**MAPLE CROSSING APARTMENTS**
**208 Maple Road**
**East Aurora, NY 14052**
**(716) 655-3736**
**TDD Relay 711**

(ALL BLANKS MUST BE FILLED IN OR THIS FORM WILL BE RETURNED TO YOU)

**OFFICE USE ONLY:** DATE RECEIVED ____________ TIME RECEIVED ____________
MANAGER INITIALS __________

THIS FORM SHOULD BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. LIST APPLICANT FIRST, CO-APPLICANT 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 hand-writing appears on the form.)

APPLICANT'S NAME ________________________ PHONE NO. __________________
PRESENT ADDRESS ________________________ RENT: $_________
________________________ UTILITIES INCLUDED? _______

**A. LIST ALL PERSONS WHO WILL BE LIVING IN YOUR HOME.**

| NAME | DATE OF BIRTH | RELATION TO HEAD OF HOUSE | SOCIAL SECURITY # (FOR ALL) | FULL TIME STUDENT? (Y/N) |
|---|---|---|---|---|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| 5) | | | | |
| 6) | | | | |
| 7) | | | | |
| 8) | | | | |

B. Do you have any unusual expenses related to employment, such as a care attendant or auxiliary apparatus for a disabled family member? Yes _____ No _____ If yes, please explain:
______________________________________________________________________________

Will any alterations to the apartment be necessary for you or a member of your family? Yes ___ No ___ If yes, please explain: ______________________________________________________________

What apartment size are you applying for? ______ Bedroom(s)

Do you require an accessible unit or reasonable accommodation due to disability? ___Yes ___No

**C. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW. ENTER ZERO ($0) FOR ANYTHING THAT DOES NOT APPLY.**

NAME OF FAMILY MEMBER — SOURCE OF INCOME

___________________a. Social Security Gross monthly amount $__________
___________________ Social Security Gross monthly amount $__________
___________________b. Pension monthly amount $__________
___________________ Pension monthly amount $__________
Source of Pension(s) ______________________________________________
______________________________________________

___________________c. SSI Benefits monthly amount $__________
___________________ SSI Benefits monthly amount $__________
___________________d. Wages Gross monthly amount $__________
___________________
Employer's Name ______________________________________________
Employer's Address ______________________________________________
______________________________________________

___________________ Wages Gross monthly amount $__________
Employer's Name ______________________________________________
Employer's Address ______________________________________________

___________________e. Unemployment Comp. monthly amt. $__________
___________________ Unemployment Comp. monthly amt. $__________
___________________f. Social Services monthly amount $__________
___________________ Social Services monthly amount $__________
___________________g. Full Time Student over 18 $__________
___________________ Full Time Student over 18 $__________
___________________h. Alimony monthly amount $__________
___________________i. Child Support monthly amount $__________
___________________j. Earned Income
Tax Credit ANNUAL amount $__________
___________________k. Other Income monthly amount $__________
Source ______________________
___________________ Other Income monthly amount $__________
Source ______________________
___________________l. Income from investments monthly $__________
___________________ Income from investments monthly $__________
___________________m. Interest income monthly amount $__________
___________________ Interest income monthly amount $__________

Do you anticipate any changes in this income during the next 12 months? Yes _____ No _____

Does anyone in the household receive any regular contributions or gifts from non-household members?
Yes _____ No _____ If yes, explain ______________________________________________

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

Do you expect anyone not listed on this application to be moving in with you in the future?
Yes _____ No _____

Is either the Head of Household or Co-head a full-time student or expected to be in the next 12 months?
Yes _____ No_____

**D. PLEASE LIST ALL ASSETS FOR ALL HOUSEHOLD MEMBERS** (Bank checking, savings accounts, credit union accounts, C.D.'s, stock)

| | ACCOUNT NUMBER | BANK | BALANCE | INTEREST RATE |
|---|---|---|---|---|
| Checking Account | # | | | |
| | # | | | |
| Cash On Hand | | | | |
| Savings Account | # | | | |
| | # | | | |
| Credit Union | # | | | |
| | # | | | |
| C.D.'s | # | | | |
| | # | | | |
| Savings Bonds | # | | | |
| | # | | | |
| Other (property held as an investment or life insurance cash value) | # | | | |
| | # | | | |

Real Property: Do you own any property? Yes _____ No _____
If yes, type of property ________________________________
Where is property located ________________________________
Appraised Market Value $________________________________

Does anyone in the household receive any income from the property? Yes____ No____ Explain _______
________________________________________________________________________________

Have you sold/disposed of any property in the last 2 years? Yes_____ No _____
If yes, type of property ______________________________
Market Value when sold/disposed $_________________
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)? Yes_____ No_____ If yes, describe asset______________________________
Date of Disposition ______________________
Amount disposed $______________________

Do you have any other assets not listed above (excluding personal property)? Yes_____ No_____
If yes, list ___________________________________________________________________________

**E. MEDICAL/CHILD CARE/HANDICAP ASSISTANCE EXPENSES**

A deduction is allowed for households whose head or co-head is elderly, (62 or older), handicapped or disabled (regardless of age).

