



30 West Main Street  
Waterloo, New York 13165

PH 315-539-3609  
FX 315-539-3649

# WATERLOO

## MEMORIAL HEIGHTS

TTY/TTD 1-866-449-2594  
[www.genevaha.com](http://www.genevaha.com)

Please complete this application and return it to the address on the cover page of this application. Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

### A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

No. of bedrooms in current unit \_\_\_\_\_ ☐ Do you rent ☐ or own

Bedroom size requested: ☐ One Bedroom ☐ Handicap BR

### B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List head of household first.

Household	Name	Relationship to Head of House	M/F	Birth Date	Social Security #	Student Y/N
Head			<input type="radio"/> <input type="radio"/>			
Co-tenant			<input type="radio"/> <input type="radio"/>			
			<input type="radio"/> <input type="radio"/>			
			<input type="radio"/> <input type="radio"/>			

Do you anticipate any additions to this household in the next twelve months? ☐ Yes ☐ No

If yes, please explain:

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### C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write "N/A".

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	AFDC/TANF	\$
	AFDC/TANF	\$
	AFDC/TANF	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$

TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)	\$	
TOTAL GROSS ANNUAL INCOME FROM <b>PREVIOUS YEAR</b>	\$	
Do you anticipate any changes in your household income within the next 12 months?	<input type="radio"/> Yes	<input type="radio"/> No

*If yes, please explain:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held:	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held:	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held:	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held:	
	How long employed:	

	<b>ALIMONY:</b>	
	Are you <i>entitled</i> to receive alimony?	<input type="radio"/> Yes <input type="radio"/> No
	If yes, List the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="radio"/> Yes <input type="radio"/> No
	If yes, List the amount you receive.	\$
	<b>CHILD SUPPORT:</b>	
	Are you <i>entitled</i> to receive child support?	<input type="radio"/> Yes <input type="radio"/> No
	If yes, List the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="radio"/> Yes <input type="radio"/> No
	If yes, List the amount you receive.	\$

**D. ASSETS**

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write "N/A"

Checking Accounts	#	Bank	Balance\$	
	#	Bank	Balance\$	
	#	Bank	Balance\$	
Savings Accounts	#	Bank	Balance\$	
	#	Bank	Balance\$	
	#	Bank	Balance\$	
Trust Account	#	Bank	Balance\$	
Certificates	#	Bank	Balance\$	
	#	Bank	Balance\$	
	#	Bank	Balance\$	
	#	Bank	Balance\$	
Credit Union	#	Bank	Balance\$	
	#	Bank	Balance\$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Value \$	
Life Insurance Policy	#		Value \$	
Mutual Funds	Name:	# Shares:	Interest or Dividend \$	Value \$
	Name:	# Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	# Shares:	Interest or Dividend \$	Value \$
	Name:	# Shares:	Interest or Dividend \$	Value \$
	Name:	# Shares:	Interest or Dividend \$	Value \$
Bonds	Name:	# Shares:	Interest or Dividend \$	Value \$
	Name:	# Shares:	Interest or Dividend \$	Value \$
	Name:	# Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: <b>Do you own any property?</b>	<input type="radio"/> Yes <input type="radio"/> No
<i>If yes, Type of Property</i>	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Have you <b>sold/dispensed</b> of any property in the last 2 years?	<input type="radio"/> Yes <input type="radio"/> No
<i>If yes, Type of property</i>	
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of Transaction	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="radio"/> Yes <input type="radio"/> No
If yes, describe the asset	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="radio"/> Yes <input type="radio"/> No
<b><i>If yes, please list:</i></b>	

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Has anyone in the household disposed of any assets for less than fair market value in the last 2 years? ☐ **Yes** ☐ **No**

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H. **VEHICLE AND PET INFORMATION**

**VEHICLES:** List any cars, trucks or other vehicles owned.

Type of Vehicle: \_\_\_\_\_ Year/Make \_\_\_\_/\_\_\_\_\_ Color \_\_\_\_\_

License Plate # - \_\_\_\_\_

**PETS:** Do you own any pets? ☐ Yes ☐ No

*If yes, describe:* \_\_\_\_\_

\_\_\_\_\_

## CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE(S):

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

Dated \_\_\_\_\_

Dated \_\_\_\_\_

Are you a United States Citizen?

