

Snow Belt Housing Company, Inc.

7500 South State Street ~ Lowville, NY 13367
E-mail: cheryl@snowbelt.org

Cheryl L. Shenkle-O'Neill, Executive Director

NYS Relay Service No. – TTD 1-800-662-1220
Phone (315) 376-2639 ~ Fax (315) 376-2518

Dear Applicant:

Thank you for applying to Snow Belt Housing for an apartment.

Complete the application and return it to the address above with documentation as listed on the cover page of the application.

Our property manager, Jeremy Chartrand will contact you soon.



Snow Belt Housing is an equal opportunity provider and employer



SNOW BELT HOUSING RENTAL APPLICATION

Phone: (315) 376-2639 Fax: (315) 376-2518

Email: info@snowbelt.org

DOCUMENTS NEEDED

Name: _____ **Phone Number:** _____

- ___ **Completed and signed application (Signed by all adult members in the household)**
- ___ **Signed consent form (Signed by all adult members in the household)**
- ___ **4 weeks worth of paystubs showing year to date (For all adult members in the household)**
- ___ **Proof of all other income for everyone in the household (Including but not limited to: Social Security, Child Support, Pension, Alimony, and Unemployment statements etc.)**
- ___ **Signed copies of most recent Income Tax Returns (For all adult members in the household)**
- ___ **Most Recent W2's (For all adult members in the household)**
- ___ **Most recent 3 months of checking and savings account statement for everyone in household**
- ___ **Copies of birth certificates for all children living in the household**
- ___ **Copies of Social security cards for everyone living in the household**
- ___ **Copies of Drivers License or photo ID for all adult members in the household**
- ___ **Proof of assets (Including but not limited to: stocks, bonds, IRA's, 401K's, CD's etc.)**
- ___ **Other** _____

These documents must accompany your rental application in order for your application to be complete and will be kept confidential. We can make copies of your original documents at the office. We will run various reports and background checks on all individuals applying to determine eligibility.

Note: Updated income documentation will need to be provided every year if you rent an apartment from Snow Belt Housing to ensure proper recertification.

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Rental Application

Date: _____

Name of Applicant _____ Phone # _____

Current Address: _____

Dates Resided ___/___/___ to ___/___/___ Current Rent: _____ Utilities Included: _____

Reason For Moving: _____

Landlord Name: _____ Landlord Phone Number: _____

Rental History

Previous Address: _____

Dates Resided ___/___/___ to ___/___/___ Rent: _____ Utilities Included: _____

Reason For Moving: _____

Landlord Name: _____ Landlord Phone Number: _____

Previous Address: _____

Dates Resided ___/___/___ to ___/___/___ Rent: _____ Utilities Included: _____

Reason For Moving: _____

Landlord Name: _____ Landlord Phone Number: _____

Household Information

Head of Household Name: _____ Alias's/ Maiden Name _____

DOB ___/___/___ Social Security #: _____ Drivers License #: _____

Disabled or Handicapped _____ 60 or Over _____ Source of Income: _____ Monthly Income: _____

Employer Name & Address: _____ How Long? _____

HH Member #2 Name: _____ Relation to Applicant: _____

DOB ___/___/___ Social Security #: _____ Drivers License #: _____

Disabled or Handicapped _____ 60 or Over _____ Source of Income: _____ Monthly Income: _____

Employer Name & Address: _____ How Long? _____

HH Member #3 Name: _____ Relation to Applicant: _____

DOB ___/___/___ Social Security #: _____ Drivers License #: _____

Disabled or Handicapped _____ 60 or Over _____ Source of Income: _____ Monthly Income: _____

Employer Name & Address: _____ How Long? _____

HH Member #4 Name: _____ Relation to Applicant: _____

DOB ___/___/___ Social Security #: _____ Drivers License #: _____

Disabled or Handicapped _____ 60 or Over _____ Source of Income: _____ Monthly Income: _____

