

BROGAN MANOR RENTAL APPLICATION

Date received: _____
Time received: _____ Initial: _____

APPLICANT INFORMATION

Last Name _____ First Name _____ Middle Initial _____
 Wife's Maiden Name _____ Caseworker Name & Agency _____
 Current Address (Include City, State, Zip) _____
 When did you start living at your current address? _____ Email Address _____
 Home/Cell Phone (____) _____ Work Phone (____) _____ Other Phone (____) _____

PROPERTY OWNER INFORMATION AT APPLICANT'S CURRENT ADDRESS

First & Last Name _____
 Address (Include City, State, Zip) _____
 Home/Cell Phone (____) _____

HOW DID YOU HEAR ABOUT US? Friend/Relative Agency (Name: _____) Newspaper Flyer Facebook

COMPLETE THE FOLLOWING INFORMATION FOR THOSE WHO 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	Social Security Number	Birthdate Month, Date, Year	Disabled Yes/No	Student Yes/No
	Head of Household						



PLEASE ANSWER YES OR NO TO EACH QUESTION

YES NO

1. Do you expect any additions to the household within the next twelve months?

Name, Relationship & Explanation _____

YES NO

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 housing that is condemned by your local municipality?
This information must be able to be documented by the municipality.

Name of Municipality _____

 5. Will your household be receiving Section 8 rental assistance at the time of move-in?

Name of Agency _____

 6. Do you have full custody of all children listed on this application?

If no, explanation of custody arrangements: _____

 7. Have you or anyone else named on this application been **CHARGED** with a misdemeanor or felony within the past 10 years? NOTE: CHARGES include charges that did not result in a conviction or that were dismissed.

Explain Charges _____

The Auburn Housing Authority conducts criminal background checks for every applicant household member aged 18 and older. Each background check is completed through a permissible Criminal History Record Search of the New York State Unified Court System. Any criminal history returned via the search will be reviewed on a case by case basis for severity, recency, and repetition. If your application is denied due to criminal history, you have the right to appeal the decision within 14 business days and to review and contest the criminal history or present evidence of rehabilitation.

 8. Have you or anyone else named on this application been convicted of selling or manufacturing illegal drugs within the past 10 years?

Explanation _____

 9. Have you been evicted from a rental unit of any type including an apartment, house, mobile home or trailer within the past 5 years?

Explanation _____

 10. Have you or a household member ever been convicted of a sex related crime or are you subject to a lifetime registration in a State sex offender registration program?

Explanation _____

EMERGENCY CONTACT

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

Name _____ Phone () _____

Address _____ Relationship _____



HOUSING REFERENCES (PREVIOUS LANDLORDS ONLY – FAMILY MEMBERS/FRIENDS DO NOT COUNT)

List the past SEVEN years of housing references. (If additional space is required, please attach an additional sheet)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____	_____	Own <input type="checkbox"/>	Move in: _____
	_____	_____	Rent <input type="checkbox"/>	Move out: _____
	Phone: () _____			_____
2.	_____	_____	Own <input type="checkbox"/>	Move in: _____
	_____	_____	Rent <input type="checkbox"/>	Move out: _____
	Phone: () _____			_____
3.	_____	_____	Own <input type="checkbox"/>	Move in: _____
	_____	_____	Rent <input type="checkbox"/>	Move out: _____
	Phone: () _____			_____
4.	_____	_____	Own <input type="checkbox"/>	Move in: _____
	_____	_____	Rent <input type="checkbox"/>	Move out: _____
	Phone: () _____			_____
5.	_____	_____	Own <input type="checkbox"/>	Move in: _____
	_____	_____	Rent <input type="checkbox"/>	Move out: _____
	Phone: () _____			_____
6.	_____	_____	Own <input type="checkbox"/>	Move in: _____
	_____	_____	Rent <input type="checkbox"/>	Move out: _____
	Phone: () _____			_____



INCOME INFORMATION

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
			3.		\$
SSI (Supplemental Security Income)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
			3.		\$
Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Pension/Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.		\$
			2.		\$
Disability Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Veteran's Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Self-Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Military Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Contributions from Friends/Relatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Other Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$

YES **NO**

Do you or any other household members expect any changes to your income in the next 12 months?

Explanation _____

Are YOU or is ANY OTHER ADULT (aged 18+) member of your household claiming zero income?

