



Where your world opens up.

## Highland School Apartments

*A People Inc. Community*

**105 Highland Ave, Tonawanda NY 14150**

Phone: (716) 880-3890    Web [people-inc.org](http://people-inc.org)

Attached is an application for Highland School Apartments which will be located at 105 Highland Avenue; in the City of Tonawanda. 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.

### Eligibility Criteria:

1. The head of household must be 18 years of age or older.
2. Set aside apartments will be available for head of household, 18 years of age or older, and
  - Have a diagnosed developmental disability, or
  - Have Traumatic brain injury, or
  - 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 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. Being granted an interview DOES NOT guarantee an apartment will be offered to you.

**Please mail your completed application to "Highland School 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) 880-3890.

**Please note that People Inc. Highland School Apartments are smoke-free.**

Thank you.





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:**

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

Current Address: (PO Box not accepted) \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please answer all questions:**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Do you have a <b>diagnosed developmental disability</b> ?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a <b>diagnosed Traumatic brain injury</b> ?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever served in the <b>Military</b> ? If yes, time served _____<br>Discharge status at end of service: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you expect any additions to the household within the next twelve months?<br>If yes, Name & Relationship: _____<br>Explanation: _____                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you require a unit with <b>special features</b> due to a disability?<br>If yes, circle appropriate answer:<br>Wheelchair / Vision-impaired/ Hearing-Impaired          | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you or anyone in your family require a <b>Live-in Attendant</b> ?<br>Name of Live-in attendant: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you currently living in substandard housing or <b>homeless</b> ?<br>Name of agency to can verify your current living situation: _____<br>Address: _____ Phone: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Will your household be receiving <b>Section 8 assistance</b> at the time of move in?<br>Agency providing voucher: _____<br>Address: _____ Phone: _____                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have full custody of all children listed on this application?<br>If no, please explain custody arrangements: _____  | <input type="checkbox"/> | <input type="checkbox"/> |

10. Have you or anyone else named on this application been convicted of the following:
- Felony within the past 10 years
  - Selling or Manufacturing illegal drugs
  - Any Sex related crime
  - Subject to Lifetime Sex Offender Registration
- If yes, list all states you have lived in: \_\_\_\_\_
- Yes**      **No**
11. Have you ever been evicted from a rental unit of any type including an apartment, house, mobile home or trailer within the past five (5) years?
- If yes, please explain: \_\_\_\_\_
12. Do you currently owe money to a landlord, Public Housing Authority, or management company?
- If yes, please explain: \_\_\_\_\_
13. Have you ever moved due to or in violation of a lease agreement?
- If yes, please explain: \_\_\_\_\_

**Housing References:** List the past FIVE housing references:

Landlord Name/Address	Address rented	Own/Rent	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.

**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.

Include all income 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:**

*Include all assets held. Include the value of the asset in the space provided.*

<b>Asset</b>	<b>Yes</b>	<b>No</b>	<b>Current value</b>	<b>Asset</b>	<b>Yes</b>	<b>No</b>	<b>Current value</b>
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: \_\_\_\_\_

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 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?  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: \_\_\_\_\_

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 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?<br>If yes, please note it here: _____  | <input type="checkbox"/> | <input type="checkbox"/> |

**Vehicle**

List any cars, trucks, or other vehicle owned. Parking will be provided for one vehicle.

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: \_\_\_\_\_

*Please note: There will be a \$50.00 pet deposit & inoculation paperwork due at move in.*

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 necessary information to properly process your application and verify your eligibility.

This will include names, addresses, phone and fax numbers, account numbers 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. 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.

For Head of Household Only – Please Check All That Apply

*Gender Identity:*

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

*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

**Signature Clauses**

I understand that People Inc. is relying on the information I provided to prove my household’s eligibility for the Low Income Housing Tax Credit Program. I certify that all the information and answers to the above questions are true & complete to the best of my knowledge. **I consent to release the necessary information to determine my eligibility and that providing false information or making false statements may be grounds for denial of my application.** I also understand that such action may result in criminal penalties.

I authorize my consent to have People Inc. verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable as well as any other information required for expediting this process. I authorize People Inc. to obtain a credit bureau report, criminal background report and I understand that occupancy is contingent on meeting People Inc.’s Tenant Selection criteria for this program.

Signature Head of Household	Name printed	Date
Driver’s License (or non-driver’s license) ID #	_____	State: _____
Signature Co-applicant	Name printed	Date
Driver’s License (or non-driver’s license) ID #	_____	State: _____
Signature Co-Applicant #2	Name printed	Date
Driver’s License (or non-driver’s license) ID #	_____	State: _____
Signature Co-applicant #3	Name printed	Date
Driver’s License (or non-driver’s license) ID #	_____	State: _____

