

CANAL PLAZA
435 State Street
Binghamton, NY 13901
(607) 723-9491



APPLICATION

PROJECT NAME: Canal Plaza
ADDRESS: 435 State Street
 Binghamton, NY 13901

OFFICE USE ONLY
Date Received: _____
Time Received: _____
Estimated Income: _____
Income Category: _____

THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING AND BE LEGIBLE. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. LIST TENANT FIRST, CO-TENANT SECOND, OTHER MEMBERS OF HOUSEHOLD THIRD ETC. ALL INFORMATION IS KEPT CONFIDENTIAL.

(If you are unable to fill out this application someone will fill it out for you or you may choose someone to fill it out. That person must sign the last page as the person whose handwriting appears on the form.)

APPLICANT _____ **PHONE NO.** _____

PRESENT ADDRESS _____

APARTMENT SIZE REQUESTED One bedroom Two bedroom

| A. HOUSEHOLD COMPOSITION | | | | | | | |
|--|------|----------------------|---|------------|-----|-----|-------------|
| List ALL persons who will live in the apartment. List the head of household first. | | | | | | | |
| | Name | Relationship to head | Marital Status D-divorced S-single L-legal separation E-estranged | Birth Date | Age | SS# | Student Y/N |
| Head | | | | | | | |
| Co-T | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |

| |
|---|
| Do you anticipate any additions to the household in the next twelve months? (CIRCLE ONE) <input type="radio"/> Yes <input type="radio"/> No |
| If yes, explain |
| |
| |

Does the tenant or co-tenant request a disability adjustment to income or a special disability accessible unit or both?
 YES / NO

Will any of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? í Yes í No

If yes then please list all students: _____

IF YES, ANSWER THE FOLLOWING QUESTIONS:

| | | |
|--|-------|------|
| Are any full-time student(s) married and filing a joint tax return? | í Yes | í No |
| Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? | í Yes | í No |
| Are any full-time student(s) a TANF or a title IV recipient? | í Yes | í No |
| Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return? | í Yes | í No |

| B. INCOME | | List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA. |
|-----------------------|---|---|
| Household Member Name | Source of Income | Gross Monthly Amount |
| | Social Security | \$ |
| | Social Security | \$ |
| | | |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | | |
| | Pension (list source) | \$ |
| | Pension (list source) | \$ |
| | | |
| | Veteran's Benefits (list claim #) | \$ |
| | Unemployment Compensation | \$ |
| | Unemployment Compensation | \$ |
| | Disability | \$ |
| | Workman's Compensation | \$ |
| | Full-Time Student Income (18 & Over Only) | |
| | Interest Income form Assets (source) | \$ |
| | Interest Income form Assets (source) | \$ |
| | Interest Income form Assets (source) | \$ |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |

| | | |
|------------------------------|---|--|
| | How long employed: | |
| | | |
| | | |
| Household Member Name | Source of Income | Gross Monthly Amount |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Alimony | |
| | Are you <i>entitled</i> to receive alimony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list the amount you are <i>entitled</i> to receive. | \$ |
| | Do you receive alimony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list amount you receive. | \$ |
| | Child Support | |
| | Are you <i>entitled</i> to receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list the amount you are <i>entitled</i> to receive. | \$ |
| | Do you receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list the amount you receive. | \$ |
| | Other Income | \$ |
| | Other Income | \$ |
| | Other Income | \$ |

| | | |
|---|------------------------------|-----------------------------|
| Do you anticipate any changes in this income in the next 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, explain: | | |
| | | |
| | | |
| | | |

Does anyone in the household receive any regular contributions or gifts from non-household members?
 Yes _____ No _____

Does anyone in the household receive any income from property?
 Yes _____ No _____ Explain _____

What is the amount of your cash on hand? _____

C. ASSETS

If your assets are too numerous to list here, please request an additional form.
 If a section doesn't apply, cross out or write NA.

