



Trinity Tower Apartments • 33 Linwood Avenue • Buffalo, New York 14209
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SELECTION CRITERIA

1. Head of Household must be 62 years of age or over.
2. Trinity Tower is a Section 42 Low Income Housing Tax Credit property with **maximum income limits**, as follows:

MAXIMUM INCOME LIMITS*				
#person in Household	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Annual gross income cannot exceed	\$26,800	\$30,720	\$34,560	\$38,340

* These limits are considered to be 60% of the Median Income for the Buffalo-Niagara area. These limits are effective 12/18/2013 and updated annually.

3.

RENTAL RATES**		
<u>Studio</u>	<u>1-Bedroom</u>	<u>2-Bedroom</u>
\$657	\$659	\$791

**** Rental rates subject to change**

Households meeting Eligibility requirements may qualify for a Property Based Voucher

4. A complete application must be submitted. Partially filled in applications will not be accepted. Household members must provide all information requested to establish eligibility.
5. Apartments are assigned based upon the composition & size of the household and the number of bedrooms in the apartment.

<u>Studio Apartment</u>	<u>1-Bedroom Apartment</u>	<u>2-Bedroom Apartment</u>
1-2 people	1-2 people	2-4 people

6. A preference will be given to Veterans (or surviving spouses) who served on active duty in time of war, as defined in Section 85 of the Civil Service law, and reside in New York State, and meet all other criteria. *(Please see other side for Summary of Civil Service Law - Section 85 Definition of Veteran)*

RENTAL HISTORY: *For all rentals during the past ten years applicant must show:*

- Rent payments were made on time.
- Security Deposit was refunded (no damage, etc.)
- Tenant was not evicted for cause.
- Previous landlords show no reports of excess noise, drugs or illegal activity.

CRIMINAL BACKGROUND CHECK:

All Household members must undergo a criminal background and registered sex offender checks. Applicants will be rejected if a household member:

- Has a conviction of sexual abuse/assault
- Has a conviction of a violent crime
- Has a conviction of any crime against the elderly
- Has a conviction of any felony
- Has a conviction related to drug possession or sale
- Is listed as a Registered Sex Offender



Professionally Managed by: Community Realty Management

Summary of Civil Service Law Section 85 Definition of Veteran

Veterans eligible for the preference are those who:

- a) Were members of the Armed Forces of the United States;
- b) Served on active duty for other than training purposes in **time of war**¹;
- c) Were discharged honorably or released under honorable circumstances;
- d) Are residents of New York State; and
- e) Have documented their eligibility by submitting Form DD214 (NAVPERS-553 / NAVMC-78PD / WDAG-53, 98) and for service in Lebanon, Grenada, or Panama, the award of an appropriate expeditionary medal.

¹ **time of war** includes the following wars and hostilities:

Persian Gulf Conflict	August 2, 1990 – the date upon which such hostilities end (includes the Global War on Terrorism)
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* Hostilities in Panama	December 20, 1989 – January 31, 1990
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* Hostilities in Lebanon	June 1, 1983 – December 1, 1987
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* Hostilities in Grenada	October 23, 1983 – November 21, 1983
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[* Service during these periods is qualifying only if the veteran received the armed forces, navy, or marine corps expeditionary medal.]

Viet Nam Conflict	December 22, 1961 – May 7, 1975
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Korean Conflict	June 27, 1950 – January 31, 1955
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Service commissioned corps of the US Public Health Service:
July 29, 1945 – September 2, 1945, **or**
June 26, 1950 – July 3, 1952

World War II	December 7, 1941 – December 31, 1946
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World War I	April 6, 1917 – November 11, 1918
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TAX CREDIT ONLY - SENIOR PROPERTIES

APPLICATION FOR HOUSING

DATE: _____
TIME: _____

Applications are placed in order of date received. An applicant may be interviewed only after the receipt of this tenant application, which must be fully completed and signed by all adult household members. **Please answer every question! Partially filled out applications will be returned for completion.**

How did you learn about this property? _____

PLEASE PRINT CLEARLY

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you ☐ RENT or ☐ OWN or ☐ Live w/family

Amount of current monthly
rental or mortgage payment \$ _____

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: _____ Efficiency _____ One BR _____ Two BR

Do you or any member of your household need any specific unit designs, such as wheelchair accessibility, visual aids (Braille) or apparatus for hearing assistance? _____ Yes _____ No.

If Yes, describe: _____

If a member of a household needs reasonable accommodations in order to participate in the application process or to make effective use of the housing program, the applicant has the right to request such an accommodation.

Will you be making any reasonable accommodation requests for any members of your household?

