

Housing Visions Unlimited, Inc.  
401 Maple Street  
Syracuse, NY 13210  
315-234-4436  
315-218-5640 Fax  
711 TDD

For management office use: **Syracuse East Application**

Date received: \_\_\_\_\_

Time received: \_\_\_\_\_

I was referred by: (please check all that apply)

☐ **Friend/Relative** (Name: \_\_\_\_\_) ☐ **Agency** (Name: \_\_\_\_\_) ☐ **Newspaper Ad** (Paper: \_\_\_\_\_)  
☐ **Flyer** (Location: \_\_\_\_\_) ☐ **TV** (Station: \_\_\_\_\_) ☐ **Article** (Publication: \_\_\_\_\_)

I am interested in living in the following bedroom size (please circle all that apply): **One Two Three Four Five**

**Household Information:**

Complete the following information for each household member that will occupy the unit at time of move-in:

Name First, Middle Initial, Last	Relationship to Head of Household	M/F	Marital Status S-Single M-Married D-Divorced L-Legally Separated E-Estranged W-Widowed	Social Security Number	Birthdate Month, Date, Year	Disabled Yes/No	Student Yes/No
	Head of Household						

**Current Address:** \_\_\_\_\_

**Daytime Phone:** \_(\_\_\_\_)\_\_\_\_\_ **Evening Phone:** \_(\_\_\_\_)\_\_\_\_\_

Answer either YES or NO to each question.

**YES**    **NO**

☐    ☐    **1. Do you expect any additions to the household within the next twelve months?**

Name & Relationship: \_\_\_\_\_

Explanation: \_\_\_\_\_



**YES**      **NO**

- ☐      ☐      **2. Due to a disability, do you require a unit with special features?** (please circle appropriate answer)

Wheelchair Accessible Unit      Unit for Vision-Impaired      Unit for Hearing-Impaired      One-Level Unit      Extra Bedroom

- ☐      ☐      **3. Do you or anyone in your family require a live-in care attendant?**

Name of Live-in Care Attendant: \_\_\_\_\_

- ☐      ☐      **4. Are you currently living in substandard housing or homeless due to substandard housing?**  
**This information must be able to be documented by an agency attesting to the conditions.**

Name of Agency: \_\_\_\_\_

- ☐      ☐      **5. Will your household be receiving Section 8 rental assistance at time of move-in?**

Name of Agency: \_\_\_\_\_

- ☐      ☐      **6. Do you have full custody of all children on application?**

If no, explanation of custody arrangements: \_\_\_\_\_

- ☐      ☐      **7. Have you or anyone else named on this application been convicted of a felony within the past 10 years?**

Explanation: \_\_\_\_\_

- ☐      ☐      **8. Have you or anyone else named on this application been convicted of selling or manufacturing illegal drugs within the past 5 years?**

Explanation: \_\_\_\_\_

- ☐      ☐      **9. Have you been evicted from a rental unit of any type including an apartment, house, mobile home or trailer within the past 5 years?**

Explanation: \_\_\_\_\_

- ☐      ☐      **10. Have you or a household member been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program?**

Explanation: \_\_\_\_\_

**Emergency Contact:**

**Name/Address** (If possible list someone in this area that is not listed on the application)

\_\_\_\_\_ Phone: (    ) \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_



**Income Information:**

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as grant or benefit, it is counted for all household members including minors. Include the dollar (\$) amount in the space provided.

**Include all income anticipated for the next 12 months.**

**Do YOU or ANYONE in your household receive OR expect to receive income from:**

			Household Member	Source	Monthly Amount
Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.		\$
			2.		\$
Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.		\$
			2.		\$
			3.		\$
SSI (Supplemental Security Income)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.		\$
			2.		\$
			3.		\$
Public Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.		\$
			2.		\$
Unemployment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.		\$
			2.		\$
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.		\$
			2.		\$
Worker's Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.		\$
			2.		\$
Pension/Annuity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.		\$
			2.		\$
Disability Payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No			\$
Veteran's Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No			\$
Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No			\$
Self Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No			\$
Military Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No			\$
Contributions from Friends/Relatives	<input type="checkbox"/> Yes	<input type="checkbox"/> No			\$
Other Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No			\$

**YES**    **NO**  
☐    ☐

9. Do you or any other household members expect any changes to your income in the next 12 months?  
 Explanation: \_\_\_\_\_

☐    ☐ 10. Are YOU or is ANY OTHER **ADULT** member of your household claiming zero income?

