

RIVERTOWN HOUSING DEVELOPMENT FUND COMPANY, INC.

19 THIRD STREET
ATHENS, NEW YORK 12051
(518) 945-1751 FAX (518) 945-3211

APPLICATION –RD 515 PROGRAM PLEASE PRINT

This is an application for housing in the: (CHECK ALL THAT APPLY)



Rivertown Senior Apartments Phase I, Athens, NY

Rivertown Senior Apartments Phase II, Athens, NY

*THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. LIST HEAD OF HOUSEHOLD FIRST, CO-APPLICANT SECOND, OTHER MEMBERS OF HOUSEHOLD THIRD, ETC. ALL INFORMATION IS KEPT CONFIDENTIAL. (If you are unable to fill out this application someone will fill it out for you or you may choose someone to fill it out. That person must sign the last page as the person whose handwriting appears on the form.)

Applicant Name(s) _____

Address: _____

Tel. # _____ Street _____ Apt. # _____ City _____ State _____
Number of Bedrooms in Current Unit _____

Do you Own ___ or Rent ___. If Rental, Amount of Current Monthly Rental Payment \$ _____.

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

NAME	DATE OF BIRTH	RELATION TO HEAD OF HOUSE	SOCIAL SECURITY #FOR ALL (include code if collection from deceased spouse, etc.)
		HEAD OF HOUSEHOLD	
		CO-APPLICANT	

B. FAMILY HOUSEHOLD COMPOSITION:

*RACE/NATIONAL ORIGIN OF APPLICANT-completion of this section is optional.

___ White, Non-Hispanic ___ Asian or Pacific Islander ___ American Indian or Alaskan Native
___ Black, Non-Hispanic ___ Hispanic ___ Sex

“The information regarding race, national origin and sex designation solicited on the application is requested in order to assure the Federal Government, acting through the U.S. Dept. of Agriculture, Rural Development that Federal Laws prohibiting discrimination against applicants 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 evaluation your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants of the basis of visual observation or surname.”

Do you have any unusual expenses related to employment, such as a care attendant or auxiliary apparatus for a disabled family member? Yes ___ No ___ if yes, please explain _____

Would any member of your family benefit from the special design features of an accessible unit? Yes ___ No ___

Will any alterations to the apartment be necessary for a member of your family? Yes ___ No ___ Please explain _____

C. LIST ALL ASSETS FOR ALL HOUSEHOLD MEMBERS (Bank, checking, savings accounts, credit union accounts, C.D.'s, stock)

	ACCOUNT #	BANK NAME & ADDRESS	BALANCE	INTEREST RATE
Checking Account(s)				
Saving Account(s)				
Trust Account (s)				
Certificates				
Credit Union				
Savings Bonds				
Other (property held as an investment)				
Life Insurance Policies				

Real Property: Do you own any property? Yes ___ No ___
 If YES, type of property _____
 Location _____
 Appraised market Value \$ _____
 Mortgage or outstanding loans balance due \$ _____
 Amount of annual insurance premium \$ _____
 Amount of most tax bill(s) \$ _____

Have you sold/dispensed of any property in the last 2 years? Yes ___ No ___
 If YES, type of property _____
 Market Value when sold/dispensed \$ _____
 Date of transaction _____

Have you disposed of any other assets in the last 2 years (Example: Give away money to relatives, set up Irrevocable Trust Accounts)? Yes ___ No ___ If YES, describe asset _____
 Date of disposition _____
 Amount disposed \$ _____

Do you have any other assets not listed above (excluding personal property)? Yes ___ No ___
 If YES, list _____
 If YES, list _____

D. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:

