

Snow Belt Housing Company, Inc.

7500 S. State Street, Lowville N.Y. 13367

Phone: (315) 376-2639 ~ Fax: (315) 2518 ~ TDD: 1-800-662-1220

Website: snowbelt.org

Email: susan@snowbelt.org

OFFICE USE ONLY:

DATE RECEIVED: _____

TIME RECEIVED: _____

The Snow Belt Housing Company, Inc. is the managing agent for five elderly/disabled USDA 515 housing projects. Each project has a separate waiting list. To request placement on any of our waiting lists, please check your choice or choices below:

___ High Falls Apartments, Lyons Falls, NY 13368 – Contact Jeremy Chartrand (315) 376-2639

___ Whitton Place Apartments, Port Leyden, NY 13433 – Contact Jeremy Chartrand (315) 376-2639

___ Sackets Harbor Heights, Sackets Harbor, NY 13685 – Contact Jeremy Chartrand (315) 376-2639

___ Valley View Courts, Lowville, NY 13367 – Contact Erica Davis (315) 376-7376

___ Steepleview Courts, Croghan, NY 13327 -- Contact Erica Davis (315) 376-7376

The policy of the Snow Belt Housing Company, Inc. is to conduct business in accordance with applicable fair housing laws. We do not discriminate against any person because of race, color, national origin, religion, sex, disability, familial status, sexual orientation, gender identity, or marital status.

Before we can process your application, it is necessary that you provide the correct legal name for each member of your household as it appears on the social security card, addresses, social security numbers, income and assets. List the tenant first, co-tenant second and other members of the household third, etc.

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

APPLICANT: _____ **PHONE NUMBER:** _____

PRESENT ADDRESS: _____

If less than five years at your current address, list other addresses on a separate page and include it with your application. Have you ever lived in another state? ___ Yes ___ No.

If yes, indicate which state and/or states: _____

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

NAME	DATE OF BIRTH	SOCIAL SECURITY #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1) If married (by ceremony or common law) and the spouse is not listed on this application, list his/her name _____ Where does he/she live? _____

2) 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 _____
If yes, please explain _____

3) Will any alterations to the apartment be necessary for a member of your family? Yes _____ No _____
If yes, please explain _____

B. INCOME – LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:

<u>NAME OF FAMILY MEMBER</u>	<u>SOURCE OF INCOME</u>
1. A. _____	Social Security monthly amount \$ _____
B. _____	Social Security monthly amount \$ _____
2. A. _____	Pension monthly amount \$ _____
B. _____	Pension monthly amount \$ _____
3. A. _____	SSI Benefits monthly amount \$ _____
B. _____	SSI Benefits monthly amount \$ _____
4. A. _____	Wages Gross monthly amount \$ _____
Employer's Name & Address _____	
B. _____	Wages Gross monthly amount \$ _____
Employer's Name & Address _____	
5. A. _____	Unemployment Comp. monthly amount \$ _____
B. _____	Unemployment Comp. monthly amount \$ _____
6. A. _____	Social Services monthly amount \$ _____
B. _____	Social Services monthly amount \$ _____
7. A. _____	Other Income monthly amount \$ _____
	Source _____
B. _____	Other Income monthly amount \$ _____
	Source _____
8. _____	Alimony monthly amount \$ _____
9. _____	Child Support monthly amount \$ _____
10. _____	Earned Income Tax Credit ANNUAL amount \$ _____
11. _____	Income from Investments monthly \$ _____
12. Do you anticipate any changes in this income during the next 12 months? Yes _____ No _____	
If yes, please explain _____	

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

14. Do you expect anyone not listed on this application to be moving in with you in the future?
 Yes _____ No _____ If yes, explain _____

C. PROPERTY:

1) Have you sold any property on a **deed of trust or mortgage** whereby you are receiving periodic payments? ___ Yes ___ No

If yes, - current outstanding balance of contract \$ _____ as of _____.

Interest Rate _____ Payment Amount \$ _____

Payments are _____ Monthly, _____ Quarterly, _____ Annually, or _____ Other

Please attach an amortization schedule.

2) Does anyone in the household own any property? Yes ___ No ___ If yes, Type of property _____
 Location _____

Appraised Market Value \$ _____

Mortgage or outstanding loans balance due \$ _____

Please attach a copy of your deed and most recent tax bill.

3) Have you disposed of any assets in the last two years? (Examples – given away money to relatives, set-up irrevocable trust accounts) ___ Yes ___ No If yes, please describe asset _____

Date of disposition _____ Amount disposed of \$ _____

4) Do you have any other assets not listed above? (Excluding personal property) _____ Yes _____ No

If yes, please describe _____

5) Do you have ACCESS to any other income or assets not listed above? Yes ___ No ___

If Yes, list: _____

D. ASSETS:

List all assets for all household members.

CHECKING ACCOUNTS Yes No

Bank	Address	Account #	Account Balance	Interest Rate

SAVINGS, CD's, MONEY MARKETS, ETC. **Yes** **No**

Bank	Address	Account #	Account Balance	Interest Rate

OTHER (TYPE _____) **Yes** **No**

Institution	Address	Account #	Account Value Market Value	Interest Rate/ Dividend

E. MEDICAL ALLOWANCES:

Indicate on whose behalf medical expenses will be incurred for the next twelve months. Medical expenses may include insurance premiums, Medicare premiums, prescriptions, over the counter drugs with proper Dr.'s verification, doctor visits, dentist visits, eye doctors, chiropractors, hospital visits, etc.