Household Member(s) _____



ASSET INFORMATION

Disclose 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		
Checking Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Savings Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Certificates of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
IRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Other Retirement Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Cash On Hand	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

	Amount		
Stocks or Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Trust Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Life Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Asset Disposed of in past 2 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

STUDENT INFORMATION

YES NO

1. Is **EVERYONE** in your household (INCLUDING ALL ADULTS AND MINORS) currently a full or part-time student, or planning to be one within the next 12 months?

If the answer is YES ABOVE, please list name, circle status, and indicate the name of the school:

Name: _____ Status: FT/PT School: _____
 Name: _____ Status: FT/PT School: _____
 Name: _____ Status: FT/PT School: _____
 Name: _____ Status: FT/PT 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 sources. 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, sexual orientation, 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. Brogan Manor LP 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, Brogan Manor LP is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the following information, please initial here: _____.

Applicant Head of Household

Race/National origin:

- American Indian/ Alaskan Native
- Asian, Pacific Islander
- Black
- Hispanic
- White
- Other (please specify) _____

Gender: Male Female

Spouse/Co-Applicant:

Race/National origin:

- American Indian/Alaskan Native
- Asian, Pacific Islander
- Black
- Hispanic
- White
- Other (please specify) _____

Gender: Male Female



Signature Clauses:

I understand that Brogan Manor LP is relying on this information to prove my household's eligibility for the Low Income Housing Tax Credit, HOME, Federal Public Housing, and/or State Public Housing Programs. 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 Brogan Manor Limited Partnership and/or its designee, Auburn Housing Authority, to obtain a credit bureau report and criminal report. I authorize and direct my Federal, State, or local agency, organization, business, landlord, employer, or individual to release to Auburn Housing Authority any information or documentation needed to complete and verify my application for participation and/or to maintain my continued assistance. I give my consent for the releases also for the minor children in my care. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Low Income Housing Tax Credit Program, HOME, Federal Public Housing, and/or State Public Housing requirements.

All ADULT household members must sign below:

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

Authorization

I/We _____
(All household members 18 and older)

do hereby authorize the Brogan Manor Limited Partnership or its authorized representatives/designees, including Auburn Housing Authority, 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 or managed by the Auburn Housing Authority. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a Housing Assistance Program. I agree that a photocopy of this authorization may be used for the purposes stated above.

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

BROGAN MANOR NON-SMOKING APPLICATION ADDENDUM

In order to protect the health of our residents and employees, smoking is not permitted inside of the units at any apartment complex owned or managed by Brogan Manor LP. That means that there is no smoking in any building on the grounds of Brogan Manor. This applies to everyone, including tenants, guests, employees, vendors, and contractors. Smoking will be permitted outdoors only.

Does anyone in your household smoke? Yes No

Does your household understand our smoking policy and agree to adhere to it should your application be approved and your household be accepted for residency?

Yes No

If no, please understand that you cannot be accepted for occupancy since you are not willing to abide by the terms and conditions of the Lease Agreement.

I understand the smoking policy and agree to abide by it if my application is approved.

Head of Household Signature

Date

Other Adult Over 18 Years of Age

Date

Other Adult Over 18 Years of Age

Date

Other Adult Over 18 Years of Age

Date



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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Consentment 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.

Form HUD-92006 (05/09)



VIOLENCE AGAINST WOMEN ACT

Applicable to Federal and State Public Housing, Section 8 Housing Choice Voucher Program, Low Income Housing Tax Credit (LIHTC) and HOME Programs

APPLICANT INFORMATION

The Violence Against Women Act (VAWA) prohibits public housing agencies (PHAs) from denying admission to otherwise qualified applicants (male or female) **simply because they are or have been victims of domestic violence, dating violence, sexual assault or stalking. When an applicant is determined to be unsuitable due to lack of rental history, bad credit, poor landlord references, falsification of application or a history of evictions or crime, or failure to meet eligibility requirements for particular housing programs, the PHA can deny admission.**

The PHA may request that an applicant certify that they are victim of domestic violence, dating violence, sexual assault or stalking, and that the actual or threatened abuse meets the requirements set forth in VAWA. Certifications may take the following forms:

1. The PHA must accept the HUD certification form (HUD-50066), which will be made available by the PHA if requested, as a complete request for relief without insisting on additional documentation. This form must be returned to the PHA. If the Victim does not complete and return this form (or provide third-party verification) by the 14th business day or by an extension of the date provided by the PHA, management agent or owner, the Victim cannot be assured s/he will receive VAWA protections.

