



Liberty Apartments at Parkside

Project Based Voucher Housing Application

To apply for subsidized housing at Project Name complete all sections of this application.

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

Please enter the family's TOTAL ANNUAL INCOME. If None, enter 0: \$ _____

Please indicate if your family's INCOME SOURCE is any of the following:

☐ Wages ☐ Social Security ☐ SSI/SSD ☐ DHS ☐ Other Welfare ☐ Other (Child Support, etc.)

Gender: ☐ M ☐ F Date of Birth: ____/____/____ Social Security Number: ____-____-____

Race (optional): ☐ White ☐ Black/African American ☐ American Indian ☐ Asian ☐ Pacific/Islander

Ethnicity (optional): ☐ Hispanic ☐ Non-Hispanic

First Name	Middle Initial	Last Name	Social Security Number	Relationship to Applicant	Sex M/F	Date of Birth	Disabled? Yes or No	Pregnant?
				Head of Household				

Have you ever served in the Military?

☐ Yes ☐ No

Are you currently homeless?

☐ Yes ☐ No

Does anyone living in your household require a unit with the following accommodations?

☐ Wheelchair Accessibility ☐ Hearing Impaired Accessibility ☐ Visually Impaired Accessibility

Is there anyone in the household subject to a lifetime state sex offender registration program in any state?

(Failure to answer this question may jeopardize the approval of this application.)

☐ Yes ☐ No

Signature _____

Date _____

Return to:

Liberty Apartments at Parkside

5251 Parkside Drive

Canandaigua, NY 14424

Phone 585-337-4390 Fax 315-789-8024

If you or anyone in our family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs or services, please submit your request in writing to Rochester Housing Authority attention: PBV Waiting List at 675 West Main St Rochester NY 14611.



The Rochester Housing Authority is committed to serving eligible applicants and will not discriminate against any person on the grounds of age, race, color, national origin, religion, sex, familial status, sexual orientation, marital status, or physical or mental disability.

© Rochester Housing Authority. 675 West Main Street. Rochester. NY 14611

Liberty Apartments at Parkside



Date & Time Stamp

APPLICATION FOR HOUSING

NOTE TO APPLICANT: In order for us to determine your eligibility or continued eligibility, you must provide *all* information included in this application. This information is considered confidential and will only be used as necessary in determining your eligibility for a Federal affordable housing program.

PROVIDING FALSE INFORMATION MAY RESULT IN LOSS OF YOUR HOUSING

Applicant Name:		Home Telephone Number: ()
Address:	Apt. Number:	Cell Phone Number: ()
		Email Address:
Are you currently homeless (lacking a permanent night-time residence)? <input type="checkbox"/> YES <input type="checkbox"/> NO		

HOUSEHOLD COMPOSITION

Please read each question carefully, answer each question completely and be prepared to verify items checked "yes".

List yourself and anyone who will live with you *within the next 12 months*. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

Please list household members starting with Head of household on line 1, then in order of oldest to youngest.

	Last Name, First Name	Relationship to Head of Household	Birth Date	U.S. Veteran Yes/No	Social Security Number	Student Status: (Includes Elementary through Higher Education)		
						Full Time	Part Time	N/A
1		Head						
2								
3								
4								
5								
6								

1) Do you anticipate any changes in the size of your household *within the next 12 months*? ☐ YES ☐ NO
(Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)

If yes, please describe any changes here: _____

2) Will anyone under age 18 listed above live in the unit *less than* 50% of the next 12 months? ☐ N/A ☐ YES ☐ NO

If yes, please explain here: _____

3) Does any member in your household have a disability and require a live-in care attendant? ☐ YES ☐ NO

4) Is any member of your household a Veteran of any branch of the United States Armed Forces? ☐ YES ☐ NO

5) Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance? ☐ YES ☐ NO

6) Do you have any pets? YES ___ NO ___ If yes, list all pets (type and number) here _____



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Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

RENTAL HISTORY

The questions regarding household rental history apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

☐ ☐ Have you or anyone else named on this application filed for bankruptcy?
Please explain: _____

☐ ☐ Have you or anyone else named on the application been convicted of a drug related or other crime?
Please explain: _____

☐ ☐ Have you or anyone else named on the application been subject to the lifetime registration requirement under a state sex offender registration program in any state?
Please explain: _____

☐ ☐ Have you or anyone else named on the application ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally-assisted housing?
Please explain: _____

☐ ☐ Are there any special needs or accommodations the household will require such as, grab bars or a unit for mobility impaired or hearing/vision impaired?
Please explain: _____

Head of Household Current Address:

Your Address

Landlord's Name/Address/Phone
(if applicable)

Own / Rent

Dates

From: _____
To: _____

Head of Household Previous Address:

