



## I N S T R U C T I O N S

**PLEASE READ CAREFULLY. PRIORITY WILL NOT BE ESTABLISHED ON THE WAITING LIST UNTIL APPLICATION IS COMPLETE. YOU WILL BE NOTIFIED IN WRITING WITHIN TEN DAYS IF YOUR APPLICATION IS INCOMPLETE AND MUST SUBMIT REQUIRED INFORMATION WITHIN TEN DAYS IN ORDER TO REMAIN ACTIVE ON THE WAITING LIST.**

1. COMPLETE ALL AREAS. If an item does not apply to you, mark "N/A" on that line.
2. **SIGNATURES are required** by all adult applicants.
3. RETURN YOUR APPLICATION TO:

**Hope Village Inc.  
6430 Hope Circle  
PO Box 184  
Wolcott, NY 14590  
(315) 594-1765  
TTD Relay Service(711) for Hearing Impaired**

**NOTE:** PETS ARE ONLY ALLOWED IN OUR SENIOR CITIZEN PROPERTIES OR FOR PERSONS WITH DISABILITIES WHO REQUIRE A SERVICE ANIMAL.



**Baldwin Real Estate Corp. USE ONLY: DATE RECEIVED: \_\_\_\_\_ TIME RECEIVED: \_\_\_\_\_ ID #: \_\_\_\_\_**

**APPLICATION FOR ASSISTED HOUSING (USDA, Rural Development)**

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Baldwin Real Estate Corp., to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Baldwin Real Estate Corp. is a management company that provides low rent housing to eligible households, elderly households and single people. Baldwin Real Estate Corp. is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability or familial status. In addition, Baldwin Real Estate Corp. has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability.
- A reasonable accommodation is some modification or change Baldwin Real Estate Corp. can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability and think you might need or want a reasonable accommodation, or qualify for a disability adjustment to income under the USDA, Rural Development program, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the management company, that is your right.
- If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at [program\\_intake@usda.gov](mailto:program_intake@usda.gov).

**A. FAMILY SUMMARY** -List all persons, including yourself, who will be living in the apartment. List head of household first.

<b>Name</b> <small>(First Name, Middle Initial, Last Name)</small>	<b>Relationship</b>	<b>Birth Date</b>	<b>Full-time student</b> <small>Y or N</small>	<b>Soc. Sec. #</b>
1	<b>Head</b>			
2				
3				
4				
5				
6				

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
(if different than mailing address)

Telephone No. (which you can be reached at): \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Applying to Property(s): \_\_\_\_\_ Requested Unit Size: \_\_\_\_\_ **Bedrooms** \_\_\_\_\_

How did you hear about the apartment for which you are applying? \_\_\_\_\_

**If you require a barrier free unit, check here**

**If you require any modifications to an apartment, check here and explain in a note to us**

**Do you believe that you qualify as an elderly household (62 or over or disabled, regardless of age)**

**B. INCOME - All sources of regularly received monies must be listed regardless of recipient's age.**

Family Member Name	Sources of Income	Amount
	Social Security Gross Monthly Amount	\$
	Social Security Gross Monthly Amount	\$
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	VA Benefits (Claim # )	\$
	SSI Benefits Gross Monthly Amount	\$
	Unemployment Compensation Gross Monthly Amount	\$
	Address:	
	Social Services Gross Monthly Amount	\$
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Alimony Gross Monthly Amount	\$
	Child Support Gross Monthly Amount	\$
	Other Income Gross Monthly Amount (for example, rental income, etc.)	
		\$
		\$

**C. ASSETS:**

**Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years? Yes\_\_\_\_\_ No\_\_\_\_\_**

**If yes, type of asset (e.g., money/land/house) \_\_\_\_\_**

**Market value when sold/dispoused \$\_\_\_\_\_ Amount sold/dispoused for \$\_\_\_\_\_ Date of transaction \_\_\_\_\_**

C. **ASSETS** (continued)

Provide the following information for all members of the household (use another sheet of paper if necessary).

**Checking Accounts**

Bank		Bank	
Address		Address	
Account No.		Account No.	
Int. Rate	Balance \$	Int. Rate	Balance \$

**Savings Accounts**

Bank		Bank	
Address		Address	
Account No.		Account No.	
Int. Rate	Balance \$	Int. Rate	Balance \$

**Certificates of Deposit**

Bank		Bank	
Address		Address	
Acct.#	Int Rate	Amt. \$	
Penalty for Early Withdrawal		Maturity Date	
Acct.#	Int Rate	Amt. \$	
Penalty for Early Withdrawal		Maturity Date	

**Stocks****IRA's/401-K's**

Name		Bank	
Address		Address	
Value \$	Div. Rate	Value \$	Div. Rate

**Bonds****Trust Accounts**

Bank		Bank	
Address		Address	
Present Value \$		Account No.	
Maturity Date		Int. Rate	Balance \$

C. **ASSETS** (continued):**Real Estate**

Do you own any property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type &amp; location of property \_\_\_\_\_

Appraised market value \$ \_\_\_\_\_ Mortgage or outstanding loan due \$ \_\_\_\_\_

Name &amp; address of broker/realtor who would provide verification of market value:

Broker/Realtor	Address	City	State	Zip
----------------	---------	------	-------	-----

D. **MEDICAL AND CHILD CARE EXPENSES****FOR ELDERLY, DISABLED APPLICANTS ONLY****Medical Costs** - Complete only if head, spouse, or co-head is 62 or older or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance.**Medicare**

Monthly Amount \$	Monthly Amount \$
-------------------	-------------------

**Medical Insurance**

Name	Name
Address	Address
Claim No.	Claim No.
Monthly Amt. \$	Monthly Amt. \$

**Pharmacy**

Name	Name
Address	Address
Anticipated prescription costs <b>not covered by insurance</b> - Monthly Amount \$	Anticipated prescription costs <b>not covered by insurance</b> - Monthly Amount \$

**Physician**

Are you seeing a physician <b>REGULARLY</b> ? Yes _____ No _____	
Name	Name
Address	Address
Anticipated costs <b>not covered by insurance</b> - Monthly Amount \$	Anticipated costs <b>not covered by insurance</b> - Monthly Amount \$

**Outstanding Medical Bills for which You are Making Monthly Payments**

Name	Name
Address	Address
Anticipated costs <b>not covered by insurance</b> - Balance Due \$	Anticipated costs <b>not covered by insurance</b> - Balance Due \$
Monthly Amount \$	Monthly Amount \$

**Child Care Expenses - Complete for children 12 and younger** - Weekly cost for Child Care \$\_\_\_\_\_

Name & Address of Person/Agency caring for children: \_\_\_\_\_

**E. PROGRAM INFORMATION**

Are you currently living in subsidized housing? Yes\_\_\_\_ No\_\_\_\_

**F. APPLICANT INFORMATION-Please place a checkmark in the box if any of the following statements apply to you.**

Do you have a Section 8 Voucher or any other type of voucher? Yes\_\_\_\_ No\_\_\_\_

- 1. You have been served a Notice to Quit or been asked to leave by a previous landlord
- 2. You have been served with lease violations from a previous landlord
- 3. You have been evicted
- 4. You or any household member have been evicted from federally assisted housing for drug-related criminal activity?

If you checked any of the above boxes, please explain the circumstances on an attached sheet of paper and identify property & landlord.

- 5. You or a household member have been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program?

List all states, other than the one that you reside in now, in which you have lived in during the last seven years? \_\_\_\_\_

- 6. Has anyone in your household ever been convicted of a felony offense?

**G. REFERENCE INFORMATION**

**Current Landlord** (Name, Address,& Phone No.)

How long have you lived there? \_\_\_\_\_ Is this landlord related to you? Yes\_\_\_\_ No\_\_\_\_

**List all Previous Landlords for ALL Adults in Household (Attach a sheet of paper if more space is needed.)** (Name, Address & Phone No.)

