

BETHANY KNOLL APARTMENTS
3005 Watkins Road
Horseheads, NY 14845

TELEPHONE NUMBER: (607) 378-6591

TTY: 1-800-662-1220 – NY Relay Service

APPLICATION FOR ADMISSION



Office Use Only

Date Received: _____ Time Received: _____ Received By: _____



We Do Business in Accordance With the Federal Fair Housing Law

*In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD)."

TENANT ELIGIBILITY DETERMINATION INFORMATION
Bethany Knoll Apartments

And

USDA RURAL DEVELOPMENT

WARNING: Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statement or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

STATEMENT REQUIRED BY THE PRIVACY ACT:

Rural Development is authorized by Title V of the Housing Act of 1949, as amended (42 U.S.C. 1471et.Seq.) to solicit the information requested on this form. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except that it is unlawful for Rural Development to deny eligibility because of the refusal to disclose the Social Security Account Number.

The principal purposes for collecting the requested information are to determine eligibility for occupancy in the Rural Development financed rental project and to determine the amount of tenant contribution for rent. The information collected on this form may be released to appropriate Federal, State, and Local Agencies when relevant to civil, criminal, or regulatory proceedings.

UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL DEVELOPMENT
INCOME ELIGIBILITY DETERMINATION INFORMATION

INSTRUCTIONS: Rural Development regulations require us to obtain certain information to determine eligibility for our apartments. Please complete the following form to the best of your knowledge. If there is a section that does not apply to you, please enter zero. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

| | | | | | |
|--------------------|-----------------|---------------|--------------|---------------------------------|-----|
| Household (Last | Member First | Name M.I.) | Social Sec # | Date of Birth (Mo. – D – Yr) | Age |
|--------------------|-----------------|---------------|--------------|---------------------------------|-----|

| | | | | | |
|--------|--|--|--|--|--|
| Tenant | | | | | |
|--------|--|--|--|--|--|

| | | | | | |
|-----------|--|--|--|--|--|
| Co-Tenant | | | | | |
|-----------|--|--|--|--|--|

Current Address: _____
Street
City
County
State
Zip

Telephone Number: _____
Area Code
Number

Household Members (Other Than Above) who will Be Living in Apartment

| Name | Date Of Birth | Social Security Number | Relationship to Head of Household | Age |
|-------|---------------------|------------------------------|---|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Do you require the features of a handicap accessible apartment unit?

____ Yes ____ No If yes, please explain _____

LIST ALL ASSETS FOR ALL HOUSEHOLD MEMBERS

| ASSETS | BALANCE ON HAND | ANNUAL INTEREST INCOME |
|--|-----------------|------------------------|
| A. Cash on Hand | \$ _____ | |
| B. Checking Account(s) # _____ | | |
| Bank: _____ | \$ _____ | _____ |
| # _____ | | |
| Bank: _____ | \$ _____ | _____ |
| C. Savings Account(s) # _____ | | |
| Bank: _____ | \$ _____ | _____ |
| # _____ | | |
| Bank: _____ | \$ _____ | _____ |
| D. Trust Account(s) # _____ | | |
| Bank: _____ | \$ _____ | _____ |
| # _____ | | |
| Bank: _____ | \$ _____ | _____ |
| E. Credit Union # _____ | | |
| Bank: _____ | \$ _____ | _____ |
| # _____ | | |
| Bank: _____ | \$ _____ | _____ |
| F. Savings Bonds—Aggregate Cash Value | \$ _____ | _____ |
| G. Certificates of Deposit—Aggregate Market Value | \$ _____ | _____ |
| H. Mutual Funds/Stocks—Aggregate Cash Value | \$ _____ | _____ |
| I. Money Markets—Aggregate Cash Value | \$ _____ | _____ |
| J. I.R.A. - Aggregate Cash Value less Penalty for early surrender | \$ _____ | _____ |
| K. Cash Value of Retirement Fund | \$ _____ | _____ |

L. Cash Value of Life Insurance Policies \$ _____

M. Real Property

1. Do you own any property?

Yes _____

No _____

If NO, go to number 2 below.

If YES, type of property: _____

Appraised Market Value: _____

Adjustments:

a) Settlement Costs \$ _____

b) Brokerage Fees \$ _____

c) Outstanding Mortgage \$ _____

Total Cash Value \$ _____

2. Have you sold/disposed of any property in the past two years?

Yes _____

Transaction Date: _____

No _____

If NO, go to number 3 below.