Are you or anyone in your household seeking this deduction? Yes _____ No _____

If yes, you must provide evidence in the form of a statement by a qualified individual. THE NATURE OF A HANDICAP OR DISABILITY DOES NOT HAVE TO BE DISCLOSED.

**Medical Costs:** 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 - Insurer's Name ___________________________________
Address ___________________________________
Monthly Amount $___________

HANDICAP ASSISTANCE EXPENSES: Complete ONLY if Handicap Expenses allow a member of the household to work or attend school. List type of expenses, weekly amount, paid to whom:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Anticipated Medical/Drug/Prescription costs NOT covered by insurance or reimbursed:
Monthly Amount $___________
Medical Bills or outstanding costs YOU are making monthly payments for:
Balance Due $_______ Monthly Payments $_______ Payable to: ___________________________
___________________________________________________________________________

Name and Address of all Physicians you are seeing on a regular basis:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Any other medical expenses: Type ___________________________________________________________
Amount ____________________________________

**CHILD CARE Costs:** Complete ONLY for children 12 and younger:
Names of children cared for __________________________ Age _________
__________________________ Age _________
__________________________ Age _________
__________________________ Age _________

Name and Address of Person or Agency caring for children ____________________________________
___________________________________________________________________________

Weekly cost for children due to employment or education $__________

**HANDICAP ASSISTANCE EXPENSES:** Complete ONLY if Handicap Expenses allow a member of the household to work or attend school. List type of expenses, weekly amount, paid to whom:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

**F. REFERENCES:**

1. Current Landlord: Name _________________________________________
Address __________________________________________
__________________________________________
Phone Number ____________________________________

2. Prior Landlord: Name __________________________________________
Address ___________________________________________
___________________________________________
Phone Number ________________________________

3. Are you currently under eviction or have you ever been evicted or refused to pay rent? Yes ____ No ____ If so, why? ______________________________________

CRIMINAL HISTORY:

1. Are you a current illegal user of controlled substance or have you ever been convicted of using a controlled substance? ____Yes ____No. If yes, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? ____Yes ____No

2. Have you or any member of your household ever been convicted or pleaded "guilty" or "no contest" to a crime (whether or not resulting in a conviction)? ____Yes ____No
   If yes, what State/County? ______________________________ When?______________________

3. Are you or any member of your family a drug dealer or have you of any family member ever been a drug dealer? Yes _____ No _____

4. Have you or any household member ever been convicted of or pleaded guilty or "no contest" to a crime involving sexual misconduct (whether or not resulting in a conviction)? ___ Yes ___ No
   If yes, what State/County? ____________________________ When? ______________________

5. Are you or any household member a Registered or Unregistered Sex Offender? ___Yes ___No
   If yes, list State(s):____________________________________________________

6. Please list all States you have lived in: ______________________________________________

CREDIT REFERENCES:

1. Name ___________________ Address ________________________ Phone _____________
   ________________________
2. Name ___________________ Address ________________________ Phone _____________
   ________________________
3. Name ___________________ Address ________________________ Phone _____________
   ________________________

PERSONAL REFERENCES (NO RELATIVES)

1. Name ___________________ Address ________________________ Phone _____________
   ________________________
2. Name ___________________ Address ________________________ Phone _____________
   ________________________
3. Name ___________________ Address ________________________ Phone _____________
   ________________________

IN CASE OF EMERGENCY NOTIFY: ___________________________________
Address ______________________________________ Phone Number _________________________

LIST YEAR, MAKE, COLOR AND LICENSE PLATE # FOR ALL VEHICLES IN YOUR HOUSEHOLD

| YEAR/MAKE | COLOR | LICENSE PLATE # |
|---|---|---|
| ____________ | _______ | ______________ |
| ____________ | _______ | ______________ |

Do you own any pets: Yes ___ No ___ If yes, describe ___________________________________

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.

A security deposit and a one year lease are required. Copies of birth certificates will be required for all household members.

I/We certify that all information in this application is true to the best of my/our 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. I/We certify that if accepted for tenancy, this unit will be my/our primary residence and I/we will not maintain a separate subsidized rental unit in a different location.

SIGNATURES:

| ________________________________ | ______________________________ |
| --- | --- |
| Applicant | Co-Applicant |
| _________________________ | ______________________ |
| Date Signed | Date Signed |

AUTHORIZATION

I/WE DO HEREBY AUTHORIZE BELMONT MANAGEMENT CO., INC. AND ITS STAFF OR AUTHORIZED REPRESENTATIVES TO CONTACT ANY AGENCIES, OFFICES, GROUPS OR ORGANIZATIONS TO OBTAIN AND VERIFY ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY/OUR APPLICATION FOR HOUSING IN THIS PROPERTY MANAGED BY BELMONT MANAGEMENT CO., INC.

