

Dayspring Apartments  
220 E. Tioga Ave., Suite 150  
Corning, New York 14830  
(607) 936-6239/ 607-936-6866 Fax

**APPLICATION PROCESS**  
(Please complete both applications)

**\*You will need to provide your birth certificate and Social Security card with your application\***

- Page 1: Dayspring I Application: Complete fully; make sure to list current and last 5 years of addresses and landlords (if a relative, give name, address, and phone number of that relative and put what relation they are to you).
- Page 2: Complete fully (income and assets): make sure anyone age 18 and over signs and dates.
- Page 3: Dayspring II Application; Complete fully; make sure to list current and last 5 years of addresses and landlords (if a relative, give name, address, and phone number of that relative and put what relation they are to you).
- Page 4: Information only. If you were not born in the United States, read carefully to see if you qualify.
- Pages 5-8: To qualify for residency at Dayspring Apartments, you must be age 62 and over, or have a verified disability. If you are under the age of 62, this Verification of Disability form must be completed by a medical professional before you return the application. Be sure to sign and date page 8.
- Page 9: List everyone that will be a part of the household if you are approved.
- Page 10: Complete the top section (name, complete address, telephone number) and provide emergency contact if you so choose and check the boxes that apply. If you choose not to provide emergency contact, fill out the top and check the box, sign, and date.
- Page 11: PRINT, SIGN, and DATE at the top of the page ONLY.  
DO NOT COMPLETE THIS FORM.
- Page 12&13: Please sign and date page 13.
- Page 14: All household members 18 and over must complete and have **notarized** if they now reside or have resided in the City of Corning/County of Steuben in the last 5 years.

**If you have lived in any other location in the last 5 years, you must have a criminal background check from that local police department and the county sheriff department and have it attached before returning this application.**

**We cannot accept incomplete applications.**



CPD: OK \_\_\_\_\_ DENY \_\_\_\_\_  
 SCSO: OK \_\_\_\_\_ DENY \_\_\_\_\_  
 OTHER: OK \_\_\_\_\_ DENY \_\_\_\_\_  
 LL: OK \_\_\_\_\_ DENY \_\_\_\_\_

**FOR OFFICE USE ONLY**

**DAYSPRING I APARTMENTS**  
**RENTAL APPLICATION**  
 220 E. Tioga Ave., Suite 150, Corning, NY 14830  
 607-936-6239/607-936-6866 FAX

REC'D BY: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ AM / PM  
 UNIT SIZE: 1 2 BR

**FOR OFFICE USE ONLY**



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

Applicant's Name		Date of Birth		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: \_\_\_\_\_

USE OTHER SIDE IF NEEDED

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		Date of Birth		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
Present Landlord:		Phone:			
Former Landlord:		Phone:			

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 ( )	

**How did you hear about Heritage Park? (Please check one)**  
 Drive-by [ ] Resident [ ] TV Commercial [ ] Friend [ ] Agency Referral [ ] Internet Ad [ ] 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 Black or African American  
 Asian Native Hawaiian or Other Pacific Islander  
 American Indian / Alaska Native Other Multi-Racial

<b>ETHNICITY</b> Hispanic	<b>GENDER</b> 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 (spouse, co-head, dependent, etc.)

MEMBER NUMBER	FULL NAME	RELATIONSHIP	BIRTHDAY M/D/YY	SOCIAL SECURITY NO.	U.S. CITIZEN YES/NO *
Head of Household					
2					
3					

\*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.

**DISABLED HOUSEHOLD INFORMATION** There is a \$400 annual deduction for every disabled household when calculating rent. A disabled household is one in which the head, co-head, or spouse is handicapped or disabled as defined by the agency providing subsidy (a verification form will be sent to a medical professional).  
**DO YOU WISH TO BE CONSIDERED FOR THIS \$400 DISABLED ALLOWANCE?** YES NO

### ANNUAL INCOME

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

### ASSETS

SOURCE	APPLICANT CASH VALUE	APPLICANT FINANCIAL INSTITUTION	CO-APPLICANT CASH VALUE	CO-APPLICANT FINANCIAL INSTITUTION
Checking Account	\$		\$	
Savings	\$		\$	
Certificate of Deposit	\$		\$	
Mutual Funds / Stocks / Bonds	\$		\$	
Real Estate	\$		\$	
Life Insurance	\$		\$	
Other: Debit Card (Social Security Benefits, Unemployment, etc.)	\$		\$	
<b>TOTAL:</b>	\$		\$	

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 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. 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) \*\*