☐ Yes ☐ No

If you answered No, do you have Eligible Immigration Status?

If you are unsure if you have Eligible Immigration Status, consult with an Immigration lawyer, an Immigration expert of your choice or this office.

If rent does not include utilities, what is your average cost per month? \$ \_\_\_\_\_  
(Do not include Phone or Cable)

Do you receive Rental Assistance or Rent Subsidy?

☐ Yes ☐ No

If Yes, state amount:

\$ \_\_\_\_\_

Do you have a disability that will require special accommodations to your apartment?

☐ Yes ☐ No

How did you hear about this Housing? \_\_\_\_\_

When are you available to Move? \_\_\_\_\_

Why do you wish to Move? \_\_\_\_\_

Are you or any household members Full-Time students?

☐ Yes ☐ No

If yes, who \_\_\_\_\_

Have you ever been convicted of a Felony?

☐ Yes ☐ No

If yes, list the Offense, Date and Disposition:

<b><i>Date-</i></b>	<b><i>Offense-</i></b>	<b><i>Disposition-</i></b>
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<b><i>Date-</i></b>	<b><i>Offense-</i></b>	<b><i>Disposition-</i></b>
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Have you ever been Evicted?

☐ Yes ☐ No

***If yes, please explain:***

### 3 Reference's for your application

REFERENCES ARE REQUIRED AS PART OF THE APPLICATION PROCESS. WE ASK THAT YOU LIST THE APPROPRIATE, PERSON(S) WE MAY CONTACT AS REFERENCES.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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#### #1 Reference

Name: \_\_\_\_\_ PHONE: \_\_\_\_\_

How many years have you known this person? \_\_\_\_\_ yrs. Your relationship to this person? \_\_\_\_\_

Called Left Message: #1 Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm #2 Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm  
☐ Left message ☐ Unable ☐ Left message ☐ Unable

☐ Reference Returned Call @ \_\_\_\_\_

#### #2 Reference

Name: \_\_\_\_\_ PHONE: \_\_\_\_\_

How many years have you known this person? \_\_\_\_\_ yrs. Your relationship to this person? \_\_\_\_\_

Called Left Message: #1 Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm #2 Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm  
☐ Left message ☐ Unable ☐ Left message ☐ Unable

☐ Reference Returned Call @ \_\_\_\_\_

#### #3 Reference

Name: \_\_\_\_\_ PHONE: \_\_\_\_\_

How many years have you known this person? \_\_\_\_\_ yrs. Your relationship to this person? \_\_\_\_\_

Called Left Message: #1 Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm #2 Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm  
☐ Left message ☐ Unable ☐ Left message ☐ Unable

☐ Reference Returned Call @ \_\_\_\_\_



LANDLORD REFERENCES – Please list all places of residence within the last 5 years...

Present Landlord-

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone \_\_\_\_\_  
Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Landlords:

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Dates - From _____	Dates - From _____
Property Name: _____	Property Name: _____
Previous Address: _____	Previous Address: _____

PLEASE SIGN THE ATTACHED LANDLORD REFERENCE AUTHORIZATION. APPLICATION  
WILL NOT BE PROCESSED OR ACCEPTED WITHOUT SIGNED AUTHORIZATION FORM.

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EMPLOYMENT:

Applicant #1

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Type of Work \_\_\_\_\_

Applicant #2

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Type of Work \_\_\_\_\_

PERSONAL REFERENCES (Not a Relative):

Applicant #1

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Applicant #2

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

PLEASE SIGN THE ATTACHED CREDIT CHECK AND CRIMINAL AUTHORIZATION. APPLICATION  
WILL NOT BE PROCESSED OR ACCEPTED WITHOUT A SIGNED AUTHORIZATION FORM.

