



HOUSINGVISIONS
Real Plans. Real People. Real Progress.



Creekside Landing

23 UNITS located at 414-416 West Onondaga St, 308-314 Shonnard St, 208-210 W. Beard Ave, 307-311 W. Beard Ave, 1409-1429 Midland Ave, 515 W. Colvin St, 521-23 W Colvin St, 527 W. Colvin St, 1510-14 Midland Ave, 1522-28 Midland Ave Syracuse NY 13208

Application Due: December 4, 2024

Amenities: Central Air, On Site Laundry, Off Street Parking

Income Restrictions Apply – No Application Fee – No Broker’s Fee

Applicants will *not* be automatically rejected based on credit or most background check info

Priority admissions: : Mobility disability (6 units); Hearing/Vision disability (3 units)

More Information: <https://www.housingvisions.org>

Your household must meet these income restrictions:

AMI	Unit Size	# Units	Monthly Rent*	Household Size	Household Income**
30%	4BR	4	\$520		\$17,925 - \$30,720
					\$17,925 - \$37,560
50%	3 BR	1	\$830		\$25,375 - \$42,700
					\$25,375 - \$55,000
	3 BR	1	\$850		\$25,375 - \$42,700
					\$25,375 - \$55,000
	4 BR	2	\$920		\$27,925 - \$51,200
					\$27,925 - \$62,600
60%	1 BR	1	\$800		\$21,925 - \$39,840
					\$21,925 - \$45,540
	3 BR	5	\$1,050		\$30,375 - \$51,240
					\$30,375 - \$66,000
	4 BR	3	\$1,153		\$33,675 - \$61,400
					\$33,675 - \$75,120
80%	3 BR	3	\$1,300		\$36,925 - \$68,320
					\$36,925 - \$88,000
	4 BR	3	\$1,450		\$41,275 - \$81,920
					\$41,275 - \$100,160

*Rent includes Water, Sewer, and Trash

Collection. Income guidelines & permitted household size are subject to change.

**Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies. Asset limits also apply.

Application Due Date: December 4, 2024

Must be postmarked by this date. Sending more than 1 application will disqualify you.

How to Apply:

Request Application By Phone or Email: 315-472-3820 or jstmark@housingvisions.org

By Mail or In-Person: Housing Visions, 1201 East Fayette Street, Syracuse NY 13210

Lottery Date & Location: December 18, 2024 at 11:00AM

1201 East Fayette Street, Syracuse NY 13210 or live streamed at <https://www.facebook.com/housingvisionsorg>

The lottery will determine which applications will be reviewed for tenancy

YOU HAVE RIGHTS!

- If you have experienced housing discrimination: <https://dhr.ny.gov/journey-fair-housing> or call 844-862-8703
- Learn about how your credit and background check will be individually reviewed: <https://on.ny.gov/3uLNLw4>

ACCESSIBILITY INFORMATION

- 6 units are adapted for mobility impairment
- 3 units are adapted for hearing/vision impairment
- All ground floor units are adaptable to be wheelchair accessible
- Reasonable accommodation and modifications may be requested

Application Due: 12-4-24

Lottery Date: 12-18-24

Please fill out and submit to:

214 S First Street
PO Box 490
Fulton NY 13069
Housing Visions Consultants
Phone: 315-800-5501
711 TDD



HOUSINGVISIONS

Creekside Landing (Syracuse NY)

Date Received: _____

Time Received: _____

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

Agency: _____

Friend/Relative: _____

Newspaper Flyer TV Article

I am interested in living in the following bedroom size: (please check all that apply):

One Three Four

Household Information

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

Name First, Middle Initial, Last	Relationship to Head of Household	Gender M/F/Other	Marital Status	Social Security Number or Tax Payer Id Number	Birthdate Month/day/year	Disabled Yes/No	Student Status -Full time -Part time -No
	Head of Household						

Applicant Contact Information

Current Address : _____ Phone Number: (_____) _____ - _____
_____ Email Address: _____

Emergency Contact:

Name: _____ Phone Number: (_____) _____ - _____
Address: _____



Answer either YES or NO to each question.