FAMILY MEMBER NAME	SOURCE OF INCOME		
_____ a.	Social Security	Monthly Amount	\$ _____
_____	Social Security	Monthly Amount	\$ _____
_____	Social Security	Monthly Amount	\$ _____
_____ b.	Pension	Monthly Amount	\$ _____
_____	Pension	Monthly Amount	\$ _____
<u>Source of Pension(s) (Please list address if known)</u>			
_____ c.	SSI Benefits	Monthly Amount	\$ _____
_____	SSI Benefits	Monthly Amount	\$ _____
_____ d.	Veterans Benefits.....	Monthly Amount	\$ _____
_____	Veterans Benefits.....	Monthly Amount	\$ _____
_____ e.	Unemployment Comp.....	Monthly Amount	\$ _____
_____	Unemployment Comp.....	Monthly Amount	\$ _____
_____ f.	AFDC	Monthly Amount	\$ _____
_____ g.	Wages....Gross	Monthly Amount	\$ _____
Employer _____			
Position Held _____ How Long Employed _____			
_____	Wages....Gross	Monthly Amount	\$ _____
Employer _____			
Position Held _____ How Long Employed _____			
_____ h.	Full Time Student Income (Only Full Time Students 18 & Over)	Monthly Amount	\$ _____
_____	Full Time Student Income (Only Full Time Students 18 & Over)	Monthly Amount	\$ _____
_____ i.	Earned Income		
_____	Tax Credit	ANNUAL Amount	\$ _____
_____ j.	Alimony.....	Monthly Amount	\$ _____
_____ k.	Child Support	Monthly Amount	\$ _____
_____	Child Support	Monthly Amount	\$ _____
_____ l.	Investment Income.....	Monthly Amount	\$ _____
_____	Investment Income.....	Monthly Amount	\$ _____
_____ m.	Interest Income	Monthly Amount	\$ _____
_____	Interest Income	Monthly Amount	\$ _____
_____ n.	Social Services	Monthly Amount	\$ _____
_____	Social Services	Monthly Amount	\$ _____
_____ o.	Other Income	Monthly Amount	\$ _____
_____	Other Income	Monthly Amount	\$ _____

TOTAL GROSS ANNUAL INCOME (Base this on the monthly amounts listed above and multiply X12)

Does anyone in the household receive any regular contributions or gifts from non-household members? Yes ___ No ___

Does anyone in the household receive any income from property? Yes ___ No ___ Explain _____

E. MEDICAL/CHILDCARE/DISABILITY ASSISTANCE EXPENSES

Are you or anyone in your household seeking an elderly household deduction? Yes ___ No ___

THE NATURE OF THE DISABILITY DOES NOT HAVE TO BE DISCLOSED.

Medical Costs: Complete this part ONLY if Head or Co-Tenant is age 62 or older, Disabled (regardless of age).

Medicare Premiums	Monthly Amount	\$ _____
	Monthly Amount	\$ _____

Medical Insurance Coverage- Name of Insurance Company _____
Address _____

	Monthly Amount	\$ _____
Anticipated Medical/Drug/Prescription Costs <u>NOT</u> Covered by Insurance or Reimbursed:	Monthly Amount	\$ _____

Please include name and address of all pharmacies/companies from which you obtain prescriptions:

Company _____ Address _____

Company _____ Address _____

Medical bills or outstanding costs YOU are making monthly payments for:

Balance Due \$ _____ Monthly Amount \$ _____

Payable to: Name & Address _____

Name and Address of all Physicians you are seeing on a regular basis (Please include Dentist and Eyecare, etc.)

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Any Other Medical Expenses: List type & amounts: _____ \$ _____
_____ \$ _____

DISABILITY ASSISTANCE EXPENSES: Complete ONLY if Disability Expenses allow a member of the household to work or attend school. List type of expenses, weekly amount, paid to whom:

F. PROGRAM INFORMATION

Are You Displaced? Yes ___ No ___
If YES, Displacement Agency _____

Is Your Current Unit Condemned / Substandard? Yes ___ No ___
If YES, Describe _____

Are You Paying more than 50% of your gross income for rent and utilities? Yes ___ No ___