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C: OK \_\_\_\_\_ DENY \_\_\_\_\_  
CRIMINAL: OK \_\_\_\_\_  
DENY \_\_\_\_\_  
LL: OK \_\_\_\_\_ DENY \_\_\_\_\_  
**FOR OFFICE USE ONLY**

**RD**  
**RENTAL APPLICATION**  
**Dayspring II Apartments**  
**220 E Tioga Ave, Suite 150, Corning, NY 14830**  
607-936-6239/ 607-936-6866 FAX

REC'D BY: \_\_\_\_\_  
DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_ AM / PM  
UNIT SIZE: 1 2 BR  
**FOR OFFICE USE ONLY**

**Applicant** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**Present Street Address** \_\_\_\_\_ **How long** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Present Landlord** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State, Zip** \_\_\_\_\_  
**Previous Street Address** \_\_\_\_\_ **How long** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Previous Landlord** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State, Zip** \_\_\_\_\_  
**Co-Applicant** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**Present Street Address** \_\_\_\_\_ **How long** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Present Landlord** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State, Zip** \_\_\_\_\_  
**Previous Street Address** \_\_\_\_\_ **How long** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Previous Landlord** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State, Zip** \_\_\_\_\_

**Pets?** \_\_\_\_\_

**INCOME**

**Applicant:** Employer: \_\_\_\_\_ Social Security \_\_\_\_\_ SSI \_\_\_\_\_ Pension \_\_\_\_\_

Assets (Real Estate, Bank Accounts, CDs, Stocks, Life Insurance): \_\_\_\_\_

**Co-Applicant:** Employer: \_\_\_\_\_ Social Security \_\_\_\_\_ SSI \_\_\_\_\_ Pension \_\_\_\_\_

Assets (Real Estate, Bank Accounts, CDs, Stocks, Life Insurance): \_\_\_\_\_

**Other Income:** (include child support, public assistance, alimony, etc.) \_\_\_\_\_

**Will you require a handicapped accessible unit? YES / NO**

By applying to Dayspring Apartments, you are automatically seeking an elderly or disability allowance. If you are under aged 62, you must provide evidence of eligibility.

**Notify in Emergency: Name:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

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

ETHNICITY	GENDER
Hispanic	Male
Not Hispanic or Latino	Female

I agree to give the Management Agent the authority to investigate my credit rating and my current and past rental record(s). The information obtained will be used for Management purposes only and will be held in confidence. This application is made subject to the Owner's approval and may, without designating cause, be disapproved by the Owner, it being agreed upon that such disapproval shall not be considered a reflection upon the applicant(s). ALL INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I understand, however, that if I knowingly give misinformation or withhold information required for this application that the Owner shall have the right as its option to cancel any rental agreement and repossess the premises.



Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR NON- US CITIZENS 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.



**VERIFICATION OF  
DISABILITY**

**U.S. Department of Housing  
and Urban Development**  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

ALL PROGRAMS **EXCEPT**  
SECTION 202/8, SECTION 202 PAC,  
SECTION 202 PRAC, AND  
SECTION 811 PRAC

**Appendix 6-B: SAMPLE VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION OR  
QUALIFICATION FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY**

**FOR USE WITH ALL PROGRAMS **EXCEPT** SECTION 202/8, SECTION 202 PAC,  
SECTION 202 PRAC, AND SECTION 811 PRAC**

**DATE:**

**TO:** Dayspring Apartments  
220 E. Tioga Ave., Suite 150  
Corning, NY 14830

**FROM:**

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE (or other instructions to the third party to ensure that the verification is returned to the right person. This is important because owners have a responsibility to treat this information confidentially.)

**SUBJECT:** Verification of Disability

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown above.

=====

**INFORMATION BEING REQUESTED**

**For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.**

1. ☐ YES ☐ NO

Has a disability, as defined in 42 U.S.C. 423, which means;

- a. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months; or

**SAMPLE VERIFICATION OF  
DISABILITY**

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

ALL PROGRAMS EXCEPT  
SECTION 202/8, SECTION 202 PAC,  
SECTION 202 PRAC, AND  
SECTION 811 PRAC

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- b. In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.

For the purposes of this definition, the term blindness, as defined in section 416(i)(1) of this title, means central vision acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.

