



Academy Place Apartments

1 School Street; Gowanda, New York 14070

Phone: (716) 817-9090 Web people-inc.org

Attached is an application for Academy Place Apartments which is located at 1 School Street; Gowanda, NY. This application must be completed in full and signed by all persons age 18 years and over certifying that all the information pertaining to them is correct. Incomplete applications, including release forms requiring dates and signatures, will not be processed. Also included with the application is The Violence Against Women Notice of Occupancy Rights and HUD Certification Form 5382.

Eligibility Criteria:

1. The head of household must be 62 years of age or older.
2. Set aside apartments will be available for head of household, 62 years of age or older, and
 - Have been diagnosed as “Frail Elderly”
 - Be a current applicant on a public housing/subsidized housing waiting list, or
 - Current housing fails to meet basic standards of health & safety.
3. Meet Annual Income Limits depending on number of individuals in household.
4. The household may consist of one or two individuals per bedroom.

All applications will be processed in the order of date received and preliminary eligibility will be satisfied by using the information you provide. Applicants will either be given an interview appointment if apartments are available or notified in writing if placed on the waiting list. If the applicant is determined to be ineligible, they will be given the reason for the determination in writing and have 14 days to appeal the rejection, if they dispute the decision.

Being granted an interview DOES NOT guarantee an apartment will be offered to you.

Please mail or drop off your completed application to “Academy Place Apartments” at the address above. Management staff will provide assistance to any applicant requesting assistance in completing their application. Reasonable accommodations will be made for all persons with disabilities or handicaps. If you require assistance in completing your paperwork please contact our office at **(716) 817-9090**.

Please note that People Inc. Academy Place Apartments are smoke-free.





For office use only: Date Received: _____ Time Received: _____ Special Feature requested: Wheelchair / Hearing / Vision _____	Referred by: <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Agency <input type="checkbox"/> Newspaper <input type="checkbox"/> Flyer <input type="checkbox"/> TV/Radio <input type="checkbox"/> Other: _____
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I am interested in the following bedroom size: **One (1)** **Two (2)**

Household information:

First Name, Middle initial, Last Name	Relationship to Head of Household	Social Security Number	Date of Birth	Full time Student Y/N	U.S. Citizen Y/N
1.	Head				
2.					
3.					
4.					

Current Address: (PO Box not accepted)

Daytime phone: _____ Evening phone: _____ Email: _____

Please answer all questions:

Yes No

- Do you expect any additions to the household within the next twelve months?
 If yes, Name & Relationship: _____
 Explanation: _____
- Do you receive services from **“Supportive Housing Initiative”** (SHI) (provided by Healthy Community Alliance). (Frail Elderly)
- Do you require a unit with **special features** due to a disability?
 If yes, circle appropriate answer:
 Wheelchair / Vision-impaired/ Hearing-Impaired
- Are you currently living in **substandard housing**?
 Name of agency that can verify your current living situation: _____
 Address: _____ Phone: _____
- Are you currently on a **“Subsidized Housing Waiting list”**? If yes, where _____
- Will your household be **receiving Rental assistance** at the time of move in?
 Agency providing voucher: _____
 Address: _____ Phone: _____
- Do you or any other member of the household require a **Live-in Aide**?
 Name of Live-in Aide: _____

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 8. Do you have full custody of any children listed on this application?
If no, please explain custody arrangements: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever been convicted of a crime?
If yes, please explain _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you or anyone else named on this application been convicted of the following: | | |
| ▪ Selling or manufacturing illegal drugs | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Are you subject to Lifetime Sex Offender registration program? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever lived in another state besides New York? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| • If yes, please list all states you have previously lived in: _____ | | |

Are you claiming a disability that requires an accessible unit? (Note: will require verification prior to accommodation)

Applicant #1 Yes No **Applicant #2** Yes No

OR, what reasonable accommodation(s), (modifications to the apartment) would you request for any other type of disability: _____

List housing for the past FIVE (5) YEARS:

Address	Dates
1.	Move in: _____ Move out: _____
2.	Move in: _____ Move out: _____
3.	Move in: _____ Move out: _____
4.	Move in: _____ Move out: _____
5.	Move in: _____ Move out: _____

Note: If more space is required, use the back of this page.

I/We do hereby opt NOT to have my/our credit run by the staff of People Inc.
 _____ initials _____ initials _____ initials _____ initials

****Please note:** If opting out of credit check, you **MUST** supply:
 Proof of 12 consecutive months of on-time, in-full rent payments **OR** receipt of a subsidy or subsidies that pay the FULL amount of rent.

Income Information:

Employment Income is counted for anyone 18 years or older. However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors. Please include the dollar amount in the space provided.

Write Yes or No for each income item listed below that is **anticipated** for the next 12 months:

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

Type of Income source	Yes / No	Household member name	Source	Amount/Frequency
Employment				
Social Security				
SSI (Disability/Federal/State)				
Public Assistance				
Unemployment benefits				
Child Support				
Alimony/Spousal Support				
Worker's Comp				
Pension/Annuity				
Disability benefits				
Veteran's benefits				
Self-Employed				
Work for cash				
Military pay				
Severance pay				
Inheritance				
Lottery winnings				
Lump sum payments with interest				
Rental earnings				
Life Insurance dividends				
Contributions from friends/family				
Other income not mentioned here				
If yes, explain:				

Asset Information: Check Yes or No for each asset item you own listed below; Include the current value of the asset in the space provided.

Asset	Yes	No	Current value	Asset	Yes	No	Current value
Checking account	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stocks/Bonds	<input type="checkbox"/>	<input type="checkbox"/>	_____
Savings account	<input type="checkbox"/>	<input type="checkbox"/>	_____	Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	_____
Certificates of Deposit	<input type="checkbox"/>	<input type="checkbox"/>	_____	Trust Accounts	<input type="checkbox"/>	<input type="checkbox"/>	_____
IRA account	<input type="checkbox"/>	<input type="checkbox"/>	_____	Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other retirement	<input type="checkbox"/>	<input type="checkbox"/>	_____	Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cash on Hand	<input type="checkbox"/>	<input type="checkbox"/>	_____	Burial account	<input type="checkbox"/>	<input type="checkbox"/>	_____

Any asset disposed of in the past two (2) years: Yes No

If yes, please explain: _____

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you or any other household member expect changes to your income in the next 12 months? If yes, please explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you or is any other adult member of your household claiming ZERO Income? If yes, member name: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Student Information:

Is anyone in your household (including minors) currently a full or part time student or planning to be one in the next 12 months?

If yes, please list who, check their status, and indicate name of school:

- Name: _____ Status: Full _____ or Part _____ time Name of school: _____
- Name: _____ Status: Full _____ or Part _____ time Name of school: _____
- Name: _____ Status: Full _____ or Part _____ time Name of school: _____
- Name: _____ Status: Full _____ or Part _____ time Name of school: _____

If all household members are students, please answer the following:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are you a single parent with child(ren) and neither you nor the child(ren) are dependents on anyone else's tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you married and eligible to file a joint federal tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you receiving TANF or Forster Care Assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Were you formerly in a foster care program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you enrolled in a federal Job Training program or another similar local, county, or state program?
If yes, contact name: _____ Phone #: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever used a different social security number?
If yes, please note it here: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle

List any cars, trucks, or other vehicle owned. **Maximum allowed; 1 vehicle per tenant.**

Type of Vehicle: _____ Year/Make: _____ License Plate #: _____
Color: _____ Registration expiration date: _____

Type of Vehicle: _____ Year/Make: _____ License Plate #: _____
Color: _____ Registration expiration date: _____

Pet Information

Do you own any pets? Yes No

If yes, please describe type & weight (25 pounds or less): _____

All questions that were answered YES will be verified through the appropriate third-party source. It will be your responsibility to provide management with all required information to properly process your application and verify your eligibility. Example: Social Security card; proof of age, etc.

This will include names, addresses, phone and fax numbers, account numbers for assets where applicable and any other information required to expedite this process.

All qualified applicants will be afforded equal opportunities without discrimination because of race, color, religion, familial status, creed, national origin, sex, age, 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 provide this information, but are encouraged to do so. Academy Place management may neither discriminate on the basis of this information, nor on whether you choose to provide it. All identifying information is kept strictly confidential.

If you do not wish to furnish the following information, please initial here: _____.

For Head of House Only-Please Check All That Apply

Gender Identity:

- Female Male
- Non-binary Transgender
- Prefer to self-describe _____
- Prefer not to say

Race:

- Black/African American
- White
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Pacific Islander
- Two or more races
- Not Listed _____
- Prefer not to say

Ethnicity:

- Hispanic/Latino
- Non-Hispanic/Non-Latino
- Not Listed _____
- Prefer not to say

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.