

Badger Creek Meadow Apartments
40 Redwood Circle
Painted Post, NY 14870
(607) 962-8826



APPLICATION PROCESS:

- Page 1: Complete fully; make sure to list **current and last 5 years addresses and landlords** (if relative, give name address and phone number of that relative and put what relation they are to you).
- Page 2: Complete fully; make sure **anyone over the age of 18 signs and dates.**
- Page 3: Informational only. If you were not born in the U.S., read carefully to see if you qualify.
- Page 4: List everyone that will be a part of the household if you are approved. If you / household member is pregnant, list "unborn child" and the due date.
- Page 5: Complete the top section (name, address, telephone #) and give an emergency contact if so choose. If you do not, fill out the top and check the box before signing.
- Page 6: **PRINT AND SIGN your name at the top of the page ONLY. DO NOT COMPLETE THIS FORM.**
- Page 7: **ALL household members 18 and over must complete** if they now or have resided in the County of Steuben in the last 5 years. Additional copies are available in the office. If you have lived in any other location, **BESIDES STEUBEN COUNTY AND PAINTED POST (TOWN OF ERWIN)** in the last 5 years, you **MUST** have a criminal background check from that local police department (if applicable) and/or county Sheriff Dept and have it attached before returning the application.

RENTAL APPLICATION
BADGER CREEK MEADOW APARTMENTS
 40 Redwood Circle, Painted Post, NY 14870
 607-963-8836 PHONE/FAX

Received By: _____
Date: _____
Time: _____ : _____ am/pm
Unit Size: _____ BR
FOR OFFICE USE ONLY

The following information is confidential and will not be disclosed without your consent.

Applicant's Name			Social Security No	Home Phone ()
Present (Current) Street Address	City	State	Zip Code	No. Years at Present Address
Former (Past) Street Address	City	State	Zip Code	No. Years at Former Address

Current Housing Status: Provide the name, address and phone number of ALL landlords for the past five (5) years.

Current Landlord: _____ Phone: _____
 Address: _____

Previous Landlord: _____ Phone: _____
 Address: _____

Name and Address of Employer		Type of Business	Self-Employed? Yes _____ No _____
Business Phone Number ()	Position / Title	No. Yrs on Job	Supervisor's Name

Name and Address of Previous Employer (if employed at present position for less than 2 years)	No. of Yrs with Previous Employer?	Business Phone ()
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Co-Applicant's Name			Social Security No	Home Phone ()
Present Street Address	City	State	Zip Code	No. Years at Present Address
Former Street Address	City	State	Zip Code	No. Years at Former Address

Name and Address of Employer		Type of Business	Self-Employed? Yes _____ No _____
Business Phone Number ()	Position / Title	No. Yrs on Job	Supervisor's Name

Name and Address of Previous Employer (if employed at present position for less than 2 years)	No. of Yrs with Previous Employer?	Business Phone ()
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How did you hear about Heritage Park? (Please check one)
 Drive-by Resident TV Commercial Newspaper Radio Friend Other

In accordance with the data collection information required by the Department of Housing and Urban Development (HUD), please provide the following information for the Head of Household

White	Asian Indian / Alaska Native & White
Black or African American	Asian & White
Asian	Black / African American & White
American Indian or Alaska Native	American Indian / Alaska Native & Black / African American
Native Hawaiian or Other Pacific Islander	Other Multi-Racial

ETHNICITY	GENDER
Hispanic	Male
Not Hispanic or Latino	Female

HOUSEHOLD COMPOSITION

List the head of household and all members who will live in your home. Give the relationship of each family member to the head (spouse, co-head, dependent, etc.)

MEMBER NUMBER	FULL NAME	RELATIONSHIP	BIRTHDAY M/D/Y	SOCIAL SECURITY NO.	U.S. CITIZEN YES/NO *
Head of Household					
2					
3					
4					
5					
6					
7					
8					

*If you mark NO for US Citizenship, are you an eligible non-citizen? Yes No Please read the attached paper carefully as additional documentation will be required.
Are there any special housing needs or reasonable accommodations that the household will require? _____

ANNUAL INCOME

SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBER 18 YEARS OR OLDER	TOTAL
Gross Salary				
Overtime Pay				
Commissions / Fees / Bonuses				
Unemployment Benefits				
Social Security, Pensions, Retirement Funds, etc.				
TANF Payments				
Alimony, Child Support				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Other				
			TOTAL:	

ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
Checking Account	\$	\$		
Savings	\$	\$		
Certificate of Deposit	\$	\$		
Mutual Funds / Stocks / Bonds	\$	\$		
Real Estate	\$	\$		
Life Insurance	\$	\$		
Other	\$	\$		
TOTAL:	\$	\$		

Have you disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item? If yes, please list the asset under the "other" column in the above listing of assets. Yes No

Are any of the household member(s) 18 years or older full-time students? Yes No
If yes, who and where do they attend school? _____

The information provided is true and complete to the best of my knowledge and belief. I / we consent to the disclosure of income and financial information from my/our employer and financial resources for purposes of income and asset verification related to my/our application for tenancy. I/we agree to give Management authority to investigate my credit rating and my current and past rental record(s).

