



RENTAL APPLICATION

**** Photo ID required at time of submission for 18 & older**

Date & Time Received _____ Initials _____

Have you or anyone who will be living with you ever lived at or applied for housing at Tonawanda Housing Authority
 Circle One. YES NO If YES, Date _____

APPLICANT INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Maiden Names in Household _____ Caseworker Name & Agency _____

Current Address (Include City, State, Zip) _____

When did you start living at your current address? _____ Email Address _____

Home/Cell Phone (____) _____ Work Phone (____) _____ Other Phone (____) _____

PROPERTY OWNER INFORMATION AT APPLICANT'S CURRENT ADDRESS

First & Last Name _____

Address (Include City, State, Zip) _____

Home/Cell Phone (____) _____

HOW DID YOU HEAR ABOUT US? Friend/Relative Agency (Name: _____) Newspaper Flyer Website

COMPLETE THE FOLLOWING INFORMATION FOR THOSE WHO WILL OCCUPY THE UNIT AT TIME OF MOVE-IN

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Marital Status <i>S-Single M-Married D-Divorced LS -Legally Separated E-Estranged</i>	Social Security Number	Birthdate Month, Date, Year	Student Yes/No
	Head of Household				



PLEASE ANSWER YES OR NO TO EACH QUESTION

YES NO

 1. Do you expect any additions to the household within the next twelve months?
Name, Relationship & Explanation _____

YES NO

 2. Due to a disability, do you require a unit with special features? (please circle appropriate answer)
Wheelchair Accessible Unit Unit for Vision-Impaired Unit for Hearing-Impaired One-Level Unit Extra Bedroom

 3. Do you or anyone in your family require a live-in care attendant?
Name of Live –in Care Attendant: _____

 4. Are you currently living in housing that is condemned by your local municipality?
This information must be able to be documented by the municipality.
Name of Municipality _____

 5. Will your household be receiving Section 8 rental assistance at the time of move-in?
Name of Agency _____

 6. Do you have full custody of all children listed on this application?
If no, explanation of custody arrangements: _____

 7. Have you or anyone else named on this application been **CHARGED** with a misdemeanor or felony within the past 10 years? NOTE: CHARGES include charges that did not result in a conviction or that were dismissed.
Explain Charges _____

 8. Have you or anyone else named on this application been convicted of selling or manufacturing illegal drugs within the past 10 years?
Explanation _____

 9. Have you been evicted from a rental unit of any type including an apartment, house, mobile home or trailer within the past 5 years?
Explanation _____

 10. Have you or a household member ever been convicted of a sex related crime or are you subject to a lifetime registration in a State sex offender registration program?
Explanation _____

EMERGENCY CONTACT

Name/Address (If possible list someone in this area that is not listed already on the application)

Name _____ Phone () _____

Address _____ Relationship _____



HOUSING REFERENCES (PREVIOUS LANDLORDS ONLY – FAMILY MEMBERS/FRIENDS DO NOT COUNT)

List the past **FIVE** years of housing references. (If additional space is required, please attach an additional sheet)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____	_____	Own <input type="checkbox"/>	Move in: _____
	_____	_____	Rent <input type="checkbox"/>	Move out: _____
	Phone: () _____			
2.	_____	_____	Own <input type="checkbox"/>	Move in: _____
	_____	_____	Rent <input type="checkbox"/>	Move out: _____
	Phone: () _____			
3.	_____	_____	Own <input type="checkbox"/>	Move in: _____
	_____	_____	Rent <input type="checkbox"/>	Move out: _____
	Phone: () _____			
4.	_____	_____	Own <input type="checkbox"/>	Move in: _____
	_____	_____	Rent <input type="checkbox"/>	Move out: _____
	Phone: () _____			
5.	_____	_____	Own <input type="checkbox"/>	Move in: _____
	_____	_____	Rent <input type="checkbox"/>	Move out: _____
	Phone: () _____			

LIST TWO PERSONAL REFERENCES:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____



INCOME INFORMATION

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors. Include the dollar (\$) amount in the space provided. Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

			Household Member	Source	Monthly Amount
Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
			3.		\$
SSI (Supplemental Security Income)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
			3.		\$
Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Pension/Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Disability Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Veteran's Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Self-Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Military Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Contributions from Friends/Relatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Other Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$

YES NO

 Do you or any other household members expect any changes to your income in the next 12 months?

Explanation _____

 Are YOU or is ANY OTHER ADULT (aged 18+) member of your household claiming zero income?

Household Member(s) _____



ASSET INFORMATION

Disclose all assets held. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset in the space provided.