If YES, type of property: _____

Market Value When Sold: \$ _____

Amount sold/disposed for \$ _____

3. Have you disposed of any other assets in the past 2 years (i.e. given away money to relatives, set up irrevocable trust account)?

Yes _____

No _____

If NO, go to number 4 below.

If YES, describe asset: _____

Date of Disposition: _____

Amount Disposed: \$ _____

4. Do you have any other assets not listed above (excluding personal property, i.e. car home furnishings)?

Yes _____

No _____

If YES, list: _____ \$ _____

_____ \$ _____

_____ \$ _____

INCOME – INCLUDE ALL INCOME FOR ALL HOUSEHOLD MEMBERS 18 YEARS AND OVER

A. WAGES

| | | |
|------------------------------|----------------------|----------|
| Name: _____ | Gross Payroll Amount | \$ _____ |
| Employer: _____ | Weekly: | \$ _____ |
| Position: _____ | Bi-Weekly: | \$ _____ |
| Length Employed: _____ | Semi-Monthly: | \$ _____ |
| Hours worked per week: _____ | Monthly: | \$ _____ |

| | | |
|------------------------------|----------------------|----------|
| Name: _____ | Gross Payroll Amount | \$ _____ |
| Employer: _____ | Weekly: | \$ _____ |
| Position: _____ | Bi-Weekly: | \$ _____ |
| Length Employed: _____ | Semi-Monthly: | \$ _____ |
| Hours worked per week: _____ | Monthly: | \$ _____ |

| | | |
|------------------------------|----------------------|----------|
| Name: _____ | Gross Payroll Amount | \$ _____ |
| Employer: _____ | Weekly: | \$ _____ |
| Position: _____ | Bi-Weekly: | \$ _____ |
| Length Employed: _____ | Semi-Monthly: | \$ _____ |
| Hours worked per week: _____ | Monthly: | \$ _____ |

B. OTHER EARNED INCOME (from private business or profession)

| | | |
|-------------|----------------|----------|
| Name: _____ | Monthly Amount | \$ _____ |
|-------------|----------------|----------|

| | | |
|-------------|----------------|----------|
| Name: _____ | Monthly Amount | \$ _____ |
|-------------|----------------|----------|

C. UNEMPLOYMENT COMPENSATION, DISABILITY INCOME, SEVERANCE PAY

| | | |
|-------------|----------------|----------|
| Name: _____ | Monthly Amount | \$ _____ |
|-------------|----------------|----------|

| | | |
|-------------|----------------|----------|
| Name: _____ | Monthly Amount | \$ _____ |
|-------------|----------------|----------|

D. SOCIAL SECURITY, PENSIONS, ETC.

Social Security

| | | |
|-------------|----------------|----------|
| Name: _____ | Monthly Amount | \$ _____ |
|-------------|----------------|----------|

| | | |
|-------------|----------------|----------|
| Name: _____ | Monthly Amount | \$ _____ |
|-------------|----------------|----------|

Pension

| | | |
|-------------|----------------|----------|
| Name: _____ | Monthly Amount | \$ _____ |
|-------------|----------------|----------|

| | | |
|-------------|----------------|----------|
| Name: _____ | Monthly Amount | \$ _____ |
|-------------|----------------|----------|

E. VETERANS BENEFITS

| | | |
|-------------|----------------|----------|
| Name: _____ | Monthly Amount | \$ _____ |
|-------------|----------------|----------|

| | | |
|-------------|----------------|----------|
| Name: _____ | Monthly Amount | \$ _____ |
|-------------|----------------|----------|

F. PUBLIC ASSISTANCE

In States of AFDC program:

Name: _____ Monthly Amount \$ _____

Name: _____ Monthly Amount \$ _____

In "As Paid States" Only – New York:

| | |
|--|----------|
| Total Monthly Grant Received | \$ _____ |
| Minus Actual Shelter/ Utilities Allowance | \$ _____ |
| Plus Maximum Allowed for Shelter/Utility = Monthly Total | \$ _____ |

G. SSI BENEFITS

Name: _____ Monthly Amount \$ _____

Name: _____ Monthly Amount \$ _____

H. OTHER SOURCES OF INCOME

1. Do you own any rental property?

Yes _____

No _____

Monthly Rental Income \$ _____

Amount of Annual Insurance Premium \$ _____

Amount of Most Recent Annual Tax Bill \$ _____

2. Alimony

Name: _____ Monthly Amount \$ _____

3. Child Support

Name: _____ Monthly Amount \$ _____

Name: _____ Monthly Amount \$ _____

Name: _____ Monthly Amount \$ _____

4. Educational Grants-subsistence, regular contributions received by Tenants, earned income of students 18 and over, etc.

