

Heritage Park Apartments  
801 E. Water Street  
Elmira, New York 14901  
(607) 732-3853  
Fax: (607) 737-7099  
[hpark@edcmgmt.com](mailto:hpark@edcmgmt.com)



## 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 6/7: **PRINT AND SIGN your name at the top of the page ONLY. DO NOT COMPLETE THIS FORM.**
- Page 8: **ALL household members 18 and over must complete AND HAVE NOTARIZED** if they now or have resided in the City of Elmira / County of Chemung in the last 5 years. Additional copies are available in the office. **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 have it attached before returning the application.**

# HERITAGE PARK APARTMENTS RENTAL APPLICATION

801 E. Water Street, Elmira, NY 14901  
607-732-3853/737-7099 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 ( )
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 ( )

**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

<b>ETHNICITY</b>	<b>GENDER</b>
Hispanic	Male
Not Hispanic or Latino	Female

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**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/YY	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:				
<b>TOTAL:</b>				

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:	\$	\$		
<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 willfully making false or fraudulent statements to any department of the United States Government. HUD, the PIA and any owner (or any employee of HUD, the PIA 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 PIA 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). \*\*



## 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.

### 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					

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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: (Check all that apply)</b>	
<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: _____
<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.	

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 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.

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## LANDLORD INQUIRY / REFERENCE

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

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

**Do NOT complete below this line**

---

The above named person(s) has applied for housing at Heritage Park 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 payments 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

(6)

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

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

Signature of Person Supplying Info

Date

Title

Phone Number

**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.

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CRIMINAL AND SEX OFFENDER BACKGROUND INFORMATION FOR APPLICANTS

If you presently or in the past 5 years have lived anywhere other than Elmira, 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 a in the presence of a notary, consenting to a background inquiry. Heritage Park 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 (in the last five years) \_\_\_\_\_

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 HERITAGE PARK 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

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