2. \_\_\_ YES \_\_\_ NO

Has a physical, mental, or emotional impairment that:

- a. Is expected to be of long-continued and indefinite duration;
- b. Substantially impedes his or her ability to live independently; and
- c. Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

3. \_\_\_ YES \_\_\_ NO

Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:

- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- b. Is manifested before the person attains age 22;
- c. Is likely to continue indefinitely;
- d. Results in substantial functional limitation in three or more of the following areas of major life activity:
  - (1) Self-care,
  - (2) Receptive and expressive language,
  - (3) Learning,
  - (4) Mobility,
  - (5) Self-direction,
  - (6) Capacity for independent living, and
  - (7) Economic self-sufficiency; and
- e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

**SAMPLE VERIFICATION OF  
DISABILITY**

**U.S. Department of Housing  
and Urban Development**  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

ALL PROGRAMS **EXCEPT**  
SECTION 202/8, SECTION 202 PAC,  
SECTION 202 PRAC, AND  
SECTION 811 PRAC

4. ☐ YES ☐ NO

Is the above a person whose disability is based **solely** on any drug or alcohol dependence (the person has no other disability which meets the above definition).

NAME AND TITLE OF PERSON  
SUPPLYING THE INFORMATION

FIRM/ORGANIZATION

SIGNATURE

DATE

**Public reporting burden** for this collection is estimated to average 12 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. This information is required to obtain benefits and is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Owners/management agents must obtain third party verification that a disabled individual meets the definition for persons with disabilities for the program governing the housing where the individual is applying to live. The definitions for persons with disabilities for programs covered under the United States Housing Act of 1937 are in 24 CFR 403 and for the Section 202 and Section 811 Supportive Housing for the Elderly and Persons with Disabilities in 24 CFR 891.305 and 891.505. No assurance of confidentiality is provided.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).



**SAMPLE VERIFICATION OF  
DISABILITY**

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0204  
(Exp.06/30/2017)

ALL PROGRAMS EXCEPT  
SECTION 202/8, SECTION 202 PAC,  
SECTION 202 PRAC, AND  
SECTION 811 PRAC

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RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note to Applicant/Tenant:** You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

=====

**PENALTIES FOR MISUSING THIS CONSENT:**

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). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).



**Exhibit 3-4: The Family Summary Sheet**

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

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

**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 at 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 102-550, 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 to protect disbursement data from fraudulent actions.



Dayspring Apartments  
220 E. Tioga Ave., Suite 150  
Corning, New York 14830  
(607) 936-6239



LANDLORD INQUIRY / REFERENCE

APPLICANT NAME(s) (printed): \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**FOR DAYSPRING APARTMENTS USE ONLY. Do NOT complete below this line.**

The above named person(s) has applied for housing at Dayspring Apartments. We ask your cooperation in providing the following information in order to determine eligibility for housing. The applicant has authorized this information as indicated by the signature above.

Address rented from you: \_\_\_\_\_

Date of Tenancy: \_\_\_\_\_ to \_\_\_\_\_

1. Amount of current / previous rent? \$ \_\_\_\_\_
2. Are utilities included in rent? ☐ Yes ☐ No
3. Amount in Arrears (if any): \$ \_\_\_\_\_
4. Have/had you begun eviction proceedings for non-payment of rent? ☐ Yes ☐ No
5. Do you / applicant receive a subsidy through a HUD Section 8 Program? ☐ Yes ☐ No
6. Rent history rating for last 12 months of residency: ☐ Excellent ☐ Good ☐ Fair ☐ Poor
7. Does (did) the tenant keep the unit clean, safe and sanitary? ☐ Yes ☐ No
8. Are (were) there any damages beyond normal wear and tear? ☐ Yes ☐ No
9. Did the applicant pay for damages caused? ☐ Yes ☐ No
10. Does (did) the applicant have any pets? ☐ Yes ☐ No / If yes, what kind? \_\_\_\_\_
11. Does (did) applicant permit persons other than on the lease to live in the unit on a regular basis? ☐ Yes ☐ No
12. Has (had) applicant / family members / guests damaged/vandalized the common areas? ☐ Yes ☐ No
13. Does (did) applicant/family members/guests interfere with the rights/quiet enjoyment of other tenants? ☐ Yes ☐ No
14. Has (had) applicant/family members/guests acted in a physically violent and/or verbally abusive manner towards neighbors, landlord or landlord's staff? ☐ Yes ☐ No
15. Has (did) the applicant/family members/guests create any physical hazards to property or other residents? ☐ Yes ☐ No
16. Overall Type of Tenant: ☐ Excellent ☐ Good ☐ Fair ☐ Poor
17. Would you re-rent to this applicant? ☐ Yes ☐ No
18. What forwarding address did then tenant give when he/she moved? \_\_\_\_\_

Comments on any of the above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature/Title \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Penalties for misusing this consent: Title I-8, 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 willingly 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 \$5,000.00. 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.



