



# Apartment Application For Buffalo Municipal Housing Authority “Your Choice for Rental Housing”

BMHA manages over 3900 subsidized public housing apartments spread throughout the City of Buffalo.

We have apartments for seniors and families.  
Apartments for disabled, and apartments that are handicap accessible.



Applications are continuously accepted in person or by return mail at :

BMHA HOUSING ASSISTANCE OFFICE  
245 Elmwood Avenue  
Buffalo, New York 14222

Maximum Annual Household Income limits apply.

All vacancies are filled from the waitlists after screening and verification of program eligibility.

For Additional information, Please Contact:  
(716) 855-6774

Maximum Annual  
Household Income for  
non tax credit  
apartments  
2012-2013

1 PERSON	\$35,600
2 PERSON	\$40,650
3 PERSON	\$45,750
4 PERSON	\$50,800
5 PERSON	\$54,900
6 PERSON	\$58,950
7 PERSON	\$63,000
8 PERSON	\$67,100



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# Buffalo Municipal Housing Authority Housing Application



**Please complete these forms and return them along with**

**verifications of family income to:**

BMHA Housing Assistance Office  
245 Elmwood Avenue  
Buffalo, NY 14222  
Telephone: (716) 855-6774

**PLEASE NOTE: Income verifications must be submitted with this application. Incomplete applications will be returned to you and your name will not be placed onto our waitlist.**

**You must complete these forms:**

- |  |     |  |
|--|-----|--|
| 1) Application for BMHA Public Housing | And | <b><u>You must also submit income verifications</u></b>  |
| 2) Attachment A – Residence History    |     | <b><u>for all family members over age 18 in your</u></b> |
| 3) Attachment B – General Release      |     | <b><u>household.</u></b>                                 |

**EXAMPLES OF ACCEPTABLE INCOME VERIFICATIONS:**

- **Employment**---6 consecutive pay stubs or a letter from your employer
- **Welfare**----Your public assistance budget sheet (computer printout only)
- **Social Security, S.S.I., S.S.A. and S.S.D.**-- Copy of your award letter
- **Pension**--check stubs or a copy of your annual statement
- **Workman's Compensation**--copy of check or award letter
- **Veteran benefits**--award letter
- **Unemployment Insurance**--check stub or award letter
- **Child Support**--verification letter from support collection agency or court documents
- **No Income**—a self affidavit on the form provided by the BMHA

**Original signed applications are required. Faxes and e-mails will not be accepted.**

If assistance is needed to complete this application, please come to our office or call (716)855-6774, or you may e-mail questions to: [occupancy@bmha.ci.buffalo.ny.us](mailto:occupancy@bmha.ci.buffalo.ny.us)

The BMHA Housing Assistance Office is located at:  
245 Elmwood Avenue Buffalo, NY 14222

**Our Program:** The BMHA low-income public housing program is a federally subsidized affordable housing program. Individuals and families of low and moderate incomes qualify for waitlist placement. BMHA manages more than 3900 federally subsidized apartments located throughout the City of Buffalo. BMHA has apartments for families with children, single individuals, elderly, disabled, and handicapped (wheelchair accessible) families. Rent charges for our residents are generally less than 30% of income and most utilities are included.

**All placements in BMHA are made from existing waitlists:** Due to the number of applications BMHA receives, there are waiting lists for all of our rental properties. **Unfortunately, there is no emergency housing available.**

After receipt of this completed application, you will receive a development offer letter. This offer letter will notify you of the developments that are available and the estimated wait list times for each site. You can place your name onto the development waitlist of your choice. When your name is reached on the list you have chosen, you will be contacted to come into our office and complete our screening process.

