



516 Burt Street  
 SYRACUSE, NEW YORK 13202  
 315-475-6181

## APPLICATION FOR THE LEONARD BUILDINGS

• ONE AND TWO BEDROOM APARTMENTS •

PLEASE PRINT AND COMPLETE ALL INFORMATION ON THIS FORM

**A.** List each person who will live with you if you are approved to live in the Leonard Buildings.  
**The Head of Household must be at least 18 years of age.**

Last Name, First Name	M.I.	Date of Birth	Age	Sex	Relationship to Self/Head	Social Security #	Full Time Student
					SELF/HEAD		

**A.1.** List your current address and phone number below.

House # \_\_\_\_\_ Street \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
 Phone # \_\_\_\_\_

**B.** List below all income received by all members of your household. List the amount before any deductions, such as NYS Tax, Social Security, etc. Income includes, but is not limited to, full and part-time employment, pensions, public assistance, child support, Social Security, bank accounts, stocks, bonds, property, money market funds, IRA's, Keogh's, cash value of life insurance policies, annuities and certificate of deposits.

Last Name, First Name	Monthly Income	Type of Income

**B.1.** Give the name and address of your current employer for all adult household members below. Please attach additional information, if needed.

Head of Household's Employer: \_\_\_\_\_

No # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_  
 Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
 Phone # \_\_\_\_\_

Other Adult Member's Employer: \_\_\_\_\_

No # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_  
 Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
 Phone # \_\_\_\_\_



**C.** Does anyone live with you now who is not listed above? \_\_\_\_\_ If yes, please explain why this person will not be living with you if you are approved for the Leonard Buildings: \_\_\_\_\_

**D.** Do you expect any additions to the household within the next 12 months? \_\_\_\_\_ If yes, please explain, giving name and relationship: \_\_\_\_\_

**E.** Do you have primary physical custody of all children listed under the household composition \_\_\_\_\_ above? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

**F.** Will **all** of the persons in the household (18 & over) be or have been full-time students this year or plan to be in the next calendar year at an educational institution (other than correspondence school) with regular faculty and students? \_\_\_\_\_

If yes, please answer the following questions:

Are any full-time student(s) married and filing a joint tax return? \_\_\_\_\_

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act (federal, state, or local)? \_\_\_\_\_

Are any full-time student(s) TCA or a Title IV recipient? \_\_\_\_\_

Are any full-time student(s) a single parent living with his/her minor child who is not a dependant on another's tax return (other than a parent)? \_\_\_\_\_

**G.** Do you require a handicapped accessible apartment? \_\_\_\_\_ Elevator Building?: \_\_\_\_\_

**H.** Are you interested in living in a smoke free building? \_\_\_\_\_

**I.** Have you previously lived in subsidized or Public Housing? \_\_\_\_\_ If yes, where? \_\_\_\_\_

**J.** Do you currently live in subsidized or Public Housing? \_\_\_\_\_

**K.** Do you currently have a Housing Choice Voucher? (Section 8) \_\_\_\_\_

**L.** Have you ever been evicted from Public Housing or any other Federal housing program? \_\_\_\_\_  
If yes, Where \_\_\_\_\_ When \_\_\_\_\_

Describe Reasons \_\_\_\_\_

**M.** Have you ever been evicted? \_\_\_\_\_

**N.** Have you ever been convicted of a crime? \_\_\_\_\_

**O.** Are you currently using illegal drugs? \_\_\_\_\_



P. Have you ever been convicted of sale, distribution, or possession of illegal drugs? \_\_\_\_\_

Q. Does your household have any pets? \_\_\_\_\_

R. List all assets owned by household members including:

	Current Balance of Account	Account Number and Location	Asset Owner (Household Member)	%Interest Earned Annually
Checking Accounts				
Savings Accounts				
Stocks/Bonds/CD's				
Real Estate				
Pensions/Retirement				
Personal Property held as an Investment				
Cash on Hand				

S. Have you sold or given as gifts any real property or other assets in the past two years? \_\_\_\_\_

If yes, please explain and list current market value of the asset \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

T. Race of Head of Household (for statistical purposes): Caucasian \_\_\_\_ African American \_\_\_\_  
American Indian/Alaskan Native \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_ Other: \_\_\_\_\_

Ethnicity: Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

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**SHA Use only:** Bedrooms \_\_\_\_\_ Student \_\_\_\_\_ Access \_\_\_\_\_ Sec.8 \_\_\_\_\_

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## APPLICANT CERTIFICATION

**All household members listed on this application who are over the age of 18 must sign this certification, or the application will be deemed incomplete, and will not be processed.**

I/we certify that if selected to move into this property, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for the Leonard Buildings units. I/we authorize the Management to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State, or Local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements of information are punishable under Federal law.