## Division of Licensing Services

New York State  
Department of State, Division of Licensing Services  
(518) 474-4429  
[www.dos.ny.gov](http://www.dos.ny.gov)

New York State  
Division of Consumer Rights  
(888) 392-3644

### New York State Housing and Anti-Discrimination Disclosure Form

Federal, State and local Fair Housing and Anti-discrimination Laws provide comprehensive protections from discrimination in housing. It is unlawful for any property owner, landlord, property manager or other person who sells, rents or leases housing, to discriminate based on certain protected characteristics, which include, but are not limited to **race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, age, disability, marital status, lawful source of income or familial status**. Real estate professionals must also comply with all Fair Housing and Anti-discrimination Laws.

**Real estate brokers and real estate salespersons, and their employees and agents violate the Law if they:**

- Discriminate based on any protected characteristic when negotiating a sale, rental or lease, including representing that a property is not available when it is available.
- Negotiate discriminatory terms of sale, rental or lease, such as stating a different price because of race, national origin or other protected characteristic.
- Discriminate based on any protected characteristic because it is the preference of a seller or landlord.
- Discriminate by "steering" which occurs when a real estate professional guides prospective buyers or renters towards or away from certain neighborhoods, locations or buildings, based on any protected characteristic.
- Discriminate by "blockbusting" which occurs when a real estate professional represents that a change has occurred or may occur in future in the composition of a block, neighborhood or area, with respect to any protected characteristics, and that the change will lead to undesirable consequences for that area, such as lower property values, increase in crime, or decline in the quality of schools.
- Discriminate by pressuring a client or employee to violate the Law.
- Express any discrimination because of any protected characteristic by any statement, publication, advertisement, application, inquiry or any Fair Housing Law record.

#### YOU HAVE THE RIGHT TO FILE A COMPLAINT

If you believe you have been the victim of housing discrimination you should file a complaint with the New York State Division of Human Rights (DHR). Complaints may be filed by:

- Downloading a complaint form from the DHR website: [www.dhr.ny.gov](http://www.dhr.ny.gov);
- Stop by a DHR office in person, or contact one of the Division's offices, by telephone or by mail, to obtain a complaint form and/or other assistance in filing a complaint. A list of office locations is available online at: <https://dhr.ny.gov/contact-us>, and the Fair Housing HOTLINE at (844)-862-8703.

You may also file a complaint with the NYS Department of State, Division of Licensing Services. Complaints may be filed by:

- Downloading a complaint form from the Department of State's website [https://www.dos.ny.gov/licensing/complaint\\_links.html](https://www.dos.ny.gov/licensing/complaint_links.html)
- Stop by a Department's office in person, or contact one of the Department's offices, by telephone or by mail, to obtain a complaint form.
- Call the Department at (518) 474-4429.

There is no fee charged to you for these services. It is unlawful for anyone to retaliate against you for filing a complaint.



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**New York State Housing and Anti-Discrimination Disclosure Form**

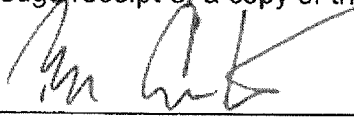
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For more information on Fair Housing Act rights and responsibilities please visit  
<https://dhr.ny.gov/fairhousing> and <https://www.dos.ny.gov/licensing/fairhousing.html>.

This form was provided to me by Thomas B. Creath (print name of Real Estate Salesperson/  
Broker) of EDC Management Inc. (print name of Real Estate company, firm or brokerage)

(I)(We) \_\_\_\_\_

(Buyer/Tenant/Seller/Landlord) acknowledge receipt of a copy of this disclosure form:

Buyer/Tenant/Seller/Landlord Signature  Date: \_\_\_\_\_

Buyer/Tenant/Seller/Landlord Signature \_\_\_\_\_ Date: \_\_\_\_\_

Real Estate broker and real estate salespersons are required by New York State law to provide you with this Disclosure.



**CRIMINAL AND SEX OFFENDER BACKGROUND INFORMATION FOR APPLICANTS RESIDING IN  
CORNING CITY AND STEUBEN COUNTY ONLY**

If you presently or in the past 5 years have lived anywhere other than Corning,  
New York, 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 in the presence of a notary, consenting to a background inquiry. Dayspring Apartments 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: \_\_\_\_\_

OTHER NAMES USED: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

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 DAYSPRING 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 \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
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).