- | <u>YES</u> | <u>NO</u> | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | 1. 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 |
| <input type="radio"/> | <input type="radio"/> | 2. Do you or anyone in your family require a live in care attendant?
Name of Live in Care Attendant: _____ |
| <input type="radio"/> | <input type="radio"/> | 3. Are you currently homeless or living in substandard housing?
This information must be able to be documented by an agency attesting to the conditions.
Name of Agency: _____
Contact Name: _____ Phone Number: _____ |
| <input type="radio"/> | <input type="radio"/> | 4. Do you currently reside in a Housing Visions apartment?
Reason for Transfer Request: _____ |
| <input type="radio"/> | <input type="radio"/> | 5. Will your household be receiving Section 8 rental assistance at time of move-in?
<i>*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.</i>
Name of Agency: _____ |
| <input type="radio"/> | <input type="radio"/> | 6. Do you have full custody of all children on the application?
If no, explanation of custody arrangements: _____ |
| <input type="radio"/> | <input type="radio"/> | 7. Has anyone on the application been convicted of producing methamphetamine in the home?
Name: _____ |
| <input type="radio"/> | <input type="radio"/> | 8. 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> **

All questions above 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, physical or mental disability, marital status, sexual orientation, gender identity or expression, military status, pregnancy, predisposing genetic characteristics, familial status, status as a victim of domestic violence, source of income, arrest records and criminal convictions, and citizenship and immigration status.

Attachments:

VAWA Notice of Occupancy Rights

VAWA HUD Form 5382

Know Your Rights: New York State's Anti-Discrimination Policy (Justice-Involved Applicants for State-Funded Housing)



Signature Clauses:

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

I/We authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I/We 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/We authorize Housing Visions Unlimited, Inc. to obtain a criminal report. I/We understand that my/our occupancy is contingent on meeting management's resident selection criteria and the Low Income Housing Tax Credit Program or other applicable program requirements.

I/We 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.

Authorization:

All Adult Household Members 18+ Must Sign Below

Signature of Applicant/Resident

Date

Signature of Applicant/Resident

Date

Signature of Applicant/Resident

Date

Signature of Applicant/Resident

Date





KATHY HOCHUL
Governor

Homes and Community Renewal

RUTHANNE VISNAUSKAS
Commissioner/CEO

Know Your Rights: New York State's Anti-Discrimination Policy When Assessing Justice-Involved Applicants for State-Funded Housing

If you are applying for state-funded housing and have a history of involvement with the criminal justice system, you have rights and protections.

There Are Only Two Mandatory Reasons That You Can Automatically Be Rejected:

1. Conviction for methamphetamine production in the home; and
2. Being a lifetime registrant on a state or federal Sex Offender database.

You Cannot Be Rejected Based On:

1. All pending arrests (including those with adjournments in contemplation of dismissal (ACOD));
2. Arrest records that were resolved in your favor;
3. Convictions for offenses committed before you turned 18 years old;
4. Misdemeanor convictions that occurred more than 1 year ago;
5. Felony convictions that occurred more than 5 years ago;
6. Convictions resulting in incarceration/parole supervision, from which you were released more than 1 year ago;
7. Convictions that did not involve physical violence or danger to persons or property, or did not affect the health, safety and welfare of others;
8. Convictions for which you have received a Certificate of Good Conduct or Certificate of Relief from Disabilities that is permanent and covers housing.
9. Youthful offender adjudications;
10. Convictions for violations sealed pursuant to Section 160.55 of New York State Criminal Procedure Law;
11. Convictions sealed pursuant to Section 160.58 or 160.59 of New York State Criminal Procedure Law;
12. Convictions that were excused by pardon, overturned on appeal or vacated;

You Cannot Be Asked About 9-12 Above

If a housing provider asks you about them or any pending arrest with an ACOD, you may answer as if the protected arrest, conviction or adjudication never occurred. If you believe you have been discriminated against based on these protections, file a complaint with the New York State Division of Human Rights: <https://dhr.ny.gov/complaint>

You Must be Given 14 Days to Provide Additional Information Before Any Rejection

You must be contacted and provided 14 business days to provide additional relevant information including:

1. How much time has passed since the conviction(s)?
2. How old were you at the time of the conviction(s)?
3. How serious was the conviction(s)?
4. Evidence about your rehabilitation, including treatment programs, volunteer work, paid employment, etc. since your conviction(s)
5. Were there mitigating circumstances surrounding the offense that reduce the severity of the offense?

If you were not given an opportunity to answer these questions, or if you feel the housing provider did not properly evaluate your application and wrongfully denied you housing, contact New York State Homes and Community Renewal's Fair and Equitable Housing Office at feho@hcr.ny.gov for assistance. More information is available here: <https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement--assessment-policies>