Are you a drug dealer or have you ever been a drug dealer? Yes ___ No ___

Have you ever been convicted of a felony? Yes ___ No ___

Are you currently using illegal drugs? Yes ___ No ___

How did you hear about this housing? _____

Will you take an apartment when one is available? Yes ___ No ___

Briefly describe your reasons for applying _____

G. REFERENCE INFORMATION-WE RESERVE THE RIGHT TO REFUSE AN APPLICANT BASED SOLELY ON NEGATIVE REFERENCES.

Current Landlord: Name _____
Address _____
Home Phone _____ Business Phone _____

Previous Rental Information:

Prior Landlord _____
Address _____
Home Phone _____ Business Phone _____

Prior Landlord _____
Address _____
Home Phone _____ Business Phone _____

Are you currently under eviction? Yes ___ No ___ Have you ever been evicted? Yes ___ No ___

Please explain: _____

Credit References:

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

Personal Non-Related References:

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

In Case of Emergency Notify: _____
Address _____
Phone (day) _____ (evening) _____

Name of Person to contact in Case of Death (If Different from Above)

Name _____
Address _____
Phone _____

H. OTHER REQUIRED INFORMATION

Vehicles: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangement with management will be necessary for more than one vehicle.)

Type of Vehicle _____ Year/Make _____ Color _____
License Plate # _____
Type of Vehicle _____ Year/Make _____ Color _____
License Plate # _____

PETS Do you own any pets? Yes ___ No ___
If YES, Describe _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal (Not all prohibited bases apply to all programs).

CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate rental unit in another location.

I/We also certify that this will be my/our permanent residence.

Acceptance of this application does not guarantee rental of an apartment. All applicants must meet screening criteria, including landlord and credit checks. Changes in family income, size and address and phone number must be reported promptly to the management in order to properly process your application.

A security deposit and a one-year lease are required.

I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE

Applicant

Co-applicant

Date

Date

AUTHORIZATION

I/WE HERBY AUTHORIZE RIVERTOWN HOUSING DEV. FUND CO., INC. AND ITS STAFF OR AUTHORIZED REPRESENTATIVE TO OBTAIN A CREDIT REPORT AND 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

SIGNATURE

Applicant

Co-applicant

Date

Date

RIVERTOWN HOUSING DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY STATUS IN THE ADMISSION OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, ITS FEDERALLY ASSISTED PROGRAMS AND ACTIVITIES.

TDD RELAY SERVICE 800-662-1220

RIVERTOWN HOUSING OPERATES IN COMPLIANCE WITH THE NONDISCRIMINATION REQUIREMENTS CONTAINED IN THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT'S REGULATIONS IMPLEMENTING SECTION 504 (24CFR PART 8 DATED JUNE 2, 1988).

TENANT SELECTION CRITERIA

1. Application status for determining eligibility. All persons desiring to apply for occupancy, whether as the initial applicant household or as a person(s) later joining an existing Resident household, will be provided the opportunity to submit a complete application. The Management Agent will provide prospective Residents with a written list of all information required for a complete application and offer assistance in completing the application if needed.
 - a. After the potential Resident has submitted all required forms and information but additional information is required, the Management Agent will notify the applicant within 10 days of the items needed to complete a review of eligibility. The application file will be documented on the action taken.
 - b. When the application is complete, and occupancy by the applicant is expected within 90 days of completing the application, eligibility will be determined, including verification of applicant information; otherwise, verification of applicant information will be initially satisfied upon sufficient review of the information to determine whether the applicant is clearly eligible or not eligible.
 - c. Applicants determined eligible will be added to the waiting list, even when an operational project has few or no vacancies, and there are sufficient active applications from households determined eligible to fill expected vacancies.
 - d. There will be no application fee charged to the prospective Resident.
2. Fair housing restrictions and provisions.
 - a. It shall be unlawful for a person to make an inquiry to determine whether an applicant for a housing unit, or anyone associated with that applicant, has a disability or to make inquiry as to the nature or severity of a disability of such a person. However,
 - b. The following inquiries are not prohibited, provided these inquiries are made of all applicants, whether or not they have disabilities:
 - (1) Inquiry into an applicant's ability to meet the requirements of Residence (i.e., eligibility, history of meeting financial obligations) and without being a direct threat to the health and safety of other individuals or whose Residency would result in substantial physical damage to the property of others.
 - (2) Inquiry to determine whether an applicant is qualified for a housing unit or adjustment to income available only to persons with disabilities or to persons with a particular type of disability.
 - (3) Inquiry to determine whether an applicant for a housing unit is qualified for a priority available to persons with disabilities.