Your Address

Landlord's Name/Address/Phone

Own / Rent

Dates

From: _____
To: _____

Other Adult Current Address:

Landlord's Name/Address/Phone

Own / Rent

Dates

From: _____
To: _____

Other Adult Current Address:

Landlord's Name/Address/Phone

Own / Rent

Dates

From: _____
To: _____



STUDENT ELIGIBILITY QUESTIONS

- 6) Are **ALL** members of your household full-time students? ☐ YES ☐ NO
- 7) Will **ALL** members of your household be full-time students during any 5 months of this year?
(Example: a student who goes to school full-time in any parts of January, February, April, October and November) ☐ YES ☐ NO
- 8) Will **ALL** members of your household be full-time students during any 5 months of next year? ☐ YES ☐ NO
- 9) Is **ANY ADULT** member of your household a part or full time student in an institute of higher education? ☐ YES ☐ NO
If yes, who is enrolled? _____ Which school are they enrolled in? _____
How do they pay for their education? _____ What is the cost of tuition per semester? \$ _____
- 10) Does **ANY ADULT** member of your household intend to become a student *within the next 12 months*? ☐ YES ☐ NO
If yes, who will be enrolling in school? _____ Name of School _____
If yes, will they be enrolling as a full-time or part-time student? _____

ALIMONY / CHILD SUPPORT INFORMATION

- 11) Does any member of your household have a COURT ORDER to receive Child Support or Alimony payments, even if no child support or alimony is being received? (Case ID # or #'s) _____ ☐ YES ☐ NO

IF "NO", SKIP TO QUESTION 12

- a.) Name of person with court order: _____ Payment Amount: \$ _____ per _____
b.) Name of person(s) paying support / alimony: _____

Are the **FULL** court-ordered amount(s) being received? ☐ YES ☐ NO

If "NO", are you making efforts to collect the amounts due? ☐ YES ☐ NO

If "YES", please explain the efforts you're making here: _____

- 12) Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**?

(This includes help from children's father or mother for clothes, groceries, etc.) ☐ YES ☐ NO

IF "NO", SKIP TO NEXT SECTION

- a.) Payment Amount: \$ _____ per _____
b.) Name of person(s) paying support / alimony: _____
_____ Phone: _____ for child: _____
_____ Phone: _____ for child: _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	13) Is any member of the household employed?	
		Job 1) Who is employed? _____	AMT \$ _____
		What company? _____ Phone: _____	PER _____
		Job 2) Who is employed? _____	AMT \$ _____
		What company? _____ Phone: _____	PER _____
		<input type="checkbox"/> Check if there are any additional jobs in the household (attach a separate sheet with contact information)	
<input type="checkbox"/>	<input type="checkbox"/>	14) Are any household members self-employed?	
		Who is self-employed? _____	AMT \$ _____
		What type of work does this person do? _____	PER _____
<input type="checkbox"/>	<input type="checkbox"/>	15) Are any adult members of your household unemployed?	
		Which adult members are unemployed? _____	
<input type="checkbox"/>	<input type="checkbox"/>	16) Does any household member receive pay from the military?	
		Who is paid by the military? _____	AMT \$ _____
		Which branch of the military? _____	PER _____
		Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	17) Does any household member receive any payments from the Social Security Administration? Which type: <input type="checkbox"/>SS <input type="checkbox"/>SSI <input type="checkbox"/>SSDI <input type="checkbox"/>Other	
		Who receives payments from the Social Security Office? _____	AMT \$ _____
			PER _____
<input type="checkbox"/>	<input type="checkbox"/>	18) Does any household member receive severance pay or worker's compensation?	
		Who is receiving severance pay or worker's compensation? _____	AMT \$ _____
		What company pays them? _____	PER _____
		Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	19) Is any household member unemployed and receiving payments from an Unemployment Agency?	
		Who is receiving unemployment benefits? _____	AMT \$ _____
		What State: _____ Contact Person: _____ Phone: _____	PER _____
<input type="checkbox"/>	<input type="checkbox"/>	20) Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here.)	
		Who is receiving TANF or AFDC benefits? _____	AMT \$ _____
		Caseworker: _____ Phone: _____	PER _____



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INCOME INFORMATION CONTINUED

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	21) Does any household member receive periodic payments from a pension, annuity or retirement benefit account? Please check one: <input type="checkbox"/> Pension <input type="checkbox"/> Annuity <input type="checkbox"/> Other Retirement Who receives these benefits? _____ What company pays this person? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	22) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries? What is the name of the person that pays you? _____ What is their address? _____ Phone number? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	23) Is there any other source of income we haven't already asked about above that you receive? Please Describe: _____	
<input type="checkbox"/>	<input type="checkbox"/>	24) Does your household expect any changes in their income <i>within the next 12 months</i>? Please Describe: _____	
<input type="checkbox"/>	<input type="checkbox"/>	25) Does your household receive long-term care insurance payments, <i>in excess of \$180 per day</i>, for a family member residing in a long-term care facility? Which household member is in a long-term facility? _____ Which household member are the payments made to? _____ What company pays this person? _____ Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	26) Do any adult members of your household have zero income? Which adult members have zero income? _____	

