

**Snow Belt Housing Company, Inc.**  
7500 South State Street ~ Lowville, NY 13367  
E-mail: [cheryl@snowbelt.org](mailto:cheryl@snowbelt.org)

**Cheryl L. Shenkle-O'Neill, Executive Director**  
Phone (315) 376-2639 ~ Fax (315) 376-2518  
NYS Relay Service No – TTD 1-800-662-1220

## 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](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](mailto: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 Assistance Payments (RAP)                 |
| * Rent Supplement  | * Section 8 Housing Assistance Payments Programs |
| * Section 236      | * PHFA   |
| * USDA             | * 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      | * Employment                 |
| * Income and Assets                | * Residences/Rental Activity |
| * Medical or Child Care Allowances | * Social Security Numbers    |
| * Credit and Criminal Activity     |                              |

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.



**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](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](mailto:program.intake@usda.gov).



# **SNOW BELT HOUSING RENTAL APPLICATION**

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

Email: [info@snowbelt.org](mailto: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.**