



Community Action in Self Help

48 Water Street, Lyons, NY 14489

Phone: (315) 946-6992 • Fax: (315) 946-3314

Residential Rental Application

This Application **MUST** be **Completed** in its **Entirety** in order to be **Processed**. **ALL** addresses and phone numbers must be complete (number, street, city/village, state, zip code and area code) for verification / eligibility purposes. **Any Section left incomplete will result in the Application being returned to you for completion, delaying the process. If there is not a Co-Applicant, skip Section 2.**

Pets are NOT allowed.

You **MUST** provide proof of residency with the Application (License/County ID/Benefit Letter/utility bill).

Apartment Applying For:			
<input type="checkbox"/> Sapp (3 Bedroom)	<input type="checkbox"/> Granite (2 Bedroom)	<input type="checkbox"/> Nusbickel (1 Bedroom)	
Date of Application:		Desired Date of Occupancy:	

Section 1 - Applicant Information

Name:	Date of Birth: / /		
Phone Number: ()	Social Security Number: - -		
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Disability: (if yes, provide Dr.'s information)	
Dr.'s Name:	Dr.'s Phone Number: ()		
Dr.'s Complete Address:			
Are You: A Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Applicant Rental History (MUST provide two ~ include street address, city/village, zip code and phone)

Current Address:	
How Long:	Rent Payment: \$ /mo.
Reason for Moving:	
Landlord's Name:	Landlord's Phone Number: ()
Landlord's Complete Address:	

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**Section 8 Housing
Choice Voucher Program**
48 Water Street
Lyons, NY 14489

Wolcott Estates
5770 New Hartford St.
Wolcott, NY 14590

Wayne Rural Development
48 Water Street
Lyons, NY 14489

Housing Counseling
48 Water Street
Lyons, NY 14489

Applicant Rental History (Continued)

Previous Address:	
How Long:	Rent Payment: \$ /mo.
Reason for Moving:	
Landlord's Name:	Landlord's Phone Number: ()
Landlord's Complete Address:	

Applicant Sources of Income (Employment, SSI, SSD, Pension, etc.) (use additional paper if necessary)

Source:	County:
Complete Address:	
Phone Number: ()	Supervisor:
Income: \$ <input type="checkbox"/> /wk. <input type="checkbox"/> /bi-wk. <input type="checkbox"/> /mo. <input type="checkbox"/> /bi-mo. <input type="checkbox"/> /yr.	How Long?
If Source is from Employment, how many work hours per week?	

Government Assistance: Cash - \$ /mo.	Food Stamps - \$ /mo.
County:	Case Worker's Name:
Complete Address:	
Child Support/Alimony: \$ /wk.	County or Individual:
Complete Address:	

Applicant Bank Account(s) (use additional paper if necessary)

Branch Name:	
Complete Address:	
Account Number:	Checking <input type="checkbox"/>
Account Number:	Savings <input type="checkbox"/>

Applicant Personal References (must provide two references)

Name:	Phone Number: ()
Complete Address:	
Name:	Phone Number: ()
Complete Address:	

Section 2 - Co-Applicant Information (if applicable)

Name:	Date of Birth: / /
Phone Number: ()	Social Security Number: - -
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Disability: _____ (if yes, provide Dr.'s information)	
Dr.'s Name:	Dr.'s Phone Number: ()
Dr.'s Complete Address:	
Are You: A Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No A Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Co-Applicant Rental History (must provide two landlords)

Current Complete Address:	
How Long:	Rent Payment: \$ _____ /mo.
Reason for Moving:	
Landlord's Name:	Landlord's Phone Number: ()
Landlord's Complete Address:	

Previous Address:	
How Long:	Rent Payment: \$ _____ /mo.
Reason for Moving:	
Landlord's Name:	Landlord's Phone Number: ()
Landlord's Complete Address:	

Co-Applicant Sources of Income (Employment, SSI, SSD, Pension etc.) (use additional paper if necessary)

Source:	County:
Complete Address:	
Phone Number: ()	Supervisor:
Income: \$ _____ <input type="checkbox"/> /wk. <input type="checkbox"/> /bi-wk. <input type="checkbox"/> /mo. <input type="checkbox"/> /bi-mo. <input type="checkbox"/> /yr.	How Long?
If Source is from Employment, how many work hours per week?	