**Waitlist preferences:** A waitlist preference is a special circumstance that will allow for a higher placement on a waitlist. In BMHA non-tax credit properties applicants are allowed to claim a preference (only documented preferences will be granted) if any of the following situations apply:

- a) Persons **displaced by government action** or persons whose housing has been extensively damaged as a result of a **federally recognized or declared disaster**, will be given a waitlist preference. A letter from an appropriate government entity documenting the situation is needed to document this preference.
- b) Any **current or former BMHA employee** in good standing will be given a preference. A letter from the BMHA personnel office or a currently employed administrator is needed.
- c) Any **honorably discharged veteran of the armed forces of the United States** will be given a preference. An appropriate official document that shows the veteran received a general discharge or above under honorable circumstances will be needed to claim this preference.

Applicants may claim any of the above waitlist preferences at anytime. The date of verified preference will supercede the original application date for waitlist placement purposes.

**Reasonable Accommodations:** It is the policy of the Buffalo Municipal Housing Authority to provide a reasonable accommodation for applicants with disabilities to provide an equal opportunity to use and enjoy BMHA housing. If you are handicapped or disabled and need special accommodations during the application process or modified housing, please contact our Office to discuss your needs. BMHA maintains waitlists based on the type and size of our apartments. To avoid unnecessary delays, persons with limited mobility (an inability to climb stairs), and persons needing wheelchair accessible apartments are asked to state their need at the time of application.

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**Completion of this application does not ensure that you will be housed. The BMHA assumes no responsibility for housing any applicant until all the steps of our application process are completed and final approval is granted. Do not give your landlord notice or make arrangements to move until after you have been notified that your application is approved and you have signed a lease for a BMHA apartment.**

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# Application for BMHA Public Housing Program

It is your responsibility to notify the BMHA of any change in your address or circumstance. All applications received without proper and complete income verification will be returned to the applicant.

PLEASE PRINT

PLEASE PRINT

HEAD OF HOUSEHOLD: \_\_\_\_\_  
(Yourself) First Middle Last

Birthdate Age Sex Social Security #

ADDRESS: \_\_\_\_\_  
Number & Street City/Town State Zip

MAILING ADDRESS: \_\_\_\_\_  
(If different from above) Number & Street City/Town State Zip

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ CONTACT: \_\_\_\_\_  
Phone number

## List other persons who will reside in your BMHA apartment:

Full Name	Relationship	Birth Date	Age	Sex	Social Security #
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Is there anyone in your household who is pregnant?  Yes  No What is the due date?

## Other Information

Have you or any family members been known by any other names?  
What name(s)?

Are you or your partner claiming status as a person with disabilities?  Yes  No (verification required)

Has anyone in your household ever lived in a BMHA property or received BMHA Section-8 assistance?  Yes  No  
who? \_\_\_\_\_ where? \_\_\_\_\_ when? \_\_\_\_\_

Do you, or anyone in your household have any special housing requirements?  Yes  No

If yes, please specify:  wheelchair accessible apartment  An apartment with no stairs (limited mobility)  
 Hearing Impairment  Visual impairment  
 Additional space needed for required medical equipment  
 Other, please specify \_\_\_\_\_

What is your Race:  White  Black  Indian  Asian (for statistical reporting purposes only)

What is your Ethnicity:  Hispanic  Non-Hispanic (for statistical reporting purposes only)

## FOR BMHA INTERNAL USE ONLY

Type: \_\_\_\_\_ Duplicate ck : \_\_\_\_\_  
Bedrooms: \_\_\_\_\_ Del. Bal. ck : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Preference: \_\_\_\_\_ Amt Owed: \_\_\_\_\_  
Initials: \_\_\_\_\_ Date/Site owed: \_\_\_\_\_ / \_\_\_\_\_

**INCOME INFORMATION**

Please enter ALL income sources for everyone in the household. Report the total Gross amount per month (Gross amount means before any taxes or deductions are taken out). **Verifications must be attached.**

Income Source	Gross Monthly Amt.	Income Source	Gross Monthly Amt.
Wages	\$	Child Support	\$
Social Security	\$	Pension	\$
SSI	\$	Asset Income	\$
Public Assistance (Welfare)	\$	Other (please specify)	\$
Do you own your own home or any other property? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Notes:**

BMHA is committed to allowing reasonable accommodations in our processes and facilities for persons with disabilities. If you and/or a family member are a person with disabilities and you need a specially equipped apartment or a reasonable accommodation in the way your application is processed, please contact our office to obtain a **Request for a Reasonable Accommodation** form and submit it along with this application.

