



Wilson Villa
240 Autumn View Drive
Wilson, New York 14172



Complete this application and return to: 916 Upper Mountain Rd, Lewiston, NY 14092

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, FAMILY SIZE, ADDRESS AND TELEPHONE NUMBER MUST BE REPORTED PROMPTLY. If you have questions call 716-298-4966 between 9:00 AM and 5:00 PM Monday through Friday. TDD may call 1-800-662-1220 for assistance.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

APPLICATIONS ARE PROCESSED ON A FIRST COME, FIRST SERVED BASIS.

A. GENERAL INFORMATION

Applicant Name: _____ Telephone _____

Address: _____
 Street Apt.# City State Zip

Type of Unit Requested: (You may request more than one type of unit).

_____ One Bedroom _____ 1st Floor Two Bedroom _____ 2nd Floor Two Bedroom _____ Handicapped

List ALL persons who will live in the apartment (Head of Household first).

	NAME	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY #
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

Do you expect anyone not listed to be moving in with you in the future?

No ___ Yes ___ If yes, please explain _____

B. REFERENCE INFORMATION

You must provide written references from prior landlords as well as two credit references and two personal references.

Current Landlord:

Name _____
 Address _____
 Telephone # _____

Previous Landlord/Rental Information:

Name _____
 Address _____
 Telephone # _____

Credit References:

Name _____	Name _____
Address _____	Address _____
Telephone # _____	Telephone # _____

Personal References (No Relatives):

Name _____	Name _____
Address _____	Address _____
Telephone # _____	Telephone # _____

C. INCOME

<u>NAME</u>	<u>SOURCE OF INCOME</u>	<u>MONTHLY AMOUNT</u>	<u>ANNUAL AMOUNT</u>
_____	1 Social Security	\$ _____	\$ _____
_____	Social Security	\$ _____	\$ _____
_____	2 Pension (Source) _____	\$ _____	\$ _____
_____	Pension (Source) _____	\$ _____	\$ _____
_____	3 Veteran Benefits	\$ _____	\$ _____
_____	4 SSI Benefits	\$ _____	\$ _____
_____	5 Wages (Employer) _____	\$ _____	\$ _____
_____	Wages (Employer) _____	\$ _____	\$ _____
_____	6 Interest (Source) _____	\$ _____	\$ _____
_____	Interest (Source) _____	\$ _____	\$ _____
_____	7 Other Income (Source) _____	\$ _____	\$ _____
	TOTAL INCOME	\$ _____	\$ _____

Do you anticipate changes to this income in next 12 months? No _____ Yes _____
 If Yes, explain: _____

D. ASSETS

Checking Account # _____	Bank _____	Balance \$ _____
_____ # _____	Bank _____	Balance \$ _____
Savings Account # _____	Bank _____	Balance \$ _____
_____ # _____	Bank _____	Balance \$ _____
CDs # _____	Bank _____	Balance \$ _____
_____ # _____	Bank _____	Balance \$ _____
Trust Account # _____	Bank _____	Balance \$ _____
IRAs # _____	Bank _____	Balance \$ _____
Savings Bonds # _____		Face Value \$ _____
Insurance Policy # _____	Company _____	Cash Value \$ _____
Other Assets _____		

Real Property: Do you own any property? Yes _____ No _____
 If Yes: Type of Property _____
 Location _____
 Appraised Market Value \$ _____ Mortgage Balance _____

Have you disposed of any property in the last two years? Yes _____ No _____
 If Yes: Type of Property/Asset _____
 Market Value When Sold/Disposed \$ _____ Transaction Date _____
 Amount Sold/Disposed For \$ _____

Do you have other asset not listed above (excluding personal property)?
 Yes _____ No _____ If Yes explain _____