Government Assistance: Cash - \$ _____ /mo.	Food Stamps - \$ _____ /mo.
Case Worker's Name:	County:
Complete Address:	
Child Support/Alimony: \$ _____ /wk.	County or Individual:
Complete Address:	

Co-Applicant Personal References (must provide two references)

Name:	Phone Number: ()
Complete Address:	
Name:	Phone Number: ()
Complete Address:	

Co-Applicant Bank Account(s) (use additional paper if necessary)

Branch Name:	
Complete Address:	
Account Number:	Checking <input type="checkbox"/>
Account Number:	Savings <input type="checkbox"/>

Section 3 - Names of All Other Occupants, Including Children and Anyone on a Temporary Basis. Do Not Include Applicant or Co-Applicant. (Use additional paper if necessary)

Total Number of Occupants:	Number of Adults:	Number of Children:
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Name:	Adult <input type="checkbox"/>	Child's Age:
Complete Address:		
Relationship:	Phone Number: ()	

Name:	Adult <input type="checkbox"/>	Child's Age:
Complete Address:		
Relationship:	Phone Number: ()	

Name:	Adult <input type="checkbox"/>	Child's Age:
Complete Address:		
Relationship:	Phone Number: ()	

Name:	Adult <input type="checkbox"/>	Child's Age:
Complete Address:		
Relationship:	Phone Number: ()	

Section 4 - Miscellaneous

Waterbed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Smokers: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Do You Own Real Estate: Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Please Explain Type/Address:

Have You Ever Been Evicted From Any Rental Premises: Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Please Explain:

Have You Ever Willfully and Intentionally Refused to Pay Rent When Due: Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Please Explain:

Have You Ever Been Convicted of a Felony: Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Please Explain:

Do You Own a Vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> How Many? _____
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Please be certain all information is complete and accurate. Incomplete Applications will be returned for completion.



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The Management and/or Its Agent does not discriminate against any applicant on the basis of an illegal purpose including race, color, religion, sex, national origin, age, disability or family status. Such discrimination as the sole basis of refusal to rent is illegal throughout the United States. Local and state laws may provide additional protected classes from discrimination. You can call the U.S. Department of Housing and Urban Development (HUD) at 1-800-424-8590 to ask questions about discrimination.

I represent that the information provided in this Application is true and correct to the best of my knowledge.

I understand that this Application is not a rental agreement and that this Application does not create any obligation on the Management and/or Its Agent.

I understand that the information provided might be used by the Management and/or Its Agent to determine whether to accept this Application. I authorize Landlord to verify all the information given in this Application including banking and personal references and employment information provided.

I also authorize the Management and/or Its Agent to perform a credit check and a criminal history check. I consent to the release of information relating to my credit and the information provided in this Application.

Applicant Signature

Date

Spouse/Co-Applicant Signature

Date

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Equal Housing Opportunity





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Disclosure Statement

During the course of your involvement in any of the Agency's programs, you may receive relevant information regarding other services that our Agency offers which include Section 8 Rental Assistance, Homebuyer Education, Housing Counseling, leasing of apartments owned and/or managed by our Agency, housing for senior citizens and disabled households, Homebuyer/Homeowner Assistance which could include down payment assistance and housing rehabilitation,. Our funding sources are United States Department of Housing and Urban Development (HUD), Wayne County Rural Development, HOME, New York State Homes and Community Renewal (NYSHCR) Section 8, NYSHCR Capital Improvement Program, NYS Rural Preservation Corporation (NYSRPC), NYS Rural Area Revitalization Program (NYSRARP), NYS Department of Labor, National Foreclosure Mitigation Counseling (NFMC), Federal Home Loan Bank Members and NYS Affordable Housing Corporation (NYSAHC). You are giving us permission to give personal information to others that we feel may help your housing situation. You are under no obligation to receive any other services from Community Action in Self Help, Inc. or our partners to receive housing counseling services.

You may also receive contact information from other institutions including human service agencies, lending organizations and others that may be of assistance regarding your specific situation. Community Action in Self Help, Inc. has no financial standing in and will not benefit financially from your relationship with these organizations.

Community Action in Self Help, Inc. and its employees are not attorneys and information that is given should not be taken as legal advice.

I have read and understand the Community Action in Self Help, Inc.'s Disclosure Statement

Applicant Signature

Date

Co-Applicant Signature

Date

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GENERAL CONSENT TO RELEASE INFORMATION

The only purpose of this form is for Community Action in Self Help, Inc. to obtain necessary information in order to participate in the Federal/State Rental Assistance Housing Program.

Please check all that apply and initial on the line provided indicating that you understand verification will be requested by Community Action in Self Help, Inc. in order to proceed with the eligibility process and that copies of this form are acceptable.

Applicant Name

Social Security Number

Street Address

City

State

Zip Code

- Amounts in All Bank Accounts and Annual Interest Rate Earned _____
- Verification of Pension and Annuity received _____
- Verification of Child Support/Alimony – Respondent _____
- Verification of Handicap/Disability _____
- Verification of Public Assistance _____
- Verification of Income _____
- Personal/Landlord References _____
- Background Check _____
- Other _____

Applicant Signature

Date

Community Action in Self Help
Representative Signature

Date

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Short Intake

(*Answers Required. This document will be considered “Incomplete” if all “Required” sections are not answered. Any “Incomplete” section will delay the application process.)

Section 8 Rental Other: _____ Date: _____

*Name: _____
First Middle Initial Last

*Address: _____
Street City State Zip Code *County

Phone:(_____) _____ SSN: _____ Language: _____

Additional Contact/Message Contact: _____

Address: _____
Street City State Zip Code

*Service Needs: _____

*Referral Source: Agency Lender Mailer Realtor Walk-in Word of Mouth
Internet

*Ethnicity/Race: African American Pacific Islander Asian Caucasian
Hispanic Origin Other: _____

Income Sources: No Income Employment Unemployment TANF SSI SSD
GA Pension
Other: _____

Veteran: Yes No Type of Discharge: _____ Active Military: Yes No

*Household Size: _____ *Gender: Male Female *DOB: _____

Disabled: Yes No Disabled Dependents: Yes No

Level of Education: _____ Marital Status: Married Divorced
Separated Single Widowed

*Annual Household Income: \$ _____ /wk. /bi-wk. /mo. /bi-mo. /yr.

*Current Housing Type: Own Rent Subsidized Other: _____

Continued on next page

Prior Living Situation: Rental Housing Doubled-up Emergency Shelter DV
A/D Facility Transitional Housing Streets Psychiatric Facility Hospital Jail/Prison

Other: _____

***Co-Applicant Name:** _____
First Middle Initial Last

***Relationship to Applicant:** _____ Language: _____

Disabled: Yes No

Veteran: Yes No Type of Discharge: _____ Active Military: Yes No

***Ethnicity/Race:** African American Pacific Islander Asian Caucasian
Hispanic Origin Other: _____

***Gender:** Male Female ***DOB:** _____ SSN: _____

Monthly Income: \$ _____

Income Sources: No Income Employment Unemployment TANF SSI SSD
GA Pension
Other: _____



***I, _____, hereby authorize the release of information to Wayne County Rural Development Corporation.**

Signature **Date**



Notes/Comments: _____

