

Application

Things You Should Know

The owners of Woodburn Court 1 do not discriminate on the basis of a handicap in admission or access to the project.

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

Purpose

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$10,000;
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and Local Governments may have other laws and penalties as well.

Asking Questions

When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

Completing Application

When you give your answers to application questions, you **must** include the following information:

Income

- All sources of money you and any member of your family receive (Wages, welfare payments, alimony, social security, pension, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stocks, etc.);
- Any anticipated income (such as a bonus or pay raise you expect to receive).

Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate etc., that are owned by you and any adult member of your family/household who will be living with you.
- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.

Family/household Members

- The names of all the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have it, understand it, and are sure everything is complete and accurate.
- When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.

Recertifications

You **must** provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You **must** report on Recertification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members.
- Any family/household member who has moved in or out.
- All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).

Reporting Abuse

If you heard of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the **HUD Hotline** on (202) 472-4200. This is not a toll free number. You can also write to the HUD HOTLINE, Room 8254, 451 Seventh Street, S.W., Washington, DC 20410.

Pre-Application

The following is just an application for an apartment at Woodburn Court 1 Apartments, 21-23 Exchange Street, Binghamton, New York 13901. It is not a guarantee that you are qualified for an apartment. Strict HUD requirements must be met to determine your eligibility. If you are interested, **please fill out this application completely and mail to:**

Woodburn Court 1
21-23 Exchange Street
Binghamton, NY 13901
(607) 723-7875

Applicant Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Household Composition and Characteristics:

1. List the Head of Household and all other members who will be living in the unit.
Give the relationship of each family member to the Head of Household.

Full Name	Relationship	Birth Date	Age	Sex	Social Security #
	self				

2. Does anyone live with you now who is not listed? Yes No
If Yes, Explain _____
3. Does anyone plan to live with you in the future who is not listed? Yes No
If Yes, Explain _____
4. Is Head of Household or Spouse handicapped or disabled? Yes No
5. Are any other household members handicapped or disabled? Yes No
6. Please identify any special housing needs your household has: _____

7. Are you now living in a federally subsidized housing unit? Yes No

8. Name of Complex: _____

9. Name of Manager: _____

10. Manager's Telephone Number: _____

Current Rent \$ _____ Current Utilities \$ _____

11. Have you ever lived in federally subsidized housing? Yes No

12. Name of Complex _____

Dates you lived there _____

13. Name of Complex _____

Dates you lived there _____

Income and Asset Information

Please answer each of the following questions. For each “Yes” provide details in the chart below.

Does any member of your household:

1. Work full-time, part-time or seasonally? Yes No
2. Expect to work for any period during the next year: Yes No
3. Work for someone who pays them cash? Yes No
4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave? Yes No
5. Now receive or expect to receive unemployment benefits? Yes No
6. Now receive or expect to receive child support? Yes No
7. Entitled to child support that he/she is not now receiving? Yes No
8. Now receive or expect to receive alimony? Yes No
9. Have an entitlement to receive alimony that is not currently being received? Yes No
10. Now receive or expect to receive public assistance (Welfare)? Yes No
11. Now receive or expect to receive Social Security Benefits:
If you receive death benefits, what is the SSN of deceased: _____ Yes No
12. Now receive or expect to receive income from a pension or annuity? Yes No
13. Now receive or expect to receive regular contributions from organizations from individuals not living in the unit? Yes No
14. Now receive or expect to receive an earned income tax credit? Yes No
15. Receive income from assets including interest on checking or savings account, dividends from certificates of deposits, stocks or bonds or income from rental property? Yes No
16. Own real estate or any assets for which you receive no income (checking accounts, cash)? Yes No
17. Have you sold or given away real property or other assets (including the past two years)? Yes No

Name	Source/Type of Income	Annual Income

Assets

1. List all Checking and Savings Accounts (including IRA's, Keogh Accounts, and Certificates of deposit) of all household members.

