

Lake Area Development Corporation
Preliminary Application
SENECA APARTMENTS
529 Exchange Street
Geneva, New York 14456

Ph (315) 789-7408, Fax (315) 789-4591, TDD (315) 789-4399

FOR OFFICE USE

FOR OFFICE USE

***** Please print clearly and fill in all blanks

Family Composition: (** list Head of Household first)



Name	Social Security #	Date of Birth	Age
1.			
2.			

Current Home Address:

Current Mailing Address:

Phone Number:

CURRENT INCOME FROM ALL SOURCES: INCLUDE ASSETS, SAVINGS, CHECKING, ETC.

Source	Amount	How Often Received	Please indicate who the income is for, ie: Head of Household	

PLEASE SELECT YES OR NO

Do you or any member of your household require the features of a mobility adapted apartment? ☐ Yes ☐ No

Anyone 62 Years of age or older or Handicapped/Disabled, regardless of age is eligible to receive a \$400.00 deduction, are you eligible for this deduction? ☐ Yes ☐ No

Are you currently receiving housing assistance through a housing subsidy? ☐ Yes ☐ No

How did you hear about the Seneca Apartments?



Phone (315) 789-7408

Fax (315) 789-4591

TDD (315) 789-4399

Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when		
Please indicate each state where you have lived: <i>This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.</i>		
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C		

Title 18, Section 1001 of the US 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. HUD and any owner (or any department of the United States 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 the consent form. Use of the information collected based on this verification from 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 and fined not more than \$5000.00. 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 Act at 42 USC 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 USC 408 (f), (g) and (h).

Printed name & title of person completing this form, if completed by someone other than applicant:

Signature & date of person completing this form: _____

Address: _____

Phone number (_____) _____ Fax (_____) _____

I, (Print Head of Household Name) _____, hereby certify all information provided in this application, is accurate and complete.

***** Signature of Head of Household and Date *****

***** Signature of other Adults in Household and Date *****

EQUAL OPPORTUNITY – This program is in compliance with Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1968, Executive Order 11063, and all rules, regulations and requirements pursuant thereto.

Certification for Local Preference attached. _____ (for office use)

It is important that you complete all applicable parts of this application and return it to us. Check front and back of each page. Incomplete applications cannot be processed. Please return all pages.

Applications may be returned by mailing them to:

**Seneca Apartments, Attn: Site Manager, 529 Exchange Street, Geneva, New York 14456
Or ... Attn: Site Manager, % Geneva Housing Authority, P.O. Box 153, Geneva, N Y 14456
Or..... By Fax to - Att: Site Manager (315) 789-4591 or 789-8024**

The Seneca Apartments does not discriminate on the basis of handicapped status in the admission or access to, treatment or employment in, its federally assisted programs and activities



Phone (315)-789-7408

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Seneca Apartments

LAKE AREA DEVELOPMENT CORPORATION

529 Exchange Street
Geneva, New York 14456

ATTACHMENT 4

OWNER'S NOTICE No. 1 FOR AN APPLICANT FAMILY

Dear _____

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States Citizens, nationals, or certain categories of eligible non-citizens in the following HUD programs:

- a. Public and Indian Housing Programs
- b. Section 8 Housing Assistance Payments Programs
- c. Section 235 of the National Housing Act
- d. Section 236 of the National Housing Act
- e. Section 10I/Rent Supplement Program

You have applied or are applying for assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. To do this you should:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Attachment 5 to list all family members who will reside in the assisted unit.
2. Have a Declaration Format (Attachment 7) completed by each family member including yourself who is listed on the Family Summary. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy to follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.



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3. Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to the name and address listed below within 14 days of receipt of the application.

**Seneca Apartments
529 Exchange Street
Geneva New York 14456**

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact Patty DeBolt, at (315) 789-7408 weekdays and she will be happy to assist you.

Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for pro-ration of assistance. That means when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.





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ATTACHMENT 5

FAMILY SUMMARY SHEET

Mbr. No.	Last Name of Family Member	First Name	Relationship to H of H	Sex	Date of Birth

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Seneca Apartments

LAKE AREA DEVELOPMENT CORPORATION
529 Exchange Street
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December 30, 2008

TO: ALL WAITING LIST APPLICANTS

Lake Area Development Corporation has established new criteria for preferences, which affects the order of selection of participants for the Seneca Apartments. All applicants will be placed on the waiting list in the order that their completed application is received, unless they qualify for one of the preferences. Those who qualify for a preference will be listed ahead of those who do not qualify for a preference. Preference number one will take the highest priority, number two will take second priority and number three will take third priority.

