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Date: _____
Time: _____
Income: _____

APPLICATION

Development Name: _____
Number of bedrooms preferred: _____ Expected move in date: _____

If this community allows pets, do you have a pet? Yes _____ No _____ If so, what type of animal is it? _____

How did you hear about the apartments:

Newspaper Advertisement _____ Radio Ad _____
Community Agency _____ Word of Mouth _____
Other _____

All persons desiring to apply for occupancy will be provided the opportunity to submit a complete application. The borrower or rental agent will provide prospective tenants with a written list of all information required for a complete application and offer assistance in completing the application if needed. Our tenant selection criteria is posted in the management office for your inspection. A copy is available to you upon written request.

All information received on this application will be kept in strict confidence and will be used solely for the purpose of determining occupancy eligibility.

Tenant (Please print)

NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____ SOC. SEC. #: _____
HOME PHONE: _____ WORK PHONE: _____
PRESENT AMOUNT OF MONTHLY RENT \$ _____ (If Applicable)

Co-Tenant (Please Print)

NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____ SOC. SEC. #: _____

HOME PHONE: _____ WORK PHONE: _____
PRESENT AMOUNT OF MONTHLY RENT \$ _____ (If Applicable)

LANDLORD INFORMATION:

List all landlords within the past three years, listing most current first on the sheet.

List all landlords within the past three years, listing most current first on the sheet.

	Landlord's Name	Address	Date Resided	
			From	To
Current	_____	_____	_____	_____
Previous	_____	_____	_____	_____
Previous	_____	_____	_____	_____

CURRENT EMPLOYMENT STATUS:

Tenant
 Employed By _____
 Employer's Address _____ Phone Number _____

 Length of time employed _____ Position _____

Co-Tenant
 Employed By _____
 Employer's Address _____ Phone Number _____

 Length of time employed _____ Position _____

HOUSEHOLD COMPOSITION:

Names of all Household Members	Sex		Date of Birth	Social Security Number
	M	F		
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

FULL-TIME STUDENT:

Will all persons in the household be or have been full time students during five calendar months of this calendar year, or the upcoming calendar year, at an educational institution (other than correspondence school) with regular faculty and students? YES ____ NO ____ (if yes, answer 1, 2, 3, 4, and 5 below) (if no, skip to next section):

1. Is the full-time student married and filing a joint Federal income tax return? YES ____ NO ____
 (Please provide a signed copy of most recent tax return and copy of marriage license)
2. Is the student receiving assistance under Title IV of the Social Security Act? YES ____ NO ____
 (Please provide a third party verification of AFDC (Aid to Families with Dependent Children))

3. Is the student enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA) or under similar federal, state, or local laws? YES _____ NO _____
 (Please provide a third party verification of enrollment and mission statement of the program if not JTPA)

4. Is the household comprised of a single parent who is not a tax dependent of another party and whose child(ren) cannot be claimed as a tax dependent by anyone other than the other parent? YES _____ NO _____
 (Please provide a signed copy of most recent federal tax return)

5. Will the household be occupied entirely by full-time students who were previously under the care and placement responsibility of a foster care program? YES _____ NO _____ (Please provide proof from applicable foster care program)

515 regulations require that all applicants/tenants reveal all sources of income and assets.

INCOME:

Annual income is the gross amount of income to be received by all members of the household to be in residence during 12 months following the effective date of your move-in or any subsequent rent calculations.

Family Member Name	Source of Income (Name and Address)	Gross Monthly Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you anticipate any changes in the next 12 months? _____ Yes _____ No

If yes, please outline _____

ASSETS:

Assets include checking, savings, CD's, bonds, money market accounts, real property and any other interest bearing accounts.

Type of Asset	Financial Institution (Name and Address)	Account Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicants/tenants must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification.

Did you have any assets in the last two years not listed above? _____

If yes, did you dispose of any assets for less than fair market value? _____ (This means that the assets were either given away or sold at less than the allotted market value.)

If yes, what were the assets, market value, amount received and date you disposed of the assets?

Any assets listed as disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification will be counted as assets if the difference between the value and the amount received exceeds \$1,000.

MEDICAL/CHILDCARE/HANDICAP ASSISTANCE EXPENSES:

COMPLETE THIS SECTION ONLY IF TENANT OR CO-TENANT IS 62 OR OLDER, HANDICAPPED OR DISABLED OF ANY AGE.

- 1. Medical Costs: Medical costs include any out-of-pocket medical expenses not covered by insurance (i.e. insurance premiums, prescriptions, hearing aid batteries, doctor visits, etc.)

List Types and MONTHLY amounts: _____

COMPLETE THIS SECTION ONLY FOR CHILDREN 12 AND YOUNGER.

- 2. Childcare Costs: Childcare costs include any expenses incurred to care for child to enable a family member to further his/her education or be gainfully employed (i.e. daycare, babysitter, etc.)

List Person or Agency caring for Child: _____
_____ Weekly Cost \$ _____

DISABILITY OR HANDICAP:

Are you applying for a barrier free, wheelchair accessible apartment? YES _____ NO _____

Are you applying for a handicap or disabled deduction of \$400.00 for elderly status?

YES _____ NO _____ If yes, your eligibility must be verified.

Do you own a car? Yes _____ No _____ License Number _____ State _____

(This information is requested to help us better serve your parking needs.)

- Yes No Have you ever been convicted of a felony?
- Yes No Have you ever been convicted for illegal use, possession, manufacturing or distribution of a controlled substance?
- Yes No Do you currently use, manufacture, or distribute illegal drugs?
- Yes No Have you ever been terminated/evicted from housing for non-payment of rent?

* * * * *

CERTIFICATION

I/we certify that all information in this application is true to the best of my/our knowledge and that I/we understand that false statements or information are punishable by law and will lead to the cancellation of this application or termination of tenancy after occupancy.

I/we certify that if approved, the housing I/we will occupy will be my/our permanent residence and that I/we will not maintain a separate subsidized rental unit in a different location.

SIGNATURES:

Applicant

Co-Applicant

Date: _____

Date: _____

AUTHORIZATION

I/we hereby authorize CONIFER REALTY LLC and its staff or authorized representatives to contact any agencies, offices, groups, organizations or individuals to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in this property managed by CONIFER REALTY, LLC.

SIGNATURES:

_____ Applicant

_____ Co-Applicant

Date: _____

Date: _____

Application Taken By:

Application Approved By:

"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."

Ethnicity:

