



Freedom Commons

APPLICATION FOR TAX CREDIT PROGRAM

516 BURT STREET
SYRACUSE, NEW YORK 13202
315-475-6181

PLEASE KEEP THIS SHEET FOR FUTURE REFERENCE

Thank you for your interest in Freedom Commons. Please fill out, sign, and date the attached application and consent forms. Once completed, dated and signed, please return the application to the address above.

If any information or signatures are missing, the application will be returned to you for completion. Your name will not be placed on the Wait List until your application is complete.

Your completed application will be reviewed to determine if you are eligible. In order to be eligible, there are minimum and maximum income limits that must be met. To be eligible for this Tax Credit Program, the fixed rents typically cannot exceed 48% of your household's monthly income and your total gross income must be less than:

Family size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
Very Low Income (50% of median)	\$27,850	\$31,800	\$35,800	\$39,750	\$42,950	\$46,150

If your household is determined to be composition/income eligible, your name will be placed on the Wait List. You will be contacted by mail or phone when your application nears the top of the Wait List. Your household will be screened based on income eligibility, student status, landlord references, housekeeping standards, and criminal history, credit references, and household composition, along with other areas of concern with the program. If you successfully complete the screening process, you will be offered an apartment when one becomes available.

Housing Choice Vouchers (Section 8) are accepted for Freedom Commons.

Any changes in address, phone number, family size, income, or student status, must be reported in writing, on a Change Form, to this office or your application may be withdrawn from the Wait List.

If you or a member of your household has a disability or medical condition, you may request a reasonable accommodation, or an alternative form of communication for the blind, visually impaired, deaf or hearing impaired by contacting SHA. *Si usted o un miembro de su vivienda tiene una discapacidad o condición médica, usted puede solicitar un acomodo razonable, o una manera alternativa de comunicación para personas ciegas o con problemas de la vista, sordas o con problemas de audición comunicándose con SHA.*

SHA will provide language assistance to residents who are Limited English Proficient (LEP) to ensure that they have meaningful access to resident notifications and meetings.

SHA proveerá asistencia en diferentes idiomas para residentes con Dominio Limitado en Inglés (LEP) para asegurar su acceso efectivo a las notificaciones y reuniones para residente.

If you otherwise qualify for the rental housing or program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

<http://www.nyshcr.org/AboutUs/Offices/FairHousing/HCR-VAWA-occupancy-rights.pdf>





Freedom Commons

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

APPLICATION FOR FREEDOM COMMONS TAX CREDIT PROGRAM

• ONE, TWO, AND THREE BEDROOMS •

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 Freedom Commons.
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: _____ Full Time/Part Time? _____

No # _____ Street _____ City _____ State _____ Zip code _____
 Phone # _____

Other Adult Member's Employer: _____ Full Time/Part Time? _____

No # _____ Street _____ City _____ State _____ Zip code _____
 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 Freedom Commons: _____

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 dependent on another's tax return (other than a parent)? _____

Were any full-time student(s) in foster care? _____

G. Do you or a member of your household require an accessible unit or unit with accessible feature(s)? ____ If yes, what accessible features? _____

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*? _____

**Having a criminal history or a pending arrest is NOT an automatic bar to admission and any criminal history will be given an individualized assessment, in compliance with NYSHCR's Anti-Discrimination Guidance*

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. What is the primary language spoken by the head of household? _____

T. 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 Freedom Commons 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 Freedom Commons 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
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
_____ 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 Freedom Commons 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 _____