## ARREST DISCLOSURE FORM

The Geneva Housing Authority is required by HUD regulations to perform regular background checks on any prospective client for the Section 8 Program.

List below **ALL ARRESTS** (felony, misdemeanor and/or violations) for **ALL PEOPLE** listed in your household. List the original charge(s) and approximate date(s) of the incident(s). You must include probation and/or parole sentences along with completion dates). You are not required to include information for any matter in which you received youthful offender (Y.O.) status.

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Head of Household

Date

Spouse (Co-Head)

Date

Other Adult

Date

Other Adult

Date

**WARNING!** Title 18, Section 1001 of the United States Code states that, *"a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government."*

If you do not speak English, you have the right to request an interpreter,  
which will be provided to you free of charge.

Si usted no habla inglés, tiene el derecho de solicitar de los servicios de un intérprete,  
El cual le sera provisto de manera gratuita.



# CERTIFICATION

I/We hereby certify that I/We Do/Will not maintain a separate subsidized rental unit in another location and further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s applicable tenant selection criteria. I/We certify under penalty of perjury that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE(S): All adult applicants, 18 or older, must sign application.

<div><div></div><div>(Signature of Applicant)</div></div>	<div><div></div><div>Date</div></div>
<div><div></div><div>(Signature of Co-Applicant)</div></div>	<div><div></div><div>Date</div></div>
<div><div></div><div>(Signature of Co-Applicant)</div></div>	<div><div></div><div>Date</div></div>
<div><div></div><div>(Signature of Co-Applicant)</div></div>	<div><div></div><div>Date</div></div>



WE ARE AN EQUAL OPPORTUNITY HOUSING ORGANIZATION. WE WOULD APPRECIATE YOUR VOLUNTARY ANSWER TO THE FOLLOWING QUESTIONS:

Ethnicity (select one):    ☐ Hispanic or Latino    ☐ Not Hispanic or Latino

Race (select all which apply):

☐ American Indian    ☐ Alaska Native    ☐ Asian    ☐ Black or African American  
☐ Native Hawaiian    ☐ Pacific Islander    ☐ White

**\*\*\*\*\* PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING\*\*\*\*\***

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLFULLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. Any willful misrepresentation or concealment of any material fact that would affect eligibility for admission will be considered grounds for termination of lease and eviction. I, therefore declare the information provided to be true to the best of my knowledge.

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).”

\_\_\_\_\_  
Signature of Applicant #1

\_\_\_\_\_  
Signature of person assisting with application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant #2

\_\_\_\_\_  
Signature of person assisting with application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number

PLEASE ATTACH VERIFICATION OF AGE: BIRTH CERTIFICATE/DRIVERS LICENSE, ETC.





## AUTHORIZATION FOR RELEASE OF INFORMATION

### WATERLOO MEMORIAL HEIGHTS

I \_\_\_\_\_ authorize and consent Waterloo Memorial Heights Apartments, to request and obtain income, assets, credit, schooling and landlord information from the sources attached to this form for the purpose of verifying my eligibility and level of benefits under ROI Management, Inc. Assisted housing programs. I understand that housing authorities that receive income information under this consent form cannot use it to deny, refuse, or terminate assistance without first independently verifying what the amount was whether I had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest these determinations.

I have read this document, and understand and agree to the release of information in consideration for my occupancy or continued occupancy of an apartment operated by Waterloo Memorial Heights Apartments.

*In conjunction with our application for renewal of a lease, I hereby certify that all information contained herein is true and correct. I understand that the material falsification of information provided may result in the rejection of this application or in termination of my lease agreement."*

*"By execution of this application, I hereby authorize Waterloo Memorial Heights apartments to make such investigation into my credit, employment, rental and criminal history per the tenant selection criteria and release all parties from all liability for any damage that may result from their furnishing information to you."*

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_