☐ Yes ☐ No

Describe: _____

Do you have a pet? ☐ Yes ☐ No

The owner and management do not discriminate against applicants on the basis of limited access or any other reason.

VETERANS ADMISSION PREFERENCE: To qualify for Veterans Admission Preference, head or co-head of household must be an honorably discharged veteran of the US Armed Services, or such veteran's surviving spouse, who served on active duty in time of war and resides in New York State.

☐ **Check box and attach DD-214 to qualify for admission preference**



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#	Full or Part Time Student Y/N
Head							
Co-T							

Are you enrolled as a student in an institute of higher education? ☐ ☐ **Yes** ☐ **No**
 (Institutions of higher education include post-secondary and vocational institutions)

Have you or will you be a full time student for at least 5 months this calendar year? ☐ **Yes** ☐ **No**
 (Five calendar months do not need to be consecutive)

Do you anticipate any additions to the household in the next twelve months? ☐ ☐ **Yes** ☐ **No**

If yes, explain

Will all of the persons in the household be full-time students this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?

☐ **Yes** ☐ **No**

IF YES, ANSWER THE FOLLOWING QUESTIONS: (Please circle the correct answer)

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) an AFDC or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any full-time students previously been in foster care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. STATISTICAL INFORMATION (Optional)

For Statistical Purposes Only (Optional) Check one:

☐ White ☐ Black ☐ American Indian ☐ Alaskan Native ☐ Asian/Pacific Islander

Designate Ethnicity (Optional) Check one: ☐ Hispanic ☐ Non-Hispanic

D. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write N/A.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	401-K	\$
	Veteran's Benefits (list claim #)	\$
	Reverse Mortgage Income	\$
	Unemployment Compensation	\$
	Long Term Insurance	\$
	AFDC/TANF	\$
	AFDC/TANF	\$

List ALL sources of income as requested below. If a section doesn't apply, cross out or write N/A.

	Regular payments from a severance package?	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Regular gifts from anyone outside the household? (Recurring Gifts)	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held:	
	How long employed:	
	Self-Employment amount	\$
	Description:	
	How long has applicant been self-employed doing this work?	
	Alimony	
	Are you <i>entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list amount you receive.	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		

E. ASSETS

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA.

Cash	#	Bank	Balance \$
Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Accounts	#	Bank	Balance \$
IRA Accounts	#	Where?	Balance \$
Certificates of Deposit	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
401(k)/Retirement Accounts	#	Where?	Balance \$
Credit Union	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Bonds	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
Life Insurance Policy	#		Cash Value \$
Life Insurance Policy	#		Cash Value \$

Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property	Appraised Value			\$

Real Estate (home, land, camp, mobile home, etc.): <i>Do you own any property?</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, Type of property</i>			
Location of property			
Appraised Market Value		\$	
Mortgage or outstanding loans balance due		\$	
Amount of annual insurance premium		\$	
Amount of most recent tax bill		\$	
Have you sold/disposed of any property in the last 2 years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, Type of property</i>			
Market value when sold/disposed		\$	
Amount sold/disposed for		\$	
Date of transaction			
Has anyone in the household disposed of any asset in the last 2 years (Example: Given away money, sold property to a relative, set up Irrevocable Trust Accounts, etc.) for less than fair market value?			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe the asset</i>			
Date of disposition			
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>			
F. ADDITIONAL INFORMATION			
Are you or any member of your family currently using an illegal substance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of any crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>			
Have you or any member of your family ever been evicted from any housing?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>			
Have you ever filed for bankruptcy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>			
Will you take an apartment when one is available?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>			
Have you ever experienced a fire in your apartment?			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If so what was your address at the time and who was your landlord?</i>			

List all states that each adult household member has lived in during their lifetime:

Household Member	State

Have you or any other adult in the household ever been subject to a lifetime sex offender registration in any state? ☐ Yes ☐ No

Are you a U.S. Citizen? ☐ Yes ☐ No

Have you been displaced due to a natural disaster? ☐ Yes ☐ No

G. REFERENCE INFORMATION

Current Landlord	Name of Landlord:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
	Applicants Address:	
Prior Landlord	Name of Landlord:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
	Applicants address when renting from this landlord:	
Prior Landlord	Name of Landlord:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
	Applicant's address when renting from this landlord:	

Personal Reference:

Address:

Relationship:

Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

H. VEHICLE INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:

CERTIFICATION

I/We hereby certify that I/We do/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 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 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/Management Agent verify all of the information contained in this Rental Application as well as my/our credit, landlord, criminal background and personal references.

Any changes in family household income are required to be reported to the management office within 10 days of the change.

All adult applicants are required to sign application.

SIGNATURE (S):

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date