

**Please fill out and submit to:**

Housing Visions Consultants, Inc.  
 214 S 1<sup>st</sup> Street PO Box 180  
 Fulton, NY 13069-9998  
 315-472-3820 Phone  
 315-422-4317 Fax  
 711 TDD

**Application Due Date: October 31, 2023    Lottery Date: November 13, 2023**

For management office use: **Ford Block (Oneonta)**

Date Received \_\_\_\_\_

Time received: \_\_\_\_\_

**I was referred by: (please check all that apply)**

- Friend/Relative** (Name: \_\_\_\_\_)  **Agency** (Name: \_\_\_\_\_)  **Newspaper Ad** (Paper: \_\_\_\_\_)  
 **Flyer** (Location: \_\_\_\_\_)  **TV** (Station: \_\_\_\_\_)  **Article** (Publication: \_\_\_\_\_)

**I am interested in living in the following bedroom size (please circle all that apply):    Studio   One   Two   Three   Four**

**Household Information:**

Complete the following information for each household member that will occupy the unit at time of move-in:

Name First, Middle Initial, Last	Relationship to Head of Household	M/F	Marital Status S - Single M - Married D - Divorced L - Legally Separated E - Estranged W - Widowed	Social Security Number or Tax-payer ID Number	Birthdate Month, Date, Year	Disabled Yes/No	Student Yes/No
	Head of Household						

**Current Address:** \_\_\_\_\_

**Daytime Phone:** \_(\_\_\_\_) \_\_\_\_\_    **Evening Phone:** \_(\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_



Answer either YES or NO to each question.

YES    NO

- 1. Do you expect any additions to the household within the next twelve months?**  
Name & Relationship: \_\_\_\_\_
- 2. Due to a disability, do you require a unit with special features?** (please circle appropriate answer)  
Wheelchair Accessible Unit    Unit for Vision-Impaired    Unit for Hearing-Impaired    One-Level Unit    Extra Bedroom
- 3. Do you or anyone in your family require a live-in care attendant?**  
Name of Live-in Care Attendant: \_\_\_\_\_
- 4. Are you currently living in substandard housing or homeless due to substandard housing?**  
**This information must be able to be documented by an agency attesting to the conditions.**  
Name of Agency: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- 5. Do you currently reside in a Housing Visions apartment?**  
Reason for Transfer Request: \_\_\_\_\_
- 6. Will your household be receiving Section 8 rental assistance at time of move-in?**  
\*This information is not used as a basis for eligibility. New York State Human Rights Law prohibits the discrimination in housing based on lawful source of income like whether you have a Section 8 background  
Name of Agency: \_\_\_\_\_
- 7. Do you have full custody of all children on application?**  
If no, explanation of custody arrangements: \_\_\_\_\_
- 8. Has anyone on the application been convicted of producing methamphetamine in their home?**  
Name: \_\_\_\_\_
- 9. Is anyone listed on the application legally required to be a lifetime registrant on the state sex offender registry?**  
Name: \_\_\_\_\_

\*If you are applying for state-funded housing and have a history of involvement with the criminal justice system, you have rights and protections including the opportunity for an individualized assessment. For more information visit <https://hcr.ny.gov/fair-housing-information>

**Emergency Contact:**

**Name/Address** (If possible list someone in this area that is not listed on the application)

\_\_\_\_\_ **Phone:** (    ) \_\_\_\_\_

\_\_\_\_\_ **Relationship:** \_\_\_\_\_



**Income Information:**

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as grant or benefit, it is counted for all household members including minors. 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:**

			Household Member	Source	Monthly Amount
Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.		\$
			2.		\$
Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.		\$
			2.		\$
			3.		\$
SSI (Supplemental Security Income)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.		\$
			2.		\$
			3.		\$
Public Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.		\$
			2.		\$
Unemployment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.		\$
			2.		\$
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.		\$
			2.		\$
Worker's Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.		\$
			2.		\$
Pension/Annuity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.		\$
			2.		\$
Disability Payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No			\$
Veteran's Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No			\$
Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No			\$
Self Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No			\$
Military Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No			\$
Contributions from Friends/Relatives	<input type="checkbox"/> Yes	<input type="checkbox"/> No			\$
Other Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No			\$