The preferences are listed on the attached page. If you believe you qualify for one or more of these preferences, please check all that apply. Please be sure to return this form along with the rest of the completed preliminary application.

When an apartment is available for you, you will be contacted by mail and you will be advised to contact us to schedule an appointment so that you may provide the required documentation and complete the processing.

PLEASE NOTE: THE INFORMATION YOU PROVIDE IS REQUIRED TO BE VERIFIED AT THE TIME YOU ARE CALLED IN. ALSO, YOU SHOULD NOTIFY US IF YOU ADDRESS CHANGES, SO YOU WILL NOT MISS OUT WHEN YOUR NAME COMES TO THE TOP OF THE LIST.

If you have any questions, please feel free to contact the office in person or by phone at (315) 789-7408.

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ATTACHMENT 7

APPLICANT DECLARATION FORMAT

Instructions: Complete this format for each member of the household listed on the Family Summary Sheet.

LAST NAME: _____

FIRST NAME: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____ SEX: _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable, (this is an 11 digit number found on INS Form I-94, Departure Record)

NATIONALITY _____ Enter the foreign nation or country to which you owe allegiance. This is normally, but not always, the country of birth.)

SAVE VERIFICATION NO. _____
to be entered by owner, if and when received

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2 or 3. (check front and back of each page)

DECLARATION:

I, _____ hereby declare,
under penalty of perjury, that I am:



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☐ 1. A citizen or national of the United States

If you checked this block, no further information is required. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child.

2. a noncitizen with eligible immigration status in the category checked below:

- ☐ (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (1) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101 (a) (15), respectively. [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA 8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status);
- ☐ (ii) A noncitizen who entered the United States of before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);
- ☐ (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a) (7) of the INA (8 U.S.C. 1153 (a) (7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;



- ☐ (iv) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d) (5) of the INA (8 U.S.C. 1182 (d) (5)) [parole status];
- ☐ (v) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom]; or
- ☐ (vi) A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

If you checked this block, you should submit the following documents:

- a. Verification Consent Format (Attachment 9)

AND

- b. one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- (2) Form I-94, Arrival – Departure Record, with one of the following annotations:
 - i) “Admitted as Refugee Pursuant to section 207”;
 - ii) “Section 208” or Asylum”;
 - iii) “Section 243 (h)” or Deportation stayed by Attorney General”;
 - iv) “Paroled Pursuant to Sec. 212 (d) (5) of the INA”;
- (3) If Form I-94, Arrival – Departure Record is not annotated, then accompanied by one of the following documents: (next page)



- (i) A final court decision granting asylum (but only if no appeal is taken);
 - (ii) A letter from INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director granting asylum (if application filed before October 1, 1990);
 - (iii) A court decision granting withholding or deportation; or
 - (vi) A letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- (4) Form I – 688 Temporary Resident Card, which must be annotated "section 245A" or Section 210";
- (5) Form I – 688 B; Employment Authorization Card, which must be annotated "Provision of Law 274a.12 (II)" or "Provision of Law 274a.12";
- (6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.
- (7) Form I – 152, Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the document required above with this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult residing in the unit and responsible for the child should sign and date the format.

If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for extension block below.

Signature

Date

Check here if adult signed for a child: ☐



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REQUEST FOR EXTENTION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain the evidence.

Signature

Date

Check here if adult signed for a child: ☐

3. Not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult living in the unit and responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: ☐



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**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property Project No. Address of Property

Name of Owner/Managing Agent Type of Assistance or Program Title

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	<input type="checkbox"/>
Not-Hispanic or Latino	<input type="checkbox"/>
Racial Categories*	Select All that Apply
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Other	<input type="checkbox"/>

*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Geneva Housing Authority

Notice of Right to Reasonable Accommodation

If you have a disability, and, as a result of your disability, you need:

- ☐ A change in the rules or policies to give you an equal opportunity to use the facilities or take part in the Geneva Housing Authority's Housing programs, or
- ☐ A change in the way we communicate with you or give you information,

you may ask for this kind of change, which is called a reasonable accommodation.