Do YOU or ANYONE in your household hold: (Include ALL assets held by ALL household members **including minors.**)

	Amount		
Checking Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Savings Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Certificates of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
IRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Other Retirement Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Cash On Hand	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

	Amount		
Stocks or Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Trust Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Life Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Asset Disposed of in past 2 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

STUDENT INFORMATION

YES **NO**

1. Is **EVERYONE** in your household (INCLUDING ALL ADULTS AND MINORS) currently a full or part-time student, or planning to be one within the next 12 months?

If the answer is YES ABOVE, please list name, circle status, and indicate the name of the school:

Name: _____ Status: FT/PT School: _____
 Name: _____ Status: FT/PT School: _____
 Name: _____ Status: FT/PT School: _____
 Name: _____ Status: FT/PT School: _____

If the answer is YES ABOVE, continue with the following questions:

YES **NO**

- a. Are you a single parent with child(ren) and neither you nor the child(ren) are dependents on anyone else's tax return?
- b. Are you married and currently filing a joint tax return?
- c. Are you receiving AFDC (Aid to Families with Dependent Children)?
- d. Were you formerly in a foster care program?
- e. Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local, county or State program?

Contact Name: _____ *Phone:* _____



VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle.

Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets?	Yes	No	
<i>If yes, describe:</i>			

All questions that were answered YES will be verified through the appropriate third-party sources. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers where applicable and any other information required to expedite this process.

All qualified applicants will be afforded equal opportunities without discrimination because of race, creed, color, national origin, sex, age, sexual orientation, disability or marital status.

Information for Government Monitoring Purposes

The following information is requested by the Federal Government in order to monitor compliance with fair housing laws. You are not required to furnish this information, but are encouraged to do so. Tonawanda Housing Authority may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, Tonawanda Housing Authority is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the following information, please initial here: _____.

Applicant Head of Household

Spouse/Co-Applicant:

Race/National origin:

- American Indian/ Alaskan Native
- Asian, Pacific Islander
- Black
- Hispanic
- White
- Other (please specify) _____

Gender: Male Female

I do not wish to furnish this information (initial) ____

Race/National origin:

- American Indian/Alaskan Native
- Asian, Pacific Islander
- Black
- Hispanic
- White
- Other (please specify) _____

Gender: Male Female

I do not wish to furnish this information (initial) ____



Signature Clauses:

I understand that Tonawanda Housing Authority is relying on this information to prove my household’s eligibility for the Low Income Housing Tax Credit, HOME, the Project-Based Voucher Program, Federal Public Housing, and/or State Public Housing Programs. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I authorize the Tonawanda Housing Authority and/or its designee to obtain a credit bureau report and criminal report. I authorize and direct my Federal, State, or local agency, organization, business, landlord, employer, or individual to release to Tonawanda Housing Authority any information or documentation needed to complete and verify my application for participation and/or to maintain my continued assistance. I give my consent for the releases also for the minor children in my care. I understand that my eligibility and/or occupancy is contingent on meeting management’s resident selection criteria and the Low Income Housing Tax Credit Program, HOME, the Project-Based Voucher Program, Federal Public Housing, and/or State Public Housing requirements.

All ADULT household members must sign below:

_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date

Authorization

I/We _____
(All household members 18 and older)

do hereby authorize the Tonawanda Housing Authority or its authorized representatives/designees to contact any individuals, agencies, offices, groups, or organizations to obtain and verify any information or materials, which are deemed necessary to complete my/our certification for housing in this project owned or managed by the Tonawanda Housing Authority. 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 a Housing Assistance Program. I agree that a photocopy of this authorization may be used for the purposes stated above.

I/We understand that this authorization will be good for one year.

_____ Signature of Applicant/Resident	_____ Date
_____ Signature of Applicant/Resident	_____ Date
_____ Signature of Applicant/Resident	_____ Date
_____ Signature of Applicant/Resident	_____ Date



TONAWANDA HOUSING AUTHORITY NON-SMOKING APPLICATION ADDENDUM

In order to protect the health of our residents and employees, smoking is not permitted inside of the units at any apartment complex owned or managed by Tonawanda Housing Authority. That means that there is no smoking in any building on the grounds Tonawanda Housing Authority. This applies to everyone, including tenants, guests, employees, vendors, and contractors. Smoking will be permitted outdoors only.

Does anyone in your household smoke? Yes No

Does your household understand our smoking policy and agree to adhere to it should your application be approved and your household be 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.

Head of Household Signature

Date

Other Adult Over 18 Years of Age

Date

Other Adult Over 18 Years of Age

Date

Other Adult Over 18 Years of Age

Date

List below reasons you feel make it necessary to have housing at the Tonawanda Housing Authority:

