

# Amherst Glen Senior Apartments

465 John James Audubon Parkway

Amherst, New York 14228

Telephone: (716) 639-3311 x 3320

**Return Completed Application to:**

**C/o Amherst Towne Senior  
Apartments**

**475 John James Audubon Parkway**

**Amherst, New York 14228**

**Attn: Cassie Rydzewski**

Please **Print**

**Complete Both Sides Do Not Leave Any Items Blank**

AMHERST TOWNE SENIOR APARTMENTS IS FUNDED UNDER THE UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) SECTION 202. APPLICANTS MAY BE ADMITTED ONLY IF THEY MEET ALL ELIGIBILITY REQUIREMENTS.

**1. HEAD OF HOUSEHOLD:**

\_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MI)

2. PHONE: \_\_\_\_\_ 3. SOCIAL SECURITY # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

4. BIRTH DATE: \_\_\_\_\_ (REQUIRED FOR CREDIT CHECK)

ALL REFERENCES MUST BE COMPLETE, INCLUDING FULL NAME, ADDRESS AND PHONE

**5. PRESENT ADDRESS:**

\_\_\_\_\_  
(NO. AND STREET) (CITY) (STATE) (ZIP)

6. LENGTH OF TIME THERE: FROM \_\_\_\_\_ TO \_\_\_\_\_

7. RENT \$ \_\_\_\_\_ /MO.

8. UTILITIES INCLUDED? (YES) \_\_\_\_\_ (NO) \_\_\_\_\_

**9. PRESENT LANDLORD:**

\_\_\_\_\_  
(FULL NAME) (COMPLETE ADDRESS) (PHONE)

**10. LAST PREVIOUS ADDRESS:**

\_\_\_\_\_  
(NO. AND STREET) (CITY) (STATE) (ZIP)

LENGTH OF TIME THERE: FROM \_\_\_\_\_ TO \_\_\_\_\_ REASON FOR MOVING \_\_\_\_\_

LANDLORD:

\_\_\_\_\_  
(FULL NAME) (COMPLETE ADDRESS) (PHONE)

**11. 2ND LAST PREVIOUS ADDRESS:**

\_\_\_\_\_  
(NO. AND STREET) (CITY) (STATE) (ZIP)

LENGTH OF TIME THERE: FROM \_\_\_\_\_ TO \_\_\_\_\_ REASON FOR MOVING \_\_\_\_\_

LANDLORD:

\_\_\_\_\_  
(FULL NAME) (COMPLETE ADDRESS) (PHONE)

**12. IF YOU DO NOT HAVE A PREVIOUS RENTAL HISTORY, LIST A THIRD PARTY THAT COULD VERIFY YOUR ABILITY TO LIVE BY THE CONDITIONS OF A LEASE. (EXAMPLE: CLERGY, EMPLOYER)**

\_\_\_\_\_  
(NAME) (COMPLETE ADDRESS) (PHONE)

**13. FAMILY MEMBERS: LIST ALL PEOPLE, INCLUDING YOURSELF, THAT WILL RESIDE WITH YOU IN THE APARTMENT:**

Full Name	Social Security #
1.	
2.	

14. ARE YOU CURRENTLY RECEIVING SECTION 8 RENT SUBSIDY? YES \_\_\_\_\_ NO \_\_\_\_\_

15. HOUSING: IS YOUR PRESENT HOUSING IN GOOD CONDITION? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NOT, BRIEFLY DESCRIBE: \_\_\_\_\_

HAVE YOU BEEN DISPLACED FROM YOUR HOUSING FOR ANY OF THE FOLLOWING REASONS?  
CHECK AS MANY AS APPLY: \_\_\_\_\_ SUB STANDARD \_\_\_\_\_ NATURAL DISASTER \_\_\_\_\_ INVOLUNTARY  
\_\_\_\_\_ GOVERNMENT ACTION \_\_\_\_\_ PRIVATE ACTION

ARE YOU CURRENTLY PAYING MORE THAN 50% OF YOUR FAMILY INCOME TOWARD RENT? YES \_\_\_\_\_ NO \_\_\_\_\_

**16. HEAD OF HOUSEHOLD AND OTHER MEMBERS INCOME: DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD RECEIVE THE FOLLOWING INCOME OR BENEFITS?**

Source of Income/Benefits	Yes/No	Head of Household	Other Member of Household	Frequency i.e. per week, month, year	Received By - Name(s)
Social Security/SSI		\$	\$		
Employment		\$	\$		
Social Services (Welfare)		\$	\$		
Unemployment		\$	\$		
Alimony		\$	\$		
Veterans Benefits		\$	\$		
Insurance Benefits		\$	\$		
Retirement Benefits		\$	\$		
Educational Grants		\$	\$		
Bank Interest		\$	\$		
Mortgage Payments		\$	\$		
Other: (Describe)		\$	\$		

**17. ASSETS: WHAT ARE YOUR APPROXIMATE TOTAL ASSETS:**

SAVINGS	\$ _____	SAVINGS CERTS.	\$ _____	INHERITANCE	\$ _____
CHECKING	\$ _____	MONEY MARKET	\$ _____	LIFE INSURANCE	\$ _____
STOCKS	\$ _____	TRUSTS	\$ _____	INSUR. SETTLEMENT	\$ _____
BONDS	\$ _____	IRA'S	\$ _____	REAL PROPERTY	\$ _____

**18. CHECK THE FOLLOWING BOXES ONLY IF THEY APPLY TO YOU. IF A BOX DOES NOT APPLY, LEAVE IT BLANK.**

- YOU HAVE DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE DURING THE TWO YEARS PRECEDING THE EFFECTIVE DATE OF THIS APPLICATION/CERTIFICATION.
- YOU REGULARLY RECEIVE MONETARY GIFTS OR NON-CASH CONTRIBUTION (E.G. FOOD, CLOTHING) FROM SOURCES OTHER THAN THOSE LISTED ABOVE. DO NOT INCLUDE FOOD STAMPS.
- YOU ARE CURRENTLY A FULL-TIME STUDENT.

**19. CERTIFICATION: I/WE CERTIFY THAT THE INFORMATION SET FORTH HEREIN IS COMPLETELY TRUE TO THE BEST OF MY/OUR KNOWLEDGE. I WE UNDERSTAND THAT DELIBERATE SUBMISSION OF FALSE INFORMATION COULD RESULT IN THE REJECTION OF MY / OUR APPLICATION OR OTHER PENALTIES AS AVAILABLE UNDER FEDERAL LAW. I/WE HEREBY GIVE PERMISSION TO AMHERST TOWNE SENIOR APARTMENTS TO VERIFY ALL OF THE ABOVE INFORMATION. I/WE AGREE TO COMPLY WITH ALL REPORTING REQUIREMENTS OF AMHERST TOWNE SENIOR APARTMENTS, INCLUDING ANNUAL RECERTIFICATION OF INCOME.**

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)



ACCEPTANCE OF THIS APPLICATION DOES NOT GUARANTEE RENTAL OF AN APARTMENT. ALL APPLICANTS MUST MEET SCREENING CRITERIA, INCLUDING LANDLORD, CREDIT AND CRIMINAL CHECKS WHICH IS AUTHORIZED BY THE ABOVE SIGNED PARTIES. CHANGES IN FAMILY INCOME, SIZE, AND ADDRESS MUST BE REPORTED PROMPTLY IN ORDER TO PROPERLY PROCESS YOUR APPLICATION. SECURITY DEPOSIT & LEASE REQUIRED.

THE FOLLOWING INFORMATION IS REQUESTED BY THE FEDERAL GOVERNMENT IN ORDER TO MONITOR COMPLIANCE WITH FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST APPLICANTS SEEKING TO PARTICIPATE IN THIS PROGRAM. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, WE ARE REQUIRED TO NOTE THE RACE/NATIONAL ORIGIN OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

**Ethnicity:**

- Hispanic or Latino  
 Not Hispanic or Latino

**Race: (Mark one or more)**

- White  
 Black or African American  
 American Indian/Alaska Native  
 Asian  
 Native Hawaiian or Other Pacific Islander  
 Other

WEINBERG CAMPUS DOES NOT DISCRIMINATE ON ANY LEGALLY-RECOGNIZED BASIS INCLUDING, BUT NOT LIMITED TO, RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, DISABILITY, HANDICAP OR THE PRESENCE OF CHILDREN IN ADMISSION TO OR ACCESS TO THE PROGRAMS WE ADMINISTER OR IN THE TREATMENT OF APPLICANTS AND PARTICIPANTS.

TENANTS OR THEIR SPOUSES LIVING WITH THEM, WHO ARE SIXTY-TWO YEARS OR OLDER, OR WHO WILL ATTAIN SUCH AGE DURING THE TERM OF THEIR LEASES, ARE ENTITLED TO TERMINATE THEIR LEASES IF THEY RELOCATE TO AN ADULT CARE FACILITY, A RESIDENTIAL HEALTH CARE FACILITY, SUBSIDIZED LOW-INCOME HOUSING, OR OTHER SENIOR CITIZEN HOUSING. OWNERS OR LESSORS OF A FACILITY OF A UNIT OF WHICH A SENIOR CITIZEN IS ENTITLED TO MOVE AFTER TERMINATING A LEASE, MUST ADVISE SUCH A TENANT, IN THE ADMISSION APPLICATION FORM, OF THE TENANT'S RIGHTS UNDER THE LAW (REAL PROPERTY LAW 227-A). A SUMMARY OF THE LAW IS AVAILABLE UPON REQUEST.

**\*NOTE: Applications are considered incomplete if the attached form (HUD 92006) IS NOT returned with this application.**

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

--	--

**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.