EASTWOOD HEIGHTS HOUSING, LLC

APPLICATION FOR TAX CREDIT PROGRAM

1025 SUNNYCREST ROAD

SYRACUSE, NEW YORK 13206

315-222-0408

Thank you for your interest in Eastwood Heights.

Complete and Sign Application: Please fill out, sign, and date the attached application and consent forms. Once completed, dated and signed by all household members over the age of 18, please return the application to the Eastwood Heights Property Management Office. 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.

If you need assistance in reading or understanding these instructions, or require an interpreter, contact 315-478-1671 for assistance. Si necesita ayuda para leer o entender estas instrucciones, o necesita un intérprete, por favor contacte 315-478-1671 para asistencia.

Income Limits: Your completed application will be reviewed to determine if you are eligible. To be eligible for this Tax Credit Program your total gross income must be less than 60 percent of the area median income:

A. Income Limits	1 Person	2 Person
30% of Area Median Income	$22,440	$25,650
50% of Area Median Income	$37,400	$42,750

Your household will be screened based on income eligibility, student status, landlord references, housekeeping standards, and criminal history, 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 Eastwood Heights.

Reasonable Accommodation: 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 medica, 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.

Limited English Proficient (LEP): 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.

VAWA: 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.hud.gov/sites/documents/5380.docx

Criminal History: 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. You may still be approved for tenancy with a criminal history unless you have a conviction for methamphetamine production or you are a lifetime registrant on a state or federal Sex Offender database. If you have a criminal conviction that involved physical violence to persons or property, or affected the health, safety and welfare of others you will be asked to provide additional information and will be provided an opportunity to contest the background check or record used by SHA and provide evidence of rehabilitation.

B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head		Self				
Co-H						
3.						
4.						
5.						
6.						
7.						

Will all listed minors be living in the unit at least 50% of the time? ☐ Yes ☐ No

If not, explain custody agreement (proof of custody may be required): _____

1. Have there been any changes in household composition in the last twelve months?	☐ Yes	☐ No
If yes, explain:		
2. Do you anticipate any changes in household composition in the next twelve months?	☐ Yes	☐ No
If yes, explain:		
3. Is there someone not listed above who would normally be living with the household?	☐ Yes	☐ No
If yes, explain:		
4. Are you living with anyone now who will not be moving into this unit with you?	☐ Yes	☐ No
If yes, explain:		

5. Will all of the persons in the household be or have been **full-time students** during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ***IF YES, ANSWER THE FOLLOWING QUESTIONS (6-10):***

6. Are any full-time student(s) married and filing a joint tax return?	☐ Yes	☐ No
7. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	☐ Yes	☐ No
8. Are any full-time student(s) a TANF or a title IV recipient?	☐ Yes	☐ No
9. Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?	☐ Yes	☐ No
10. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	☐ Yes	☐ No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
11.	Social Security	$
12.	Social Security	$
13.	SSI Benefits	$
14.	SSI Benefits	$
15.	Pension (list source)	$
16.	Pension (list source)	$
17.	Veteran's Benefits (list claim #)	$
18.	Veteran's Benefits (list claim #)	$
19.	Unemployment Compensation	$
20.	Unemployment Compensation	$
21.	Public Assistance (Title IV/TANF etc.)	$
22.	Contributions to the Household (monetary or not)	$
23.	Full-Time Student Income (18 & Over Only)	$
24.	Financial Aid (excluding loans)	$
25.	Annuities (list sources)	$
26.	Long Term Medical Care Insurance Payments in excess of $180/day	$
27.	Scheduled Payments from Investments	$
28.	Retirement Account Payments (including RMDs)	$
29.	Income From Rental Property	$

Household Member Name	Source of Income	Monthly Amount
30.	**Employment amount**	$
	Employer:	
	Position Held	
	How long employed:	
31.	**Employment amount**	$
	Employer:	
	Position Held	
	How long employed:	

Household Member Name	Source of Income	Monthly Amount
32.	**Employment amount**	$
	Employer:	
	Position Held	
	How long employed:	
33.	**Previous Employment amount (last 60 days)**	$
	Employer:	
	Position Held	
	How long employed:	
34.	**Alimony**	
	Do you receive alimony?	☐ Yes ☐ No
	If yes list amount you receive.	$
35.	**Child Support**	
	Do you receive formal/informal (money, items, etc.) child support?	☐ Yes ☐ No
	If yes, list the amount you receive.	$
36.	**Other Income**	$
37.	**Other Income**	$
38.	**Other Income**	$
39. ***TOTAL GROSS ANNUAL INCOME*** (Based on the monthly amounts listed above x 12)		$
40. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Do **NOT** leave this blank)		$

41. Do you anticipate any changes in this income in the next 12 months?	☐ **Yes**	☐ **No**
42. Is any member of the household legally entitled to receive income assistance?	☐ **Yes**	☐ **No**
43. Is any member of the household likely to receive income or assistance ***(monetary or not)*** from someone who is not a member of the household as listed on Page 2 etc.)?	☐ **Yes**	☐ **No**
44. ***If yes to any of the above, explain:***		
45. Is the income received?	☐ **Yes**	☐ **No**

D. ASSETS (even if jointly held)

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write NA.

46. Checking Accounts	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
47. Savings Accounts	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
48. Trust Account	#	Bank	Balance $
49. Debit cards not associated with a checking account	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
50. Certificates of Deposit	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
51. Money Market Accounts	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
52. Savings Bonds	#	Maturity Date	Value $
	#	Maturity Date	Value $
	#	Maturity Date	Value $
53. Life Insurance Policy	#		Cash Value $
54. Life Insurance Policy	#		Cash Value $

55. Mutual Funds	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
56. Stocks	Name:	#Shares:	Dividend Paid $	Value $
	Name:	#Shares:	Dividend Paid $	Value $
	Name:	#Shares:	Dividend Paid $	Value $
57. Bonds	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $

58. Real Estate Property: ***Do you own any property?***	☐ Yes ☐ No
If yes, Type of property	
59. Location of property	
60. Appraised Market Value	$
61. Mortgage or outstanding loans balance due	$
62. Amount of annual insurance premium	$
63. Amount of most recent tax bill	$
64. Is the property subject to foreclosure, bankruptcy or eviction?	☐ Yes ☐ No
If yes, describe:	

65. Have you sold/disposed of any property in the last 2 years?	☐ Yes ☐ No
If yes, Type of property:	
66. Market value when sold/disposed	$
67. Amount sold/disposed for	$
68. Date of transaction:	

69. Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	☐ Yes ☐ No
If yes, describe the asset:	
70. Date of disposition:	
71. Amount disposed	$

72. Do you have any other assets not listed above (excluding personal property)?	☐ Yes ☐ No
If yes, please list:	

E. ADDITIONAL INFORMATION		
73. Are you or any member of your family currently using an illegal substance?	☐ Yes	☐ No
74. Have you or any member of your family ever been convicted of a felony?	☐ Yes	☐ No
If yes, describe:		
75. Have you or any member of your family ever been evicted from any housing?	☐ Yes	☐ No
If yes, describe		
76. Have you ever filed for bankruptcy?	☐ Yes	☐ No
If yes, describe		
77. Will you take an apartment when one is available?	☐ Yes	☐ No
Briefly describe your reasons for applying:		

F. REFERENCE INFORMATION

78. Current Landlord	Name:	
	Address:	
	Cell Phone:	
	Email:	
	How Long?	
79. Prior Landlord	Name:	
	Address:	
	Cell Phone:	
	Email:	
	How Long?	

82. Personal Reference #1:	
Address:	
Relationship:	Phone #:
83. Personal Reference #2:	
Address:	
Relationship:	Phone #:
84. Personal Reference #3:	
Address:	
Relationship:	Phone #:

85. In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable) List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.		
86. Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
87. Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
88. Do you own any pets?	☐ Yes	☐ No
If yes, describe:		

H. APPLICATION ASSISTANCE

89. Did anyone help/assist you in filling out this application?	☐ Yes	☐ No
If yes, who assisted and what was the reason for the assistance:		

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location.
I/We further certify that this will be my/our permanent residence.
I/We understand I/We must pay a security deposit for this apartment prior to occupancy.
I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge, and
I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.
All adult applicants, 18 or older, must sign and date the application.

SIGNATURE(S) (***Must be dated***):

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date