| | | | |
|-------------------|---|------|------------|
| Checking Accounts | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| Savings Accounts | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |

| | | | | |
|-------------------------|-------|---------------|-------------------------|----------|
| Trust Account | # | Bank | Balance \$ | |
| Certificate of Deposits | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| Credit Union | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| Savings Bonds | # | Maturity Date | Value \$ | |
| | # | Maturity Date | Value \$ | |
| | # | Maturity Date | Value \$ | |
| Life Insurance Policy | # | | Cash Value \$ | |
| Life Insurance Policy | # | | Cash Value \$ | |
| Mutual Funds | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| Stocks | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| Bonds | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| Investment Property | | | Appraised Value \$ | |

| | |
|--|--|
| Real Estate Property: <i>Do you own any property?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes</i> , Type of property | |
| Location of property | |
| Appraised Market Value | \$ |
| Mortgage or outstanding loans balance due | \$ |
| Amount of annual insurance premium | \$ |
| Amount of most recent tax bill | \$ |

| | |
|---|--|
| Have you sold/disposed of any property in the last 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes</i> , Type of property | |

| | |
|---------------------------------|----|
| Market value when sold/disposed | \$ |
| Amount sold/disposed for | \$ |
| Date of transaction | |

| | | |
|--|--|--|
| Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, describe the asset</i> | | |
| Date of disposition | | |
| Amount disposed | | \$ |

| | | |
|--|--|--|
| Do you have any other assets not listed above (excluding personal property)? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, please list:</i> | | |
| | | |
| | | |

D. ADDITIONAL INFORMATION

| | | |
|--|------------------------------|-----------------------------|
| Have you or any member of your household ever been convicted of manufacture or distribution of a controlled substance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you or any member of your family ever been convicted of a crime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe</i> | | |
| | | |
| Have you or any member of your family ever been evicted from any housing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe</i> | | |
| | | |

F. REFERENCE INFORMATION

| | | |
|------------------|-------------|--|
| Current Landlord | Name: | |
| | Address: | |
| | Home Phone: | |
| | Bus. Phone: | |
| | How Long? | |
| | Name: | |
| | Address: | |

| | | |
|---------------------------------------|-------------|--|
| Prior Landlord | Home Phone: | |
| | Bus. Phone: | |
| | How Long? | |
| Credit Reference #1: | | |
| Address: | | |
| Account #: | Phone #: | |
| Credit Reference #2: | | |
| Address: | | |
| Account #: | Phone #: | |
| Credit Reference #3: | | |
| Address: | | |
| Account #: | Phone #: | |
| Personal Reference (No Relatives)#1: | | |
| Address: | | |
| Relationship: | Phone #: | |
| Personal Reference (No Relatives) #2: | | |
| Address: | | |
| Relationship: | Phone #: | |
| Personal Reference (No Relatives)#3: | | |
| Address: | | |
| In case of emergency notify: | | |
| Address: | | |
| Relationship: | Phone #: | |

G. VEHICLE AND PET INFORMATION (if applicable)

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

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

Acceptance of this application does not guarantee rental of an apartment. All applicants must meet screening criteria, including landlord and credit checks. Changes in family income, size and address and phone number must be reported promptly to management in order to properly process your application.

NOTE: We conduct criminal background checks. If you have a criminal record, you have rights and protections. You have the right to review any conviction record the housing provider is using to make a decision. There are only two reasons for automatic denial to state funded housing on the basis of your criminal convictions: convictions for methamphetamine production in the home or being required to register for life on a state or federal Sex Offender database. In all other instances, you have the right to provide additional information about the circumstances of the conviction and the right to present evidence of your rehabilitation. For more information about your rights as an individual with a criminal conviction, please visit <http://www.nysher.org/AboutUs/Offices/FairHousing/GPCC.htm>.

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment and sign a one year lease prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

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

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity:

Hispanic or Latino _____
Not Hispanic or Latino _____

Race: (Mark One or More)

- 1 American Indian/Alaska Native _____
- 2 Asian _____
- 3 Black or African American _____
- 4 Native Hawaiian or Other Pacific Islander _____
- 5 White _____

Gender : Male _____ Female _____

Revised: 2019