If you can show that you have a disability, and if your request is reasonable (does not pose "an undue financial or administrative burden"), we will try to grant your request.

We will give you an answer within 10 days, unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or verification from you, or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons, and you can give us more information, if you think that will help.

If you need help completing our *Reasonable Accommodation Request Form*, or if you want to give us your request in some other way, we can help you.

You can get a *Reasonable Accommodation Request Form* at the front desk of the housing agency.

NOTE: All information you provide will be kept confidential and be used only to have an equal opportunity to participate in the GHA Housing programs.



STUDENT QUESTIONNAIRE

Applicant/Resident _____ Date _____

Property: Seneca Apartments

TO BE COMPLETED BY APPLICANT / RESIDENT

Are you student at an institution of higher education? Yes ☐ No ☐

**Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation", and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

If you have answered no, please skip the following questions and sign below.

If you answered yes, the owner agent is required to determine your eligibility as a student. Please complete the following questions:

- | | Yes <input type="radio"/> | No <input type="radio"/> |
|--|---------------------------|--------------------------|
| 1. Are you a full-time student? | <input type="radio"/> | <input type="radio"/> |
| 2. Will you be living with your parents? | <input type="radio"/> | <input type="radio"/> |
| 3. If no: | | |
| a. Are your parents receiving or eligible to receive Section 8 assistance? | <input type="radio"/> | <input type="radio"/> |
| b. Are you claimed as a dependent on your parent's tax return? | <input type="radio"/> | <input type="radio"/> |
| 4. Are you a graduate or professional student? | <input type="radio"/> | <input type="radio"/> |
| 5. Are you at least 24 years of age? | <input type="radio"/> | <input type="radio"/> |
| 6. Are you a veteran of the United States military? | <input type="radio"/> | <input type="radio"/> |
| 7. Are you married? | <input type="radio"/> | <input type="radio"/> |
| 8. Do you have a dependent child? | <input type="radio"/> | <input type="radio"/> |
| 9. Do you have dependents other than a child or spouse? | <input type="radio"/> | <input type="radio"/> |
| 10. Have you been independent of your parents for at least one year? | <input type="radio"/> | <input type="radio"/> |
| 11. Are you disabled? | <input type="radio"/> | <input type="radio"/> |
| a. If yes, were you receiving housing assistance as of 11/30/2005? | | |



STUDENT QUESTIONNAIRE

1) Existing Residential Preference

Existing Residents who have submitted a Unit Transfer Application and who are deemed eligible for transfer.

Do you qualify for this preference?

☐ Yes ☐ No

2) Involuntary Displacement Preference

An applicant is considered involuntarily displaced if he/she is or will be (within six months) displaced as a result of one of the following actions and is not living in standard, permanent replacement housing:

- 1) A Natural disaster (fire, flood, etc.) that results in the unit being uninhabitable;
- 2) Activity by a U.S. Agency or State or local governmental body or agency for code enforcement or public improvement or development program;
- 3) Action by an Owner forces the applicant to vacate its unit when the basis for the Owner's action is beyond the applicant's ability to control or prevent, that action occurred despite the applicant having met all previously imposed occupancy conditions and the action is other than a rent increase.

Do you qualify for this preference?

☐ Yes ☐ No

If yes, please provide brief explanation:

3) Residency Preference

If an applicant resides in the City or Town of Geneva, New York, that applicant household will receive preference over households that do not currently reside in Geneva, New York. The owner/agent will consider the following as residents:

- 1) Applicants who work in the jurisdiction
- 2) Applicants who have been hired to work in the jurisdiction
- 3) Applicants who are expected to live in the jurisdiction as a result of planned employment

NOTE: "Planned employment" means bona fide offer to work in a municipality.

Do you qualify for this preference?

☐ Yes ☐ No

IMPORTANT, PLEASE NOTE:

Qualifications for all preferences MUST be documented at the time that you begin processing for an apartment.

Signature of Applicant

Date

Print Name of Applicant

(_____) _____
Phone Number

COMPLETE ADDRESS OF APPLICANT

COMPLETE MAILING ADDRESS

NOTE: If you are signing this document for the applicant, please include a copy of your legal authorization to sign on their behalf, such as Power of Attorney or Court Order.



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STUDENT QUESTIONNAIRE

12. Are you receiving any financial assistance to pay for your education?

☐ Yes ☐ No

If so — Please list all sources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc.