Household Member(s)  
 \_\_\_\_\_



### **Asset Information:**

Include all assets held, an asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset in the space provided.

**Do YOU or ANYONE in your household hold:** (Include ALL assets held by ALL household members **including minors**.)

	<b>Amount</b>		
Checking Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Savings Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Certificates of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
IRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Other Retirement Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Cash On Hand	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

	<b>Amount</b>		
Stocks or Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Trust Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Life Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Asset Disposed of in past 2 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

### **Student Information:**

**YES**   **NO**

☐☐

1. Is EVERYONE in your household (INCLUDING MINORS) currently a full or part-time student, or planning to be one within the next 12 months? If yes, please list whom, circle status, and indicate the name of the school:

Name: \_\_\_\_\_ Status: Full or Part-time College/Trade School: \_\_\_\_\_  
Name: \_\_\_\_\_ Status: Full or Part-time College/Trade School: \_\_\_\_\_  
Name: \_\_\_\_\_ Status: Full or Part-time College/Trade School: \_\_\_\_\_  
Name: \_\_\_\_\_ Status: Full or Part-time College/Trade School: \_\_\_\_\_

If the answer is YES ABOVE, continue with the following questions:

**YES**   **NO**

☐☐

- a. Are you a single parent with child(ren) and neither you nor the child(ren) are dependents on anyone else's tax return?

☐☐

- b. Are you married and currently filing a joint tax return?

☐☐

- c. Are you receiving AFDC (Aid to Families with Dependent Children)?

☐☐

- d. Were you formerly in a foster care program?

☐☐

- e. Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local, county or state program?

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_



**VEHICLE AND PET INFORMATION (if applicable)**

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle.

Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets?		Yes	No
<b><i>If yes, describe:</i></b>			

All questions that were answered YES will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers where applicable and any other information required to expedite this process.

All qualified applicants will be afforded equal opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

**Information for Government Monitoring Purposes**

The following information is requested by the Federal Government in order to monitor compliance with fair housing laws. You are not required to furnish this information, but are encouraged to do so. Housing Visions may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, Housing Visions is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the following information, please initial below.

**Applicant:**

Race/National origin:

- ☐ American Indian/ Alaskan Native  
☐ Asian, Pacific Islander  
☐ Black  
☐ Hispanic  
☐ White  
☐ Other (please specify) \_\_\_\_\_

Gender: ☐ Male ☐ Female**Spouse/Co-Applicant:**

Race/National origin:

- ☐ American Indian/Alaskan Native  
☐ Asian, Pacific Islander  
☐ Black  
☐ Hispanic  
☐ White  
☐ Other (please specify) \_\_\_\_\_

Gender: ☐ Male ☐ Female**Signature Clauses:**

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I understand that management is relying on this information to prove my household's eligibility for the Low Income Housing Tax Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I authorize Housing Visions Unlimited, Inc. to obtain a credit bureau report and criminal report. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Low Income Housing Tax Credit Program requirements.

**All ADULT household members must sign below:**

_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date

## Authorization

I/We \_\_\_\_\_  
(All household members 18 and older)

do hereby authorize Housing Visions Unlimited, Inc. and/or its agents and its staff or authorized representatives to contact any individuals, agencies, offices, groups, or organizations to obtain and verify any information or materials, which are deemed necessary to complete my/our certification for housing in this project owned by Housing Visions Unlimited, Inc.

I/We understand that this authorization will be good for one year.

_____ Signature of Applicant/Resident	_____ Date
_____ Signature of Applicant/Resident	_____ Date
_____ Signature of Applicant/Resident	_____ Date
_____ Signature of Applicant/Resident	_____ Date

