousing/HCR_VAWA_Resource_list.pdf

You may view a copy of HUD's final VAWA rule at

<https://www.federalregister.gov/documents/2016/12/06/2016-29213/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs-correction>.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

Attachment: Certification form HUD-5382