Health Insurance Company _____

Insurer's Name: _____

Health Insurance Company _____

Insurer's Name: _____

Premium \$ _____ PAID; _____ Monthly, _____ Quarterly, or _____ Annually

Medicare Premiums:

Insurer's Name _____ Monthly Amount \$ _____

Insurer's Name _____ Monthly Amount \$ _____

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: _____

Please attach a drug profile for the past twelve months.

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

Any other medical expenses: Type _____

Amounts _____

F. PROGRAM INFORMATION:

- 1) Are you applying for status as an "Elderly Household", where the tenant or co-tenant is 62 or older, or disabled as defined by Rural Development? ___ Yes ___ No If so, do you realize you will be eligible for a \$400.00 deduction and medical deductions? Please realize that your eligibility must be verified.
- 2) Would you or any one in your household benefit from a handicapped accessible unit? ___ Yes ___ No
- 3) Are you currently living in subsidized housing? ___ Yes ___ No
- 4) Have you ever resided in a project financed and/or subsidized by the Government? ___ Yes ___ No
If yes, Name and address _____
- 5) Have you ever been evicted from Public Housing or any other Federal Housing Program?
___ Yes ___ No If yes, Where _____ When _____
Describe reason: _____
- 6) Have you ever been evicted from other housing? ___ Yes ___ No
- 7) Are your bills current with the electric company? ___ Yes ___ No
- 8) Will you be able to get lights in your name with National Grid? ___ Yes ___ No
- 9) How did you hear about this housing? _____
- 10) Will you take an apartment when one is available? ___ Yes ___ No
- 11) Briefly describe your reason for applying _____

G. CRIMINAL HISTORY:

- 1) Have you ever been convicted of a felony offense? ___ Yes ___ No
If yes, please describe convictions. Please use back of application if you need additional space.

- 2) Are you currently using illegal drugs? ___ Yes, ___ No
- 3) Have you ever been convicted of the sale, distribution, or possession of illegal drugs? ___ Yes, ___ No
- 4) Have you or any one in your household (regardless of age) been arrested, charged or convicted for any of the following:
- a. Violent criminal activity? ___ Yes, ___ No If yes, please describe _____
- b. Alcohol related activity? ___ Yes, ___ No If yes, please describe _____
- c. Manufacture of methamphetamines? ___ Yes, ___ No If yes, please describe _____
- 5) Are you subject to the lifetime sex offender registry? ___ Yes, ___ No.

H. REFERENCE INFORMATION:

LANDLORD (Please list all landlords for the last five years):

1. Name _____ Address _____
Phone _____ Tenant Address _____
2. Name _____ Address _____
Phone _____ Tenant Address _____
3. Name _____ Address _____
Phone _____ Tenant Address _____

CREDIT

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

PERSONAL REFERENCES (NO RELATIVES)

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____

I. ADDITIONAL INFORMATION:

PETS

Do you own any pets? _____ Yes _____ No

If yes, please describe _____

VEHICLES

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.

<u>TYPE</u>	<u>YEAR/MAKE</u>	<u>COLOR</u>	<u>LICENSE PLATE #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

J. AUTHORIZATION and CERTIFICATION:

AUTHORIZATION

I/we do hereby authorize the Snow Belt Housing Company, Inc., as managing agent and its staff or authorized representatives to contact any agencies, local police departments, Division of Criminal Justice services, 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 USDA, Rural Development 515 housing complex.

Applicant Signature

Date

Co-Applicant Signature

Date

CERTIFICATION

I/we hereby certify that I/we do/will not maintain a separate subsidized rental unit in a different 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.

I/we understand that my eligibility for housing will be based on Rural Development/HUD income limits.

I/we certify that we are a U.S. citizen or a qualified alien.

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 are grounds for denial of this application or termination of tenancy after occupancy.

Applicant Signature

Date

Co-Applicant Signature

Date

FAMILY HOUSEHOLD COMPOSITION

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

White _____

Black or African American _____

Asian _____

American Indian/Alaska Native _____

Native Hawaiian or Other Pacific Islander _____

Gender:

Male _____

Female _____

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.



CRIMINAL RECORD RELEASE FORM

Applicant(s)/Tenant(s) please complete the following information. Please use your full legal name with middle initial. If your current address is less than five years, please list additional address on back of form.

(A) I, _____ hereby state that I reside at _____ that my date of birth is _____, and that my social security number is _____.

(B) I, _____ hereby state that I reside at _____ that my date of birth is _____, and that my social security number is _____.

I am an applicant for housing with one of Snow Belt Housing Company, Inc.'s managed properties. A question for Snow Belt's tenant selection criteria concerns the existence of a criminal record. I hereby waive the right to privacy, to which I am otherwise entitled, and consent that any record of a criminal conviction pertaining to me be released to the Snow Belt Housing Company, Inc. employees and/or its authorized representatives.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

Existence of a Criminal Record to be verified by local, state and/or county law enforcement:

Does the applicant(s)/tenant(s) have a criminal record? _____

If yes, please describe _____

Does the applicant(s)/tenant(s) possess a felony conviction? _____

Has the applicant(s)/tenant(s) ever been involved in any illegal drug activity? _____

Were the applicant(s)/tenant(s) ever convicted of any drug related offense(s)? _____

**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
- * Federal CDBG Program
- * Rent Supplement
- * Section 236
- * DHCR administered programs
- * USDA Section 515 and 533 Programs
- * Federal HOME Program
- * Section 8 Housing Assistance Program
- * Solutions to End Homelessness Program (STEHP)
- * PHFA
- * Rural Rent Assistance Program (RRAP)

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 one 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 incorrect.

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.



Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must immediately report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-8410 or call (800) 795-5272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.