Employer Name & Address: _____ How Long? _____

HH Member #5 Name: _____ Relation to Applicant: _____

DOB ___/___/___ Social Security #: _____ Drivers License #: _____

Disabled or Handicapped _____ 60 or Over _____ Source of Income: _____ Monthly Income: _____

General Questions

Are you receiving housing assistance? _____ If not are you on the waiting list? _____

Are you current with your utility companies? _____ If not how much is in collection? _____

Electric Company Name _____ Account Number _____

Heat Company Name _____ Account Number _____

Do you have any pets? _____ Type _____ Does anyone smoke? _____

Vehicle 1: Year _____ Make _____ Model _____

Color _____ Plate # _____ HH Member: _____

Vehicle 2: Year _____ Make _____ Model _____

Color _____ Plate # _____ HH Member: _____

Military Status _____ If So Whom: _____

Has anyone in the household been convicted of a felony: _____

Has anyone in the household been convicted of sale, distribution, or possession of illegal drugs? _____

Type of Apartment Desired

Number of Bedrooms _____ Upper or Lower Apartment _____ Location: _____

Amount of Rent you can afford? _____ Do you need a Handicapped Accessible unit? _____

Character References

Please list two character references (Cannot be relatives):

1. Name: _____ Relationship: _____ Phone # _____

Address: _____

2. Name: _____ Relationship: _____ Phone # _____

Address: _____

Credit References

Please list two credit references (Example- National Grid, Frontier, Time Warner Cable, AT&T)

1. Name: _____ Address: _____ Phone # _____

2. Name: _____ Address: _____ Phone # _____

Emergency Contact

Emergency Contact: _____ Relationship: _____

Address: _____ Phone # _____

Name of Nearest Relative: _____ Address: _____

Phone # _____ Relationship: _____

Referred to us by: _____

I/WE HEREBY CERTIFY THE INFORMATION PROVIDED TO BE TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE DO HEREBY AUTHORIZE SNOW BELT HOUSING COMPANY, INC., 7500 SOUTH STATE STREET LOWVILLE NY 13367 AND ITS STAFF OR AUTHORIZED REPRESENTATION 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 SNOW BELT HOUSING COMPANY, INC.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Comments: _____

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.



AUTHORIZATION
FOR RELEASE OF INFORMATION

Consent

I authorize and direct any Federal, State, or Local Agency, Organization, Business, or Individual to release to Snow Belt Housing Company, Inc. any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under one of the following programs:

- * Section 221 BHIR
- * Rent Supplement
- * Section 236
- * USDA
- * Rent Assistance Payments (RAP)
- * Section 8 Housing Assistance Payments Programs
- * PHFA
- * DHCR

I give my consent for the release also for the minor children in my care who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and Rural Development in administering and enforcing program rules and policies.

Information Covered

I understand that, depending on program policies and requirements, previous or current information regarding myself or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- * Identity and Marital Status
- * Income and Assets
- * Medical or Child Care Allowances
- * Credit and Criminal Activity
- * Employment
- * Residences/Rental Activity
- * Social Security Numbers

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in the housing assistance program.



Equal Housing
Opportunity

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- * Previous Landlords (including Public Housing Agencies)
- * Post Offices
- * Schools and Colleges
- * Support and Alimony Providers
- * Veterans Administration Retirement Systems
- * Credit Providers and Credit Bureaus
- * Past and Present Employers
- * Welfare Agencies
- * State Unemployment Agencies
- * Social Security Administration
- * Medical and Child Care Providers
- * Banks and other Financial Institutions
- * Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or a Public Housing Authority (PHA) may conduct computer matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or Local Agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U. S. Postal Service, the Social Security Agency, and State Welfare and Food Stamp Agencies.

CONDITIONS

I agree that a photocopy of this authorization may be for the purposes stated above. The original of this authorization is on file with the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is correct.

Head of Household

 Signature (Print Name) Date

Co-Head of Household

 Signature (Print Name) Date

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506 "Request for copy of Tax Form" must be prepared and signed separately.

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.