**YES**    **NO**  
   

**9. Do you or any other household members expect any changes to your income in the next 12 months?**  
 Explanation: \_\_\_\_\_

       **10. Are YOU or is ANY OTHER ADULT member of your household claiming zero income?**

Household Member(s)  
 \_\_\_\_\_



**Asset Information:**

Include all assets held, an asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset in the space provided.

**Do YOU or ANYONE in your household hold:** (Include ALL assets held by ALL household members including minors.)

Amount				Amount			
Checking Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Stocks or Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Savings Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Certificates of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Trust Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
IRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Life Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Other Retirement Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Cash On Hand	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Asset Disposed of in past 2 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Payments Received on a Debit Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$				

**Student Information:**

**YES**    **NO**

1. Is **EVERYONE** in your household (INCLUDING MINORS) currently a full or part-time student, or planning to be one within the next 12 months? **If yes, please list whom, circle status, and indicate the name of the school:**

Name: \_\_\_\_\_ Status: Full or Part-time College/Trade School: \_\_\_\_\_  
 Name: \_\_\_\_\_ Status: Full or Part-time College/Trade School: \_\_\_\_\_  
 Name: \_\_\_\_\_ Status: Full or Part-time College/Trade School: \_\_\_\_\_  
 Name: \_\_\_\_\_ Status: Full or Part-time College/Trade School: \_\_\_\_\_

**If the answer is YES ABOVE, continue with the following questions:**

**YES**    **NO**

- a. Are you a single parent with child(ren) and neither you nor the child(ren) are dependents on anyone else's tax return?
- b. Are you married and currently filing a joint tax return?
- c. Are you receiving AFDC (Aid to Families with Dependent Children)?
- d. Were you formerly in a foster care program?
- e. Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local, county or state program?  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_



**VEHICLE AND PET INFORMATION (if applicable)**

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

Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets?	Yes	No	
<i>If yes, describe:</i>			

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, creed, color, 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 furnish this information, but are encouraged to do so. Housing Visions may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, Housing Visions is required to note race and sex on the basis of visual observation or surname.

**Applicant:**

Race/National origin:

- American Indian/ Alaskan Native
- Asian, Pacific Islander
- Black
- Hispanic
- White
- I do not wish to furnish this information
- Other (please specify) \_\_\_\_\_

Gender:

- Male
- Female
- I do not wish to furnish this information

**Spouse/Co-Applicant:**

Race/National origin:

- American Indian/Alaskan Native
- Asian, Pacific Islander
- Black
- Hispanic
- White
- I do not wish to furnish this information
- Other (please specify) \_\_\_\_\_

Gender

- Male
- Female
- I do not wish to furnish this information

**Signature Clauses:**



I understand that management is relying on this information to prove my household's eligibility for the Low Income Housing Tax Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand 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 management 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 and any other information required for expediting this process. I authorize Housing Visions Unlimited, Inc. to obtain a criminal report. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Low Income Housing Tax Credit Program requirements.

**All ADULT household members must sign below:**

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_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date

### Authorization

I/We \_\_\_\_\_  
(All household members 18 and older)

do hereby authorize Housing Visions Unlimited, Inc. and/or its agents and its staff or authorized representatives to contact any individuals, agencies, offices, groups, or organizations to obtain and verify any information or materials, which are deemed necessary to complete my/our certification for housing in this project owned by Housing Visions Unlimited, Inc.

I/We understand that this authorization will be good for one year.

_____ Signature of Applicant/Resident	_____ Date
_____ Signature of Applicant/Resident	_____ Date
_____ Signature of Applicant/Resident	_____ Date
_____ Signature of Applicant/Resident	_____ Date