SIGNATURES:

| ___________________________________ | ________________________________ |
| --- | --- |
| Applicant | Co-Applicant |
| _________________________ | ______________________ |
| Date Signed | Date Signed |

________________________________
Signature of Person Filling Out
Form for Tenant

ATTACHMENT: Things You Should Know About USDA Rural Rental Housing

*RACE/NATIONAL ORIGIN: COMPLETION OF THIS SECTION IS OPTIONAL

*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 Services, 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.

| **APPLICANT #1** | **APPLICANT #2** |
| --- | --- |
| Ethnicity: | Ethnicity: |
| __ Hispanic or Latino | __ Hispanic or Latino |
| __ Not Hispanic or Latino | __ Not Hispanic or Latino |
| Race: (Mark one or more) | Race: (Mark one or more) |
| __ American Indian/Alaska Native | __ American Indian/Alaska Native |
| __ Asian | __ Asian |
| __ Black or African American | __ Black or African American |
| __ Native Hawaiian or other Pacific Islander | __ Native Hawaiian or other Pacific Islander |
| __ White | __ White |
| Gender: | Gender: |
| __ Male __ Female | __ Male __ Female |

**APPLICANT #3**
Ethnicity:
__ Hispanic or Latino
__ Not Hispanic or Latino
Race: (Mark one or more)
__ American Indian/Alaska Native
__ Asian
__ Black or African American
__ Native Hawaiian or other Pacific Islander
__ White
Gender:
__ Male __ Female

**APPLICANT #4**
Ethnicity:
__ Hispanic or Latino
__ Not Hispanic or Latino
Race: (Mark one or more)
__ American Indian/Alaska Native
__ Asian
__ Black or African American
__ Native Hawaiian or other Pacific Islander
__ White
Gender:
__ Male __ Female

**APPLICANT #5**
Ethnicity:
__ Hispanic or Latino
__ Not Hispanic or Latino
Race: (Mark one or more)
__ American Indian/Alaska Native
__ Asian
__ Black or African American
__ Native Hawaiian or other Pacific Islander
__ White
Gender:
__ Male __ Female

**APPLICANT #6**
Ethnicity:
__ Hispanic or Latino
__ Not Hispanic or Latino
Race: (Mark one or more)
__ American Indian/Alaska Native
__ Asian
__ Black or African American
__ Native Hawaiian or other Pacific Islander
__ White
Gender:
__ Male __ Female

**APPLICANT #7**
Ethnicity:
__ Hispanic or Latino
__ Not Hispanic or Latino
Race: (Mark one or more)
__ American Indian/Alaska Native
__ Asian
__ Black or African American
__ Native Hawaiian or other Pacific Islander
__ White
Gender:
__ Male __ Female

**APPLICANT #8**
Ethnicity:
__ Hispanic or Latino
__ Not Hispanic or Latino
Race: (Mark one or more)
__ American Indian/Alaska Native
__ Asian
__ Black or African American
__ Native Hawaiian or other Pacific Islander
__ White
Gender:
__ Male __ Female

**Unlawful discrimination.** "This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."

**Non-Smoking Application Addendum**

**Property:** ___________________________________

In order to protect the health of our residents and employees, this facility has been designated a **non-smoking** facility. That means that there is no smoking in the building (including the apartments) or within fifty feet of the building by anyone, including tenants, guests, employees, vendors or contractors.

Do you understand our smoking policy and agree to adhere to it should your application be approved and you are accepted for residency?

____ Yes ____ No

(If no, please understand that you cannot be accepted for occupancy since you are not willing to abide by the terms and conditions of the Lease Agreement.)

I understand the smoking policy and agree to abide by it if my application is approved.

_____________________________________ ___________________________

Applicant Signature Date

**APPLICATION ADDENDUM** Property: ___Maple Crossing_______

Please answer the following questions as accurately as possible so that we may properly evaluate your application. This information will not be used to determine eligibility.

1. How did you hear about us?

___ Newspaper. Please Identify Newspaper :_______________________________
___ Family, friends, driving by.
___ Agency referral. Please Identify Agency: _______________________________
___ Other. Specify: ____________________________________________________

2. Do you have an email address? ___________________________________________

3. Please read the following. If any can describe your current housing conditions, please identify:

___ No operable indoor plumbing.
___ No usable flush toilet inside unit for exclusive use of family.
___ No usable bathtub/shower inside unit for exclusive use of family.
___ No electricity or inadequate/unsafe electrical service.
___ No safe/adequate source of heat.
___ Should have kitchen, but does not.
___ Declared unfit for habitation by government.
___ Does not provide safe and adequate shelter and endangers the health, safety or well-being of the family.
___ Housing has one or more critical defects or combination of intermediate defects in sufficient number or extent to require considerable repair or rebuilding.

4. Do you require assistance with any of the following activities of daily living? Please check all that apply:

___ Bathing
___ Dressing
___ Eating
___ Transferring: moving between bed and chair/wheelchair
___ Grooming/Personal Hygiene
___ Toileting: getting to/from & transferring on/off toilet
___ Mobility: moves about by self or with adaptive equipment

5. Do you require assistance with any of the following instrumental activities of daily living? Please check all that apply:

___ Shopping
___ Getting to places out of walking ability
___ Laundry
___ Housework/cleaning
___ Chores
___ Prepare/cook meals
___ Handle personal business/finances
___ Use the telephone
___ Self-administer medications

_____________________________________________ ________________________
Signature Date