Name: _____ Monthly Amount \$ _____

Name: _____ Monthly Amount \$ _____

Name: _____ Monthly Amount \$ _____

DO YOU ANTICIPATE ANY CHANGES IN ANY INCOME SOURCES IN THE NEXT 12 MONTHS? _____

DOES ANYONE IN THE HOUSEHOLD RECEIVE ANY REGULAR CONTRIBUTIONS OR GIFTS FROM NON-HOUSEHOLD MEMBERS? _____

DO YOU EXPECT ANYONE NOT LISTED ON THIS APPLICATION TO BE MOVING IN WITH YOU IN THE NEAR FUTURE? _____

DO YOU HAVE ANY UNUSUAL EXPENSES RELATED TO EMPLOYMENT, SUCH AS A CARE ATTENDANT OR AUXILIARY APPARATUS FOR A HANDICAPPED OR DISABLED FAMILY MEMBER? Yes ___ No ___ Explain _____

ARE YOU OR ANYONE IN YOUR HOUSEHOLD SEEKING AN ELDERLY HOUSEHOLD DEDUCTION? Yes ___ No ___

If yes, you must provide evidence in the form of a statement by a qualified individual. The nature of the handicap or disability does not have to be disclosed.

MEDICAL EXPENSES: (Complete this part ONLY if Head of Household or Co-Tenant is age 62 or older, or Disabled, or Handicapped regardless of age)

Medicare Premiums Monthly Amount \$ _____

Monthly Amount \$ _____

Medical Insurance Coverage Monthly Amount \$ _____

Monthly Amount \$ _____

Anticipated medical/drug/prescription/home care costs NOT covered by insurance NOT reimbursed:

Monthly Amount \$ _____

Medical bills or outstanding costs you are making monthly payments for:

Balance due: \$ _____ Monthly Amount \$ _____

Payable to: _____

HANDICAP ASSISTANCE EXPENSES (Allowed only when such expense permits a family member, including the handicapped, to work.)

Name of Handicapped _____ Monthly Amount \$ _____

Name of Handicapped _____ Monthly Amount \$ _____
CHILD CARE EXPENSES (Allowed ONLY when such expenses permit a family member to work and apply to children 12 and younger):

Child: _____ Monthly Amount \$ _____

Child: _____ Monthly Amount \$ _____

Child: _____ Monthly Amount \$ _____

Child: _____ Monthly Amount \$ _____

CHILD CARE EXPENSES FOR SCHOOL (Expenses incurred by family member for travel and class time.)

Child: _____ Monthly Amount \$ _____

Child: _____ Monthly Amount \$ _____

Child: _____ Monthly Amount \$ _____

Child: _____ Monthly Amount \$ _____

MISCELLANEOUS

Are you currently under eviction or have you ever been evicted? Yes ____ No ____

If so, why _____

CREDIT REFERENCES:

1. Name _____ Telephone Number _____
Address _____

2. Name _____ Telephone Number _____
Address _____

3. Name _____ Telephone Number _____
Address _____

PERSONAL REFERENCES:

1. Name _____ Telephone Number _____
Address _____

2. Name _____ Telephone Number _____
Address _____

3. Name _____ Telephone Number _____
Address _____

LANDLORD REFERENCES:

Current Landlord: Name _____ Telephone Number _____
Address _____

Prior Landlord: Name _____ Telephone Number _____
Address _____

I (we) certify that I (we) will not maintain a separate rental unit in a different location.

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.

I (we) certify that all information in this application is true to the best of my knowledge and that 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.

SIGNATURES:

| | |
|-----------|--------------|
| _____ | _____ |
| Applicant | Co-Applicant |
| _____ | _____ |
| Date | Date |

“The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service 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, the owner is 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 _____”