



## BAWNY Excelsior Apartment Application



- The enclosed application must be completed in full, signed and dated by all persons age 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 PRAC 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 18 years 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 5/15/2023:
  - 1 person: \$32,500 annually
  - 2 people: \$37,150 annually
  - 3 people: \$41,800 annually
  - 4 people: \$46,400 annually
3. There are preferences for those who are visually impaired and/or are homeless.

Please mail your completed, signed and dated application to:

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

If you have a disability and need assistance with the application process, please contact our Intake Specialist at 716.880.3890.

THIS SECTION FOR OFFICE USE ONLY  
 Date application received: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 1 or 2 Bedroom  
 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 age 18 must sign and certify the information pertaining to them is correct. Failure of the applicant(s) to sign this application constitutes grounds for denial 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 \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

We are required by the Department of HUD to include and request that the attached Emergency Contact Form (HUD92006) 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 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.*

**Bedroom size:**  **One (1)**  **Two (2)** (occupancy requirements 1 bedroom 1 min 2 max bedroom 2 min 4 max)

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

**Property preferences:** (will be 3<sup>rd</sup> party verified)

Are you homeless?  Yes  No

Are you visually impaired?  Yes  No

What is your preferred language? \_\_\_\_\_

**Present Gross Income**

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

**IV. Current Assets**

Asset	Source	Current Amount	Member Name
Checking Account			
Savings Account			
Direct Express			
Cash on Hand			
Life Insurance			
Stocks/Bonds/ CD's			
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. 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: \_\_\_\_\_

Do you or any members of your household have a disability as defined in Section 223 of the Social Security Act? ( Yes  No) If so, do you or any member of your household require a reasonable accommodation?

( Yes  No) If so please indicate: \_\_\_\_\_

\_\_\_\_\_

If you or any member of your household has a disability, as defined in Section 223 of the Social Security Act, please note below as to how we may accommodate your needs. If applicable, please include any special unit features which may be required. A reasonable accommodation may include a wheelchair accessible unit, grab bars, a service animal or etc.

\_\_\_\_\_

\_\_\_\_\_

**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 neither discriminate on the basis of this information, nor on whether you choose to provide it. All identifying information is kept strictly confidential.

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



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

<b>Signature of Applicant</b>	<b>Date</b>

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.