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. 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, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and 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, the PHA 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Print Name _____

Signature _____

Date _____



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Senior Citizen Lease Terminations

Tenants or their spouses living with them, who are sixty-two years or older, or who will attain such age during the term of their leases, are entitled to terminate their leases if they relocate to an adult care facility, a residential health care facility, subsidized low-income housing, or other senior citizen housing.

When such tenants give notice of their opportunity to move into one of the above facilities, the landlord must release the tenant from liability to pay rent from the early termination of the lease to the lease's original end date and to adjust any payments made in advance.

Senior citizens who wish to avail themselves of this option must do so by written notice to the landlord. The termination date must be effective no earlier than thirty days after the date on which the next rental payment (after the notice is delivered) is due. The notice is deemed delivered five days after mailing. The written notice must include documentation of admission or pending admission to one of the above-mentioned facilities. For example, a senior citizen mails a notice to the landlord of his or her intention to terminate the lease on April 5; the notice is deemed received April 10. Since the next rental payment (after April 10) is due May 1, the earliest lease termination date will be effective June 1.

Anyone who interferes with the tenant's, or his or her spouse's removal of personal effects, clothing, furniture or other personal property from the premises to be vacated will be guilty of a misdemeanor.

Owners or lessors of a facility of a unit into which a senior citizen is entitled to move after terminating a lease, must advise such tenant, in the admission application form, of the tenant's rights under the law. (Real Property Law §227-a.)

This information is taken from "Residential Landlord & Tenant Guide"
by Dennis C. Vacco, former NYS Attorney General.



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Geneva, New York 14456
September 15, 2009

Dear Applicant,

At this time, due to privacy laws, we are not able to discuss your housing application, lease or other needs, with anyone but you, unless you have given us written permission to do so.

In order to better serve your needs, we are now required by HUD to offer you an opportunity to designate others who we may call on if situations arise and outside assistance is needed. The objective is to provide contact information for a person (s) or agency you designate. This may include those who provide any delivery of services or special care and to assist with resolving any tenancy issues arising during your tenancy, if approved. You are allowed to specify who we may speak to and what we may discuss.

For instance, if you have a Service Coordinator who helps you with living skills or a Social Worker who is helping with discharge planning from the hospital, rehab or nursing home, or you have a relative or friend who helps you, you need to give us written permission to speak to them before we can answer any questions for them.

Attachment A, form HUD – 92006 (next page) is provided to you for that purpose. You may designate a person (s) or agency/agencies to be contacted and under what circumstances.

Please note it is NOT mandatory for you to complete this form. While it is optional, please know it means if something happens, we can find someone to assist you with the needs you have designated.

As always, the information we have in your file including who you designate is to be kept confidential.

Please contact us at (315) 789-7408, if you have any questions or need additional forms.

The Seneca Apartments does not discriminate on the basis of handicapped status in the admission or access to, treatment or employment in its federally assisted programs and activities.



Phone (315) 789-7408

Fax (315) 789-4591

TDD (315) 789-4399

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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: _____ </div> </div>	
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.

Información de contacto opcional y complementaria para solicitantes de asistencia de vivienda del HUD

COMPLEMENTO PARA SOLICITUD DE VIVIENDA CON ASISTENCIA FEDERAL

Este formulario será proporcionado a cada solicitante de vivienda con asistencia federal

Instrucciones: Persona u organización de contacto opcional: Tiene derecho por ley de incluir, como parte de su solicitud de vivienda, el nombre, la dirección, el número de teléfono y otra información relevante de un familiar, amigo u organización social, médica, de defensa o de otra índole. Esta información de contacto se recopila con el objeto de identificar a una persona u organización que puede ayudar a resolver cualquier problema que podría surgir durante su alquiler o que puede ayudar a proporcionar cualquier servicio o atención especial que usted pudiera requerir. **Podrá actualizar, quitar o cambiar la información que proporcionó en este formulario en cualquier momento. No se le exigirá que brinde la información de este contacto, pero si escoge hacerlo, incluya la información relevante en este formulario.**