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	ACCOUNT INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	27) Does any household member have a Checking, Savings, CD or Money Market account? Bank 1) Bank Name: _____ Name(s) on Account: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market Bank 2) Bank Name: _____ Name(s) on Account: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market <input type="checkbox"/> Check if there are additional accounts of the above types belonging to the household. (attach a separate sheet with the bank name, account type and name(s) on the account)



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

- ☐ ☐ **28) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy** (life insurance that you can make withdrawals from even if there isn't a death. We do not count **TERM** insurance)?
Institution Name: _____ Name(s) on Account: _____
Contact Phone: _____ Account Type: ☐ Stocks ☐ Bonds ☐ Mutual Funds ☐ Whole Life Insurance
- ☐ ☐ **29) Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account?**
Institution Name: _____ Name(s) on Account: _____
Contact Phone: _____ Account Type: ☐ IRA ☐ Keogh ☐ 401K ☐ Other: _____
- ☐ ☐ **30) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401K or Annuity accounts)?**
Institution Name: _____ Name(s) on Account: _____
Contact/Phone: _____ Account Type: _____
- ☐ ☐ **31) Does any household member own any Real Estate?** (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Property being sold by deed of trust or Contracts for Deed)
Property Owner(s): _____ Type of Property: _____
What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc.)
Contact: _____ Phone: _____
- ☐ ☐ **32) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit?** (Examples include: coin or stamp collections, antique cars, jewelry, etc.)
Property Type: _____ Estimated Cash Value: \$ _____
- ☐ ☐ **33) Does any household member have a Trust Account?**
Institution Name: _____ Name(s) on Account: _____
Is this account a Revocable or Non-Revocable Trust Account? _____ Contact Phone: _____
- ☐ ☐ **34) Does any household member have any Treasury Bills or Government Savings Bonds?**
Which household member: _____
Series: _____ Face Value: \$ _____ Serial Number: _____ Issue Date: _____
- ☐ ☐ **35) Does any household member have cash on hand or safe deposit boxes?**
Which household member? _____ What amount is kept on hand? \$ _____
- ☐ ☐ **36) Does any household member have any accounts or assets that were not described above?** (Please **DO NOT** include personal use vehicles, furniture, clothing, etc.)
What type of account or asset is this? _____
What is the estimated value of this asset if you were to sell it today? \$ _____
- ☐ ☐ **37) In the past two years, has any household member given away any asset(s) for less than they were worth?** (Examples include property, transferring an asset account into someone else's name, charitable contributions etc.)
What was the estimated value of this asset? \$ _____



DEMOGRAPHIC QUESTIONS

Race of Head of Household (check all that apply): ☐ I prefer not to answer ☐ White ☐ Black or African American
☐ American Indian/Alaska Native ☐ Asian/Pacific Islander

Ethnicity of Head Household: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino

What is your marital status? Married, Single, Divorced, Separated, Widowed (Circle)

HOUSEHOLD CERTIFICATION

I understand that the information provided on this questionnaire will be used to determine my eligibility for Canandaigua Housing for Veterans. Under penalties of perjury, I certify that the information provided is true and accurate to the best of my knowledge. I also understand that false or omitted information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

By signing this application, I also grant the owner the right to obtain all information needed to determine my eligibility in accordance with the owner's Resident Selection Criteria. Resident Selection Criteria may include but is not limited to criminal history checks, credit screening, prior eviction filings, landlord references, ability to pay rent, etc.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility for Canandaigua Housing for Veterans.

CERTIFICATION: All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.

Head of Household

Date

Other Adult Member

Date

Other Adult Member

Date

Other Adult Member

Date

MANAGEMENT SIGNATURE:

This application /questionnaire accepted by:

Apartment Management / Owner's Agent

Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

IN KEEPING WITH THE FAIR HOUSING ACT, WE DO NOT DISCRIMINATE BASED ON FAMILIAL STATUS, RACE, SEX, DISABILITY, COLOR, RELIGION OR NATIONAL ORIGIN.

CANANDAIGUA HOUSING FOR VETERANS IS A SMOKE-FREE PROPERTY

Canandaigua Housing for Veterans
c/o Finger Lakes Community Development Corporation
P.O. Box 153, 41 Lewis St.
Geneva, New York 14456

Phone: 315-789-8010
Toll-free: 1-800-825-1191
Fax: 315-789-8024
TDD: 315-789-4399