After your completed application is received you will receive an offer letter that allows you to choose which development waitlist you want to place your name on. When your name comes to the top of the waiting list you have chosen, you will be contacted to come into our office to complete the application qualification process. Included in our process is a police check for all adult members of the household, and landlord verifications of current and former residences.

**CERTIFICATION:**

I hereby certify that all the information on this application is true and accurate to the best of my knowledge and that the income for all household members has been reported.

I hereby authorize the BMHA and its staff to contact any individual, agency, office, group, or organization to obtain any information or materials, which are deemed necessary to complete my application.

***I understand that it is my responsibility to notify the BMHA of any change of information provided on this application. If I fail to respond to any BMHA correspondence, or the BMHA is unable to contact me because I have moved without notifying them of an address change, I understand that my name will be removed from the waiting list.***

Signature of Head of Household/Applicant

Date

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the U.S. as to any matters within its jurisdiction.

**The Buffalo Municipal Housing Authority does not discriminate on the basis of race, sex, age, national origin, sexual orientation, or handicap.**

**RETURN YOUR COMPLETED APPLICATION TO:**

Buffalo Municipal Housing Authority  
Housing Assistance Office  
245 Elmwood Avenue, Buffalo, NY 14222

Phone: (716) 855-6774, New York State Relay for Hearing-Impaired: 1-800-622-1220.

Application Attachment A – Residence History

BMHA Use Only
App. No.

NAME \_\_\_\_\_

BUFFALO MUNICIPAL HOUSING AUTHORITY
HOUSING ASSISTANCE OFFICE
245 ELMWOOD AVE., BUFFALO, NY 14222

Dear Applicant:

The BMHA requires that you provide an address history. Completing this form will help process your application faster. Please provide an accurate record of all your residences for the past three years. Sign and date this form and return it along with you application.

Current Address

Address \_\_\_\_\_

Date you Moved In \_\_\_\_\_

Landlord: Name, Address, Phone # \_\_\_\_\_

was this apartment rented in your name? \_\_\_\_\_
If not, who rented the apartment? \_\_\_\_\_

\*\*\*\*\*

Previous Address

Address \_\_\_\_\_

Date Moved In \_\_\_\_\_ Date Moved Out \_\_\_\_\_

Landlord: Name, Address, Phone # \_\_\_\_\_

was this apartment rented in your name? \_\_\_\_\_
If not, who rented the apartment? \_\_\_\_\_

\*\*\*\*\*

Previous Address

Address \_\_\_\_\_

Date Moved In \_\_\_\_\_ Date Moved Out \_\_\_\_\_

Landlord: Name, Address, Phone # \_\_\_\_\_

was this apartment rented in your name? \_\_\_\_\_
If not, who rented the apartment? \_\_\_\_\_

\*\*\*\*\*

Please use other side to report additional addresses if needed

\*\*\*\*\*

I do hereby swear and attest that all of the information provided on this form is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list all residence addresses for the last 3 years

\*\*\*\*\*

**Previous Address**

Address \_\_\_\_\_  
\_\_\_\_\_

Date Moved In \_\_\_\_\_ Date Moved Out \_\_\_\_\_

Landlord: Name, Address, Phone #  
\_\_\_\_\_  
\_\_\_\_\_

was this apartment rented in your name? \_\_\_\_\_  
If not, who rented the apartment?  
\_\_\_\_\_