**I/we understand it is my/our responsibility to keep all information provided in this application current and accurate. I/we understand that any changes to information, including but not limited to, current address, phone number, and household composition, must be provided in writing, on a Change Form.**

**I/we understand that if you are unable to contact us, my/our application for the Leonard Buildings will be withdrawn. I/we understand that if I/we wish to be considered again, I/we will have to complete another application.**

**I/we understand that my/our signature(s) below certifies that I/we understand and acknowledge all of the above statements.**

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Head of Household's Signature

Print Name

Date

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Other Adult Member's Signature

Print Name

Date

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Other Adult Member's Signature

Print Name

Date

**All household members listed on this application who are over the age of 18 must sign and date the Authorization for Release of Information Form on the next page**



**SYRACUSE HOUSING AUTHORITY  
516 BURT STREET  
SYRACUSE, NY 13202**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT:**

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the SYRACUSE 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 release also for the minor children in my care who live with me. I understand and agree this authorization or the information obtained with its use may be given to and used by the Syracuse Housing Authority only in administering and enforcing program rules and policies.

**INFORMATION COVERED:**

I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited, to:

- |   |  |
|---|--|
| Credit History                          | Identity and Marital Status              |
| Criminal Activity                       | Social Security Numbers                  |
| Family Composition                      | Residences and Rental History            |
| Employment, Income, Pensions and Assets | Federal, State, Tribal or Local Benefits |

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.

**INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:**

- |  |                                     |
|--|-------------------------------------|
| Banks and Other Financial Institutions | U.S. Social Security Administration |
| Courts                                 | U.S. Department of Veterans Affairs |
| Law Enforcement Agencies               | Providers of:                       |
| Credit Bureaus                         | Alimony                             |
| Employers (Past and Present)           | Child Support                       |
| Landlords                              | Credit                              |
| School and Colleges                    | Pension/Annuities                   |
| Welfare Agencies                       | Utilities                           |

**CONDITIONS:**

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization will be kept on file with the Syracuse Housing Authority. I understand that I have a right to correct any information that I can prove is incorrect.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

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Head of Household's Signature	Print Name Here	Date
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Other Adult Member's Signature	Print Name Here	Date
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Other Adult Member's Signature	Print Name Here	Date
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## LANDLORD INFORMATION/ADDRESS HISTORY FOR THE PAST 5 YEARS

Include all history for **everyone** who is listed on your Leonard Buildings application who is 18 years of age or older, or the application will be deemed incomplete, and will not be processed. If you were not the Head of Household, list who was. Include the Landlord's name and complete address (street, city and zip code). Please attach additional information, if needed. The local Tax Assessor's office may be able to help you obtain the complete address for each Landlord.

**CURRENT ADDRESS** \_\_\_\_\_

House #                      Street                      City                      Zip code

LANDLORD'S NAME \_\_\_\_\_ LANDLORD'S PHONE # \_\_\_\_\_

LANDLORD'S ADDRESS \_\_\_\_\_

MONTH AND YEAR YOU RESIDED HERE \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

**PREVIOUS ADDRESS** \_\_\_\_\_

House #                      Street                      City                      Zip code

LANDLORD'S NAME \_\_\_\_\_ LANDLORD'S PHONE# \_\_\_\_\_

LANDLORD'S ADDRESS \_\_\_\_\_

MONTH AND YEAR YOU RESIDED HERE \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

**PREVIOUS ADDRESS** \_\_\_\_\_

House #                      Street                      City                      Zip code

LANDLORD'S NAME \_\_\_\_\_ LANDLORD'S PHONE # \_\_\_\_\_

LANDLORD'S ADDRESS \_\_\_\_\_

MONTH AND YEAR YOU RESIDED HERE \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

**PREVIOUS ADDRESS** \_\_\_\_\_

House #                      Street                      City                      Zip code

LANDLORD'S NAME \_\_\_\_\_ LANDLORD'S PHONE # \_\_\_\_\_

LANDLORD'S ADDRESS \_\_\_\_\_

MONTH AND YEAR YOU RESIDED HERE \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_



IN CASE OF EMERGENCY, NOTIFY:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Applicant note: any false information will constitute grounds for rejection of application.**

**PLEASE NOTE, THIS IS A PRELIMINARY APPLICATION. ADDITIONAL INFORMATION MAY BE REQUESTED AT A LATER DATE TO COMPLETE THE PROCESSING OF APPLICANTS. YOUR SIGNATURE BELOW CERTIFIES THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT, AND GIVES CONSENT TO THE MANAGEMENT TO VERIFY THE INFORMATION CONTAINED IN THIS APPLICATION AND TO THE OBTAINING OF A CREDIT BUREAU INVESTIGATION.**

\_\_\_\_\_  
Head of Household's Signature                      Print Name                      Date

\_\_\_\_\_  
Other Adult Member's Signature                      Print Name                      Date

\_\_\_\_\_  
Other Adult Member's Signature                      Print Name                      Date