Nombre del solicitante:	
Dirección postal:	
N.º de teléfono:	N.º de teléfono celular:
Nombre de la persona u organización de contacto adicional:	
Dirección:	
N.º de teléfono:	N.º de teléfono celular:
Dirección de correo electrónico (si corresponde):	
Relación con el solicitante:	
Motivo del contacto: (Marcar todo lo que corresponda)	
<input type="checkbox"/> Emergencia	<input type="checkbox"/> Ayuda con el proceso de recertificación
<input type="checkbox"/> No es posible comunicarse con usted	<input type="checkbox"/> Cambio en los términos del arrendamiento
<input type="checkbox"/> Rescisión de la asistencia de alquiler	<input type="checkbox"/> Cambio en las reglas de la casa
<input type="checkbox"/> Desalojo de la unidad	<input type="checkbox"/> Otro: _____
<input type="checkbox"/> Pago atrasado de la renta	
Compromiso del propietario o de la autoridad de la vivienda: Si es aprobado para la vivienda, esta información será conservada como parte de su archivo de locatario. Si surgen problemas durante su alquiler o si requiere de algún servicio o atención especial, es posible que nos comuniquemos con la persona u organización que incluyó para que lo ayude a resolver los problemas o le proporcione algún servicio o atención especial.	
Declaración de confidencialidad: La información proporcionada en este formulario es confidencial y no será divulgada a nadie salvo según lo permitido por el solicitante o la ley vigente.	
Notificación legal: La sección 644 de la Ley de Desarrollo Comunitario y de Vivienda de 1992 (Ley Pública 102-550, aprobada el 28 de octubre de 1992) exige que a cada solicitante de vivienda con asistencia federal se le ofrezca la opción de proporcionar información relacionada con una persona u organización de contacto adicional. Al aceptar la solicitud del solicitante, el proveedor de vivienda acuerda cumplir con los requisitos de igualdad de oportunidades y no discriminación de 24 CFR sección 5.105, que incluye las prohibiciones sobre discriminación en la admisión o participación en programas de viviendas con asistencia federal debido a la raza, el color de la piel, la religión, el origen nacional, el sexo, la discapacidad y el estado familiar según la Ley de Vivienda Justa, y la prohibición sobre discriminación debido a la edad según la Ley contra la Discriminación por la Edad de 1975.	

☐ Marque esta casilla si escoge no proporcionar la información de contacto.

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Se eliminó el cuadro de la firma

Los requisitos de recopilación de información contenidos en este formulario fueron enviados a la Oficina de Administración y Presupuesto (*Office of Management and Budget, OMB*) según la Ley de Reducción del Papeleo de 1995 (Título 44, secciones 3501-3520 del Código de los EE. UU.). Se calcula que la carga de declaración pública es de 15 minutos por respuesta e incluye el tiempo para revisar las instrucciones, buscar fuentes de datos existentes, recopilar y conservar los datos necesarios, y completar y revisar la recopilación de la información. La sección 644 de la Ley de Desarrollo Comunitario y de Vivienda de 1992 (Título 42, sección 13604 del Código de los EE. UU.) impuso al HUD la obligación de solicitar a los proveedores de viviendas que participan en programas de viviendas con asistencia del HUD que proporcionen a todas las personas o familias que soliciten la ocupación de una vivienda con asistencia del HUD la opción de incluir en la solicitud el nombre, la dirección, el número de teléfono y demás información relevante de un familiar, amigo o una persona relacionada con una organización social, médica, de defensa o similar. El objeto de proporcionar tal información es facilitar el contacto por parte del proveedor de viviendas con la persona u organización identificada por el locatario para que ayude a brindar todo servicio o atención especial al locatario y ayudarlo a resolver cualquier problema de alquiler que surgiere durante el alquiler por parte de dicho locatario. Esta información de solicitud complementaria será conservada por el proveedor de vivienda y en carácter de confidencial. Proporcionar la información es básico para las operaciones del Programa de Vivienda con Asistencia del HUD y es un acto voluntario. Respalda los requisitos reglamentarios y los controles de administración y del programa para prevenir el fraude, el derroche y la mala administración. De conformidad con la Ley de Reducción del Papeleo, una agencia no podrá conducir ni patrocinar, y no se le solicitará a una persona que responda a una recopilación de información, salvo que en la recopilación de información aparezca un número de control de OMB válido en la actualidad.

Declaración de privacidad: La Ley Pública 102-550 autoriza al Departamento de Vivienda y Desarrollo Urbano de los EE. UU. (HUD) a que recopile toda la información (salvo el número de seguro social [SSN]), la cual será usada por el HUD para proteger los datos de desembolso de acciones fraudulentas.