- (4) Inquiring whether an applicant for a dwelling is a current illegal user of a controlled substance or has a previous conviction of the same.
 - (5) Inquiring whether an applicant has been convicted of the illegal manufacture or distribution of a controlled substance.
 - (6) Inquiring whether an applicant answering positively has successfully completed a controlled substance abuse recovery program or is presently enrolled in such a program.
 - (7) Inquiring whether an applicant has been convicted of a felony.
3. Application requirements. At a minimum to be considered complete, applications must include for each prospective Resident household sufficient information, such as the following, to complete a tenant certification form:
- a. Name and present address
 - b. Household income information, as defined under annual income, adjusted annual income, and net family assets.
 - c. Age and number of household members.
 - d. Indication whether applicant requests either a disability adjustment to income or an accessible unit or both.
 - e. Applicant's certification that the unit applied for will be the applicant household's permanent residence and it does/will not maintain a separate rental unit in a different location.
 - f. Disclosure of previous felony convictions
 - g. Signature and date section.
 - h. Race, national origin and sex designation.
- (1) The Management Agent will request that each prospective Resident provide this information on a voluntary basis to enable monitoring or compliance with Federal laws prohibiting discrimination. When the applicant does not provide this information, the Management Agent will complete this item based on personal observation or surname.
 - (2) The following disclosure notice shall appear on the application form or on an amendment to the application:

“The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the U.S. Dept. of Agriculture, that Federal Laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status and 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 any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.”

(3) The application form shall contain the fair housing logotype or slogan and indication of accessibility on the first page of the form.

4. Notification to applicant. The applicant who has submitted a completed application will be notified in writing or by other accessible format that he or she has been selected for immediate occupancy, placed on a waiting list, or rejected.
5. Applicants determined ineligible. After due consideration of mitigating circumstances, applicants determined ineligible will be notified in writing or other accessible format of the specific reasons for rejection. The letter will include the following statement: “The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, familial status, disability or national origin. Federal law also prohibits discrimination on the basis of age. Complaints of discrimination may be forwarded to the Administrator, RD, USDA Washington, DC 20250.” This statement will be placed on all materials and correspondence done by the Management Agent..
 - a. The rejection letter will also outline the applicant’s rights to appeal the rejection and be sent or hand-delivered except for those clearly not eligible for occupancy according to RD regulations.
 - b. When the rejection is based on information from a credit bureau, the source of the credit bureau report must be revealed to the applicant in accordance with the Fair Credit Reporting Act.
 - c. Any applicant household may be rejected due to:
 - (1) A history of unjustified and/or chronic nonpayment of rent and/or financial obligations.
 - (2) A history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose Residency would result in substantial physical damage to the property of others.
 - (3) A history of disturbance of neighbors.
 - (4) A history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs.
 - d. Rejection of applicants on an arbitrary basis is prohibited. Examples of such arbitrary rejections includes considering the following factors in determining a Resident’s eligibility:

- (1) Race, color, religion, sex, age, familial status, national origin (except in those projects or portions of projects designated for elderly, disabled and where occupancy by nonelderly or nondisabled can be prohibited).
- (2) Receipt of income from public assistance.
- (3) Families with children of uncertain parentage
- (4) Participation in tenant organizations.
- (5) Residents or Resident family members with AIDS

6. Resident selection.

- a. An eligible will be selected from a waiting list(s) identifying the category on basis of the applicant's unit size needed, income level (very low, low, moderate-income, or ineligible) or from a priority waiting list, when the available size unit meets the applicant's need. The eligible applicant will further be selected on priority waiting list in the following order:

- (1) Very low-income
- (2) Low-income, up to 60 percent of median income, (in "tax-credit" projects)
- (3) Low-income
- (4) Moderate-income
- (5) Ineligible

- b. When RA is available:

- (1) Very low-income applicants eligible for RA have a priority over all other applicants on each type of waiting list maintained by the Management Agent.
- (2) Low-income applicants will be selected provided no very low-income applicants remain on the waiting list.
- (3) Moderate-income applicants will not be selected for occupancy when the number of unassigned RA units equals or exceeds the number of vacant units.