Name	Bank Name	Type of Account	Account Number	Balance

2. List the value of all Stocks, Bonds, Trusts, Pensions, or other Assets owned by any household member:

3. List the value of all Assets disposed of for less than their fair market value during the past two years:

Expenses

1. Do you have expenses for child care of a child aged 12 or younger? Yes No
If yes, provide the name, address and telephone # of the care provider.

2. Do you pay a care attendant or for any equipment for any handicapped or disabled household member(s) necessary to permit that person or someone else in the household to work? Yes No

If yes, provide their name, address and telephone #:

What is the cost to you for the care attendant and/or the equipment:

3. Do you have outstanding bills? If yes, list them below:

4. What medical expenses do you expect to incur in the next twelve months:

5. If you use the same pharmacy regularly, please provide the name and address:

Please provide the name, address and phone number of two personal references. You may provide the name of your next of kin or someone who knows you well.

1. _____ 2. _____

Please provide the name, address and phone number of your Primary Physician and Social Worker (if applicable).

Previous Rental History:

Name and Address of your **Present** Landlord:

Telephone #: _____ How long have you lived there? _____

Reason for leaving? _____

Name and Address of your **Former** Landlord:

Telephone #: _____ How long have you lived there? _____

Reason for leaving? _____

Employment History

Name and Address of Head's Present Employer:

Telephone #: _____ Supervisor's Name _____

How long have you been employed there? _____

Name and Address of Spouse's or Co-Head's Employer:

Telephone #: _____ Supervisor's Name _____

How long have you been employed there? _____

Name and address of nearest relative **NOT** living with you:

Relationship: _____ Telephone #: _____

Name and address of person to be contacted if you become incapacitated:

Relationship: _____ Telephone #: _____

Application Certification

I/We certify that if selected to receive assistance, the unit I/We occupy will be My/Our only residence. I/We understand that the above information is being collected to determine My/Our eligibility. I/We authorize the Owner/Manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State, or Local agencies. I/We certify that the statements made in the application are true and complete to the best of My/Our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law.

Signature of Head: _____ Date: _____

Signature of Spouse/Co-Head: _____ Date: _____

Owner/Manager/PHA Representative: _____ Date: _____

Attachment I

Family Summary Sheet

Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
		self		

Attachment 2
Citizenship Declaration

Instructions: Complete this declaration for each member of the household listed on the Family Summary Sheet.

Last Name: _____

First Name: _____

Relationship to Head of Household: _____ **Sex:** _____ **Date of Birth:** _____

Social Security No: _____ **Alien Registration No:** _____

Admission Number: _____

If applicable, (this is an 11-digit number found on DHS Form I-94, Departure Record)

Nationality: _____

(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

Save Verification No: _____

(To be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2 or 3:

DECLARATION

I, _____ hereby declare, under

penalty of perjury, that I am: _____

(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the Attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature: _____ **Date:** _____

Check here if adult signed for a child: _____

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (**see Sample Verification Consent Form in Exhibit 3-6**).

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).

- (2) Form I-94, *Arrival Departure Record*, with one of the following annotations:

- (a) “Admitted as Refugee Pursuant to Section 207”;

- (b) “Section 208” or Asylum”;

- (c) “Section 243 (h)” or “Deportation stayed by Attorney General”; or

- (d) “Paroled Pursuant to Sec. 212 (d)(5) of the INA.”

- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be Accompanied by one of the following documents:

- (a) A final court decision granting asylum (but only if no appeal is taken);

- (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990).

- (c) A court decision granting withholding or deportation; or

- (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

- (4) Form I-688, *Temporary Resident Card*, which must be annotated “Section 245A” or “Section 210.”

- (5) Form I-688B, *Employment Authorization Card*, which must be annotated “Provision of Law 274a.12(11)” or Provision of Law 274a.12”

(6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above listed categories has been made and that the applicant's entitlement to the document has been verified.

(7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature: _____ **Date:** _____

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature: _____ **Date:** _____

Check here if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature: _____ **Date:** _____

Check here if adult signed for a child: _____