2. The PHA must accept third-party documentation in lieu of the HUD certification form (HUD-50066). Third-party verification must be returned to the PHA. If the Victim does not provide third-party verification by the 14th business day or by an extension of the date provided by the PHA, management agent or owner, the Victim cannot be assured s/he will receive VAWA protections. Third party documentation may include:

- a. Documentation signed by an employee, agent, or volunteer of a domestic violence service provider, an attorney, a medical professional, an administrative agency, or a mental health professional from who the victim has sought assistance and who attests under penalty of perjury that incidents in question are bona fide incidents of abuse.
- b. Federal, state, tribal, territorial, or police or court records.

Please note that the victim is required to provide the name of the perpetrator ONLY if the name is safe to provide and is known to the victim. If a PHA receives conflicting certifications in which family members accuse each other, the PHA may determine the true victim by requiring third-party documentation. Information provided to the PHA shall be retained in confidence, shall not be entered into a shared database, and shall not be provided to any related entity unless the individual consents or requests, the information is required for use in eviction proceedings, or the release of such information is otherwise required by law.

To qualify for Federal or State Public Housing, LIHTC, HOME or Housing Choice Voucher assistance all applicants, including victims of domestic violence, dating violence, sexual assault or stalking must, at a minimum:

- meet the local PHA's definition of "family";
- be income eligible
- have at least one family member who is a U.S. citizen or has eligible immigration status;
- pass a criminal background screening;
- have no outstanding debt to the PHA; and
- meet all other local PHA screening criteria.

PARTICIPANT INFORMATION

The PHA may not deny, remove or terminate assistance to a victim of domestic violence, dating violence, sexual assault or stalking based solely on such an incident or threat. VAWA states that an incident or incidents of actual, threatened, or imminent domestic violence, dating violence, sexual assault, or stalking will not be construed as a serious or repeated violation of the lease by the victim and will not be good cause for terminating the tenancy or occupancy rights of the victim.

The PHA, an owner or landlord may deny, remove or terminate assistance to an individual perpetrator of such actions and continue to allow the victim or other household members to remain in the dwelling unit or receive housing assistance. This does not limit the authority of the PHA, owner or landlord to terminate housing program assistance for other criminal activity or good cause.

If a Section 8 Housing Choice Voucher participant moves out of an assisted unit in violation of the lease in order to protect the health and safety of a victim of domestic violence, dating violence, sexual assault or stalking, the Housing Authority must, upon request, grant portability to the participant if the participant is otherwise compliant with all program obligations.

The PHA may request that an applicant certify that they are victim of domestic violence, dating violence, sexual assault or stalking, and that the actual or threatened abuse meets the requirements set forth in VAWA. Certifications may take the following forms:

1. The PHA must accept the HUD certification form (HUD-50066), which will be made available by the PHA upon request, as a complete request for relief, without insisting on additional documentation. This form must be returned to the PHA. If the Victim does not complete and return this form (or provide third-party verification) by the 14th business day or by an extension of the date provided by the PHA, management agent or owner, the Victim cannot be assured s/he will receive VAWA protections.
2. The PHA must accept third-party documentation in lieu of the HUD certification form (HUD-50066). Third-party verification must be returned to the person and address specified in the written request for the verification. If the Victim does not provide third-party verification by the 14th business day or by an extension of the date provided by the PHA, management agent or owner, the Victim cannot be assured s/he will receive VAWA protections. Third party documentation may include:
 - a. Documentation signed by an employee, agent, or volunteer of a domestic violence service provider, an attorney, a medical professional, an administrative agency, or a mental health professional from who the victim has sought assistance and who attests under penalty of perjury that incidents in question are bona fide incidents of abuse.
 - b. Federal, state, tribal, territorial, or police or court records.

Please note that the victim is required to provide the name of the perpetrator ONLY if the name is safe to provide and is known to the victim. If a PHA receives conflicting certifications in which family members accuse each other, the PHA may determine the true victim by requiring third-party documentation. Information provided to the PHA shall be retained in confidence, shall not be entered into a shared database, and shall not be provided to any related entity unless the individual consents or requests, the information is required for use in eviction proceedings, or the release of such information is otherwise required by law.