NOTICE TO SENIOR CITIZENS:

I. RESIDENTIAL LEASE TERMINATION

SECTION 227-a OF THE REAL PROPERTY LAW OF THE STATE OF NEW YORK ALLOWS FOR THE TERMINATION OF A RESIDENTIAL LEASE BY SENIOR CITIZENS ENTERING CERTAIN HEALTH CARE FACILITIES, ADULT CARE FACILITIES OR HOUSING PROJECTS.

Who is eligible?

Any lessee or tenant who is age sixty-two years or older, or who will attain such age during the term of the lease or rental agreement,
Or spouse of such person residing with him or her.

What kind of facilities does this law apply to?

This law will apply if the senior citizen is relocating to:

- A. An adult care facility;
- B. A residential health care facility;
- C. Subsidized low income housing; or
- D. Senior citizen housing.

What are the responsibilities of the rental property owner?

When the tenant gives notice of his or her opportunity to move into one of the above facilities the landlord must allow:

- A. For the termination of the lease or rental agreement, and
- B. The release of the tenant from any liability to pay rent or other payments in lieu of rent from the termination of the lease in accordance with section 227-a of the real property law, to the time of the original termination date, and
- C. To adjust any payments made in advance or payments which have accrued by the terms of such lease or rental agreement.

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*RIVERTOWN HOUSING DEVELOPMENT
FUND COMPANY, INC.*

19 THIRD STREET ATIIENS,
NEW YORK 12015
(518) 945-1751 FAX (518) 945-3211

Dear Applicant

In order to provide a healthier environment for our residents and guests, this building is in the process of becoming a smoke-free facility. Here are several factors that facilitated this policy change:

- Secondhand smoke is a serious health hazard. It is the third leading cause of preventable death in the United States, causing approximately 49,000 deaths each year. According to the 2006 Surgeon General Report, there is no risk-free level of exposure to secondhand smoke. In children, it has been linked to childhood asthma, low birth weight, ear infections, and Sudden Infant Death Syndrome.
- Smoking-related fire disasters can be deadly. Smoking is the leading cause of fire death in the U.S. According to the National Fire Protection Association, one in four victims who die in residential smoking-related fires is not the smoker who cigarette started the fire.
- Ventilation is not effective. Research conducted during air movement studies have shown that second smoke travels from unit to unit and can seep through electrical outlets, heating and duct work, and structural gaps. The only effective way to stop the spread of secondhand smoke is through a smoke-free policy.

Smoke-Free Facility Policy

Effective January 1, 2011 for new tenants, signing new leases will be required to sign a smoke-free lease addendum. This policy will cover all individual units and all common areas, including porches, gazebos and sitting areas 50 ft. or closer to the buildings. All residents and guests will be required to follow this policy.

Please have all adults listed on your application sign the enclosed form and return it to the management within one week. If you have any questions about this policy, please contact management.

Thank you for joining our efforts to help everyone breathe easier and live healthier.
Rivertown Housing Development Fund Co., Inc.

All adults listed on the application must sign below and return to the management. This form must be signed and returned to the office by January 14, 2011. If we do not receive this signed form back by the date listed, your name will be removed from the waiting list.

I/We understand and agree to abide by the smoke-free policy to begin at move-in..

Signature

Date



Rivertown Housing Development Co. Inc. is an Equal Opportunity Provider and Employer

Complaints of discrimination should be sent to:

USDA, Director; Office of Civil Rights, Washington, D.C. 20250-9410

TDD: 1-800-662-1220

