



516 Burt Street
 Syracuse, New York 13202
 315-475-6181

APPLICATION FOR HOMES OF SYRACUSE TAX CREDIT PROGRAM

• THREE AND FOUR BEDROOM HOMES •

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 Homes of Syracuse.
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 _____ 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 _____ State _____ Zip code _____
 Phone # _____ Full Time _____ Part Time _____



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 Homes of Syracuse: _____

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? _____

H. Have you previously lived in subsidized or Public Housing? _____ If yes, where?

I. Do you currently live in subsidized or Public Housing? _____

J. Do you currently have a Housing Choice Voucher? (Section 8) _____

K. Have you ever been evicted from Public Housing or any other Federal housing program? _____
If yes, Where _____ When _____

Describe Reasons _____

L. Have you ever been evicted? _____

M. Have you ever been convicted of a crime? _____

N. Are you currently using illegal drugs? _____

O. Have you ever been convicted of sale, distribution, or possession of illegal drugs? _____

P. Does your household have any pets? _____



Q. 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				

R. 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 _____

S. Race of Head of Household (for statistical purposes): Caucasian ____ African American ____
 American Indian/Alaskan Native _____ Asian/Pacific Islander ____ Other: _____

Ethnicity: Hispanic _____ Non-Hispanic _____

SHA Use only: Bedrooms _____ Student _____ Access _____ Sec.8 _____



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 Homes of Syracuse 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 Homes of Syracuse 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.

Head of Household's Signature

Print Name

Date

Other Adult Member's Signature

Print Name

Date

Other Adult Member's Signature

Print Name

Date

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.

Head of Household's Signature	Print Name Here	Date
Other Adult Member's Signature	Print Name Here	Date
Other Adult Member's Signature	Print Name Here	Date
Other Adult Member's Signature	Print Name Here	Date



LANDLORD INFORMATION/ADDRESS HISTORY FOR THE PAST 5 YEARS

Include all history for **everyone** who is listed on your Homes of Syracuse 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