1.	2.
Address of Apt.	Address of Apt.
How long did you live there?	How long did you live there?
Is this landlord related to you? Yes____ No____	Is this landlord related to you? Yes____ No____

**List two Professional Personal References for ALL Adults in Household (Attach a sheet of paper if more space is needed.)** (Name, Address, Phone No. & Relationship)

(Examples: teachers, principals, past/present employers, physicians, etc.) Please do not list relatives or friends.

1.	2.
Phone No. Relationship	Phone No. Relationship

**All information received by Baldwin Real Estate Corp. during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.**

**Other Information**

Please provide us with the name, address, & phone number of an emergency contact:

---

Vehicles - List any vehicle owned

Type \_\_\_\_\_ Year/Make \_\_\_\_\_

Color \_\_\_\_\_ License Plate No. \_\_\_\_\_

Do you own a pet? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe \_\_\_\_\_

**CERTIFICATION**

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on either the USDA, Rural Development or the Department of Housing and Urban Development's eligibility criteria and Baldwin Real Estate Corp. resident selection criteria (see attached). I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

**I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.**

Head of Household **(Π)** \_\_\_\_\_ Date \_\_\_\_\_

Spouse/Co-Tenant **(Π)** \_\_\_\_\_ Date \_\_\_\_\_

---

For Hope Village B

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. 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, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

**Race:**

( ) 1. American Indian or Alaskan Native ( ) 2. Asian ( ) 3. Black or African American ( ) 4. Native Hawaiian or Other Pacific Islander ( ) 5. White

**Gender:**

( ) Male ( ) Female

**Ethnicity:**

( ) Hispanic or Latino ( ) Not Hispanic or Latino

# Please sign ALL black checkmarks

## Authorization

I/we do hereby authorize **Baldwin Real Estate Corp.** and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

## Signatures

(Π) \_\_\_\_\_  
Applicant Signature Date

(Π) \_\_\_\_\_  
Co-Applicant Signature Date

---

## Authorization

I/we do hereby authorize **Baldwin Real Estate Corp.** and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

## Signatures

(Π) \_\_\_\_\_  
Applicant Signature Date

(Π) \_\_\_\_\_  
Co-Applicant Signature Date

---

## Authorization

I/we do hereby authorize **Baldwin Real Estate Corp.** and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

## Signatures

(Π) \_\_\_\_\_  
Applicant Signature Date

(Π) \_\_\_\_\_  
Co-Applicant Signature Date



**Hope Village Inc**  
**CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION**

Federal law requires Hope Village Inc to get drug and criminal background and sex offender registration information for all adult household members applying for assisted housing. To enable us to do so, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Hope Village B will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug related criminal activity within the past 3 years? YES \_\_\_ NO \_\_\_
2. Do you currently use illegal drugs or abuse alcohol? YES \_\_\_ NO \_\_\_
3. Are you currently subject to lifetime registration requirements under the sex offender registration program? YES \_\_\_ NO \_\_\_
4. Have you been convicted of any drug related crime within the past five years? YES \_\_\_ NO \_\_\_
5. Have you been convicted of any felony within the past five years? YES \_\_\_ NO \_\_\_
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? YES \_\_\_ NO \_\_\_
7. Have you been convicted of any crime involving violence within the past five years? YES \_\_\_ NO \_\_\_
8. Are you currently charged with any of the above-mentioned criminal activities? YES \_\_\_ NO \_\_\_
9. Please list all states in which you have lived or have held licenses to drive and driver's lic. #'s of each \_\_\_\_\_  
\_\_\_\_\_
10. Have you ever used or been known as another name? YES \_\_\_ NO \_\_\_  
If yes, please list names used \_\_\_\_\_

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Hope Village B to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Hope Village B, to an agency contracted by Hope Village B to conduct criminal background checks.

APPLICANT'S  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
APPLICANT'S NAME (Please Print) \_\_\_\_\_

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).