Signatures Required for ALL Household Members Age 18 or Over

Date _____

Date _____

Title 18, Section 1011 of the U.S. Code makes it a crime for knowingly and willfully making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD or the PHA or the Owner) may be subject to penalties for unauthorized disclosure or improper use of information collected on this application form to restricted or the purposes stated above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning any applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligence or disclosure of information may bring civil action for damages, and such other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for violating the social security number are contained in the Social Security Act at 208 (a)(6), (7) and (8). Violation of these provisions are penalized in Sections of 42 U.S.C. 808 (a)(6), (7) and (8).*

FOR NON- US CIZITENS ONLY

If you marked on the rental application that you are NOT a US Citizen and you are 62 years of age or older, you need only submit a proof of age document.

If you marked on the rental application that you are NOT a US Citizen and you are less than 62 years of age, you must submit the following:

One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

Exhibit 3-4: Family Summary Sheet

Member no.	Last name of family member	First name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING
This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notifications: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-530 authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD in project disbursement data from fraudulent actions.

BADGER CREEK MEADOW APARTMENTS
40 REDWOOD CIRCLE
PAINTED POST, NY 14870
607-962-8826



LANDLORD INQUIRY

TO BE COMPLETED BY LANDLORD ONLY

APPLICANT NAME (PRINT) : _____

APPLICANT SIGNATURE: _____ DATE: _____

The above named person (persons) has applied for housing managed by Badger Creek Apartments. Please be advised that the applicant has authorized verification of all statements made in his/her application and is requesting this information as indicated by the signature above.

Landlord: _____

Date of applicant's tenancy: _____ to _____

1. Rent payment:

a. Is (was) tenant current on rent payments? Yes___ No_____

b. Amount paid per month: \$ _____

c. Utilities included? Yes___ No_____

d. Has tenant ever been late in rent payments? Yes___ No_____

e. Have you ever begun eviction proceedings?

Yes___ No___ If yes, why: _____

2. Caring of unit:

a. Does (did) tenant keep unit clean? Yes___ No_____

b. Will (did) you keep any of the security deposit? Yes___ No___ If yes, why: _____

3. General:

a. Does (did) the applicant permit persons other than those on the lease to live in the unit? Yes___ No___

b. Does (did) the applicant have pets? Yes___ No___ If yes, what kind? _____

c. Would you re-rent to this applicant? Yes___ No___ If no, why? _____

LANDLORD SIGNATURE: _____

TELEPHONE NUMBER: _____

DATE: _____

Title 18, Section 1001 of the U.S. 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, the PHA and any owner (or any employee of HUD, the PHA or the Owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on this consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning any applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. 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, the PHA or the owner responsible for the unauthorized disclosure or improper use.

**CRIMINAL AND SEX OFFENDER BACKGROUND INFORMATION FOR APPLICANTS
RESIDING IN STEUBEN COUNTY AND PAINTED POST (TOWN OF ERWIN) ONLY**

If you presently or in the past 5 years have lived **anywhere** other than **STEUBEN COUNTY OR PAINTED POST (TOWN OF ERWIN)**, you **MUST** obtain a criminal history from that state, city or county.

Federal law requires us to get drug, criminal background and sex offender registration information about **ALL ADULT** members applying for assisted housing. To enable us to do this, **ALL household members AGE 18 and over MUST** answer the questions below and sign a in the **presence of a notary**, consenting to a background inquiry **BADGER CREEK will DENY** any application of any applicant who does not provide **COMPLETE** and **ACCURATE** information on this form or does not consent to a background inquiry.

LEGAL GIVEN NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

ADDRESS (STREET, CITY, STATE, ZIP) _____

1. Have you ever been evicted from a federally assisted site for drug-related criminal activity? Yes ___ No ___
2. Have you ever been convicted of any drug related crime? Yes ___ No ___ If yes, when _____
3. Have you ever been convicted of a felony? Yes ___ No ___ If yes, when _____
4. Have you ever been convicted for any crime involving fraud? Yes ___ No ___ If yes, when _____
5. Have you ever been convicted for a violent crime? Yes ___ No ___ If yes, when _____
6. Are you currently subject to a lifetime registration requirement as a sex offender? Yes ___ No ___
7. Are you currently charged with any of the above criminal activities? Yes ___ No ___
8. Have you ever been known by any other name? Yes ___ No ___ If yes, what _____
9. List all states in which you have resided _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize **BADGER CREEK APARTMENTS** to verify the above information and I consent to the release of any necessary information to determine my eligibility.

YOUR SIGNATURE MUST BE SIGNED BEFORE A NOTARY

Applicant Signature: _____ Date: _____

Sworn to me this _____ day of _____

Notary Public

Title 18, Section 1001 of the U.S. 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 any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes 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 \$5,000. 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. Section **408 (a) (6), (7) and (8).