E. MEDICAL AND HANDICAP ASSISTANCE EXPENSES

NAME _____	Medicare Premium(s) Monthly Amount	\$ _____
_____		\$ _____
_____	Health Insurance Premium(s) Monthly Amount	\$ _____
_____		\$ _____
_____	Projected Prescription Costs(s) Monthly Amount	\$ _____
_____	Projected Medical/Doctor Bills Monthly Amount	\$ _____
_____	Outstanding Medical Bills Monthly Amount	\$ _____

F. OTHER REQUIRED INFORMATION

List car, truck or other vehicle owned. Parking is provided for one vehicle per household. Year/Make _____ Color _____ License Plate _____

Any pets? No _____ Yes _____ If yes, describe _____

Emergency Contact:	
Name _____	
Address _____	
Telephone _____	Relationship _____

G. PROGRAM INFORMATION

Check One

Do you or anyone in your household require the special design features of a handicap accessible apartment? Yes _____ No _____
If yes, explain _____

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

Are you or anyone in your household seeking occupancy due to a disability? Yes _____ No _____
If yes, you must provide a statement by a qualified individual.

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

Does anyone in the household receive any income from property? Yes _____ No _____
If yes, explain _____

Are you currently under eviction or have you ever been evicted? Yes _____ No _____
If yes, explain _____

Are you a drug dealer or have you ever been a drug dealer? Yes _____ No _____
If yes, explain _____

Are you a current illegal user of a controlled substance, have you been convicted for the same, or have you been convicted for the manufacture or distribution of a controlled substance? Yes _____ No _____
If yes, explain _____

Have you successfully completed a controlled substance abuse program or are you presently enrolled in such a program? Yes _____ No _____
If Yes, explain _____

Have you been convicted of, pleaded guilty or "no contest" to a felony/misdemeanor whether or not resulting in a conviction? Yes _____ No _____
If Yes, explain _____

Have you been convicted of, pleaded guilty or "no contest" to a Felony/misdemeanor involving sexual misconduct (whether or not resulting in a conviction)? Yes _____ No _____
If Yes, explain _____

CERTIFICATION

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I certify that this will be my permanent residence. I certify that I am a U.S. citizen or a qualified alien (a legal or qualified alien refers to any person lawfully admitted to the country who meets the criteria in Section 214 of the Housing and Community Development Act of 1980, 42 USC 1436a.). I understand I must pay a security deposit for this apartment prior to occupancy. I understand that my eligibility for housing will be based on the USDA Rural Development and NYS Housing and Community Renewal income and occupancy limits and selection criteria. I certify that all information contained in this application is true to the best of my knowledge and that false statements and/or information are punishable by law and will lead to cancellation of this application and/or termination of tenancy after occupancy.

SIGNATURE:

Head of Household

Date

Spouse

Date

AUTHORIZATION

I do hereby authorize Wilson Apartments Partnership L.P. (Wilson Villa) or authorized representative to contact any agencies, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing. This could include police/background checks and credit checks.

SIGNATURE:

Head of Household

Date

Spouse

Date

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 the US Development of Housing and Urban Development, that 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 evaluation of 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, ethnicity and sex of individual applicants on the basis of visual observation or surname. PLEASE CIRCLE YOUR ANSWER.

APPLICANT #1

* I do not wish to furnish this information.
Ethnicity: * Hispanic or Latino * Not Hispanic or Latino
Race: * White * American Indian or Alaskan Native
* Asian * Black/African American * Native Hawaiian or Other Pacific Islander
* Other (Specify) _____
Gender: * Male * Female

APPLICANT #2

* I do not wish to furnish this information.
Ethnicity: * Hispanic or Latino * Not Hispanic or Latino
Race: * White * American Indian or Alaskan Native
* Asian * Black/African American * Native Hawaiian or Other Pacific Islander
* Other (Specify) _____
Gender: * Male * Female

Borrowers/managers shall provide the number of respondents in each racial category who are Hispanic or Latino. You are strongly encouraged to provide detailed distributions, including all possible combinations of multiple responses to the race question. At a minimum, the total number of respondents reporting "more than one race" shall be made available.