\*\*\*\*\*

**Previous Address**

Address \_\_\_\_\_  
\_\_\_\_\_

Date Moved In \_\_\_\_\_ Date Moved Out \_\_\_\_\_

Landlord: Name, Address, Phone #  
\_\_\_\_\_  
\_\_\_\_\_

was this apartment rented in your name? \_\_\_\_\_  
If not, who rented the apartment?  
\_\_\_\_\_

\*\*\*\*\*

**Previous Address**

Address \_\_\_\_\_  
\_\_\_\_\_

Date Moved In \_\_\_\_\_ Date Moved Out \_\_\_\_\_

Landlord: Name, Address, Phone #  
\_\_\_\_\_  
\_\_\_\_\_

was this apartment rented in your name? \_\_\_\_\_  
If not, who rented the apartment?  
\_\_\_\_\_

\*\*\*\*\*

**Previous Address**

Address \_\_\_\_\_  
\_\_\_\_\_

Date Moved In \_\_\_\_\_ Date Moved Out \_\_\_\_\_

Landlord: Name, Address, Phone #  
\_\_\_\_\_  
\_\_\_\_\_

was this apartment rented in your name? \_\_\_\_\_  
If not, who rented the apartment?  
\_\_\_\_\_

\*\*\*\*\*

**Previous Address**

Address \_\_\_\_\_  
\_\_\_\_\_

Date Moved In \_\_\_\_\_ Date Moved Out \_\_\_\_\_

Landlord: Name, Address, Phone #  
\_\_\_\_\_  
\_\_\_\_\_

was this apartment rented in your name? \_\_\_\_\_  
If not, who rented the apartment?  
\_\_\_\_\_

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<b>BMHA Use Only</b> App. No.
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**CONSENT FOR RELEASE OF INFORMATION  
TO  
THE BUFFALO MUNICIPAL HOUSING AUTHORITY**

I \_\_\_\_\_ hereby authorize you: \_\_\_\_\_  
(Applicant) **For BMHA Use Only – Please Leave Blank**

To release to the Buffalo Municipal Housing Authority any and all information about me, my family, and/or my minor children that may be material to a determination of eligibility for BMHA housing and may demonstrate my ability to uphold the BMHA lease.

Such information includes but is not limited to reports on income, employment, and other financial data; reports on past history of paying bills, taking care of property, housekeeping abilities; and reports on involvement in criminal activity and/or behaviors related to substance abuse. Reports on any events/incidents/activities that reflect on my ability or my family’s ability to respect the rights of other tenants, maintain an apartment, and meet the terms of the BMHA lease are permitted by this release.

I understand that any information released to the BMHA will be kept in my applicant file, which is confidential under New York Public Housing Law.

I have read the above and I agree to authorize the release of this information to the Buffalo Municipal Housing Authority. This release shall remain in effect until a final determination on the eligibility of my application for housing is made.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

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# IMPORTANT NOTICE

Dear Applicant/Participant:

Federal regulations require that this office obtain from participants and potential participants evidence of citizenship or eligible immigration status. Rental assistance will not be provided for any person who is not a citizen or eligible immigrant.

Citizens are required to sign a written declaration. Eligible immigrants are required to sign a written declaration and verification consent form and show acceptable U.S. Immigration and Naturalization Service (INS) documents. The I.N.S./BCIS will be assisting this office in verifying current eligible immigrants' status.

Declaration forms must be completed for each member of your household at the time of your interview in this office. For each minor under 18 years of age, the form must be completed and signed by the adult in the unit who is responsible for the child.

ACCEPTABLE I.N.S. DOCUMENTS ARE:

- Form 1-551, Alien Registration Receipt Card (for permanent resident aliens)
- Form 1-94, Arrival-Departure Record
- Form 1-688, Temporary Resident Card
- Form 1-688B, Employment Authorization Card
- A receipt issued by the I.N.S. Office showing an application for issuance of replacement of one of the above forms.

Should you have any questions regarding this requirement, please contact the BMHA Housing Assistance Office at (716) 855-6774

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