



BAWNY Excelsior Apartments Application

The enclosed application must be completed in full, **signed and dated by all persons aged 18 years and older, including the last page: Supplement to Application for Federally Assisted Housing** requesting your contact person's information.

- All applications are processed in the order received.
- All People Inc. apartments are smoke free.

Our Program

The Section 811 program allows persons with disabilities to live as independently as possible in the community by subsidizing rental housing opportunities which provide access to appropriate supportive services.

Eligibility Criteria

1. The head of household **must be at least 18 years old and disabled**. The household may consist of one to four individuals, one or two individuals per bedroom.
2. Annual income cannot exceed the Federal Income Limits effective 4/1/2025:
 - 1 person: \$35,350 annually
 - 2 people: \$40,400 annually
 - 3 people: \$45,450 annually
 - 4 people: \$50,500 annually
3. There are preferences for those who are visually impaired and/or are experiencing homelessness.

Please mail your completed, signed and dated application to:

**BAWNY Excelsior Apartments
130 Central Avenue
Buffalo, NY 14206**

For more information, call (716) 880-3890, thank you for your interest in BAWNY Excelsior Apartments.

THIS SECTION FOR OFFICE USE ONLY

Date application received: _____

Time: _____

Received by: _____

Type of accessible unit requested:

Wheelchair/Hearing/Vision

**APPLICATION FOR BAWNY EXCELSIOR APARTMENTS**

Referred by:

☐ Friend/Family: _____ ☐ Radio Station: (list) _____☐ Television Station: (list) _____ ☐ Newspaper: (list publication) _____

We will make reasonable accommodations to afford persons with disabilities an equal opportunity to ensure equal access to this document and to use and enjoy the housing community. If you require assistance in understanding this application, please notify the office to which you are applying to arrange for assistance.

This form must be completed in full using the correct legal name for each person who will reside in the unit as it appears on the Social Security card. All persons aged 18 or older must sign and certify the information pertaining to them is correct. Failure of the applicant(s) to sign this application constitutes grounds for denial of admission or eligibility. If any part does not apply to you, please write N/A in that section.

Applicant Contact Information

Applicant Name: _____ Date of Birth: _____

Address (No PO Box accepted): _____

City, State, Zip Code: _____

Phone Number: _____

We are required by the Department of HUD to include and request that the attached Alternate Contact Form (HUD-92006) be sent with all applications for housing. Please complete this form and include any alternate contact person(s) that can be reached in the event we cannot make contact with you directly.

☐ If you would like your alternate contact to receive a copy of all correspondence sent to you, please check this box.

Member	Last Name, First Name, Middle Initial	Relationship to Head of Household	Date of Birth	Social Security Number
1.		HEAD		
2.				
3.				
4.				

Applicants are required to disclose their Social Security number and for all members of the applicant's household, except those household members who do not contend eligible immigration status, or who do not have a Social Security number and were 62 years of age or older as of 1/31/2010 and were receiving HUD rental assistance at another location on 1/31/2010.

Are you disabled? ☐ Yes ☐ No (persons with physical disability, developmental disability, or chronic mental illness)

Property Preferences (will be 3rd party verified)

Are you homeless? ☐ Yes ☐ No

Are you visually impaired? ☐ Yes ☐ No

Present Gross Income

Income	Amount	Weekly/Monthly/Annually	Member Name
Social Security (SSI/SSD)			
State Supplemental (SSP)			
Employment			
Unemployment			
Pension			
Public Assistance (TANF)			
Child Support/Support			
Other			

Current Assets

Asset	Source	Current Balance	Member Name
Checking Account			
Savings Account			
Direct Express			
Cash on Hand			
Life Insurance			
Stocks/Bonds/CDs			
Burial Account			
Real Estate			
Other			

Have you disposed of or transferred any assets within the last 2 years? ☐ Yes ☐ No

If yes, what? _____

General Information (Please answer all that apply to applicant and all members of the household)

Current living situation: _____

Address: _____

Phone number: _____

How long at this address? _____

Previous living situation: _____

Address: _____

How long at this address? _____

Are you currently receiving rental assistance? ☐ Yes ☐ No

If yes, please explain: _____

Do you or any member of your household have a debt with a utility company? ☐ Yes ☐ No

If yes, please explain: _____

Have you or any member of your household ever been convicted of methamphetamine production in the home? ☐ Yes ☐ No If yes, which member: _____

Are you or any member of the household subject to Lifetime Sex Offender registration program?

☐ Yes ☐ No If yes, which member _____

Do you or any member of the household have a pet? ☐ Yes ☐ No (Pet must be 25 pounds or less)

If yes, please describe: _____

Have you or any member of the household ever applied for or lived in a People Inc. Senior Living apartment before? ☐ Yes ☐ No If yes where? _____

Have you ever lived in another state besides New York? ☐ Yes ☐ No

If yes, please list all states you have previously lived in: _____

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? ☐ Yes ☐ No

If yes, please list whom; 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: _____

Are you or any member of your household claiming a disability that requires a **wheelchair accessible unit** that features walk/roll in shower, side by side refrigerator, lower cabinets and shelving? (will need to be verified required prior to accommodation) ☐ Yes ☐ No

OR what reasonable accommodations (modifications to the apartment), would you request for any other type of disability?

Household Demographics

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. People Inc. may not discriminate on the basis of this information, nor on whether you choose to provide it. All identifying information is kept strictly confidential.

<u>Race Codes</u> 1. White 2. Black/African American 3. American Indian/ Alaska Native 4. Asian 5. Native Hawaiian/Pacific Islander 6. Other	<u>Ethnicity Codes</u> 1. Hispanic /Latino 2. Non-Hispanic or Latino	<u>Gender Codes</u> F. Female M. Male N. Non-Binary T. Transgender D. Prefer to self-describe N/A Prefer not to say
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Member	Race Code Number 1, 2, 3, 4, 5, or 6	Ethnicity Code 1 or 2	Gender F, M, N, T, D, N/A
1.			
2.			
3.			
4.			

It is illegal to discriminate in the sale or rental of housing, including against individuals seeking a mortgage or housing assistance, or in other housing-related activities. The Fair Housing Act prohibits this discrimination because of race, color, national origin, religion, sex, familial status, and disability. A variety of other federal civil rights laws, including Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act, prohibit discrimination in housing and community development programs and activities, particularly those that are assisted with HUD funding. These civil rights laws include obligations such as taking reasonable steps to ensure meaningful access to their programs and activities for persons with limited English proficiency (LEP) and taking appropriate steps to ensure effective communication with individuals with disabilities through the provision of appropriate auxiliary aids and services. Various federal fair housing and civil rights laws require HUD and its program participants to affirmatively further the purposes of the Fair Housing Act.

General Release/Consent for Verification

I hereby authorize People Inc. or any corporation it sponsors to obtain any and all information needed to verify my eligibility and continuing eligibility for said housing assistance including but not limited to information on family composition, income, assets, deductions, criminal background, child support arrears and any other item determined by applicable law or regulation.

This release may be relied upon by any financial institution, employer or previous employer, attorney general for child support information, landlord or previous landlord, pharmacy, doctor, hospital, child care provider, creditor, law enforcement agency, utility company, county, state, or federal agency, or assisted housing program and all such individuals or entities are hereby directed to turn over any requested information without further authorization. This form shall remain valid and can be used at any time, at People Inc.'s discretion, as long as I am an applicant or a tenant with the People Inc. Senior Living Apartment program.

A copy of this form filled out and executed shall have the full force and effect as an original signed copy.

Signature of Head of Household

Name Printed

Date

Driver's license or non-driver's license ID #

State

*** ANY CO-APPLICANT 18 YEARS OF AGE OR OLDER MUST SIGN BELOW:**

Signature of Head of Household #2

Name Printed

Date

Driver's license or non-driver's license ID #

State

Signature of Head of Household #3

Name Printed

Date

Driver's license or non-driver's license ID #

State

Signature of Head of Household #4

Name Printed

Date

Driver's license or non-driver's license ID #

State

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making the false or fraudulent statement to any department of the U.S. Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on this consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor or fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information, may bring civil action for damages, and seek other relief as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the "Social Security Act at 208 (a) (6) (7) and (8). Violations of 42 U.S.C. 408(a) (6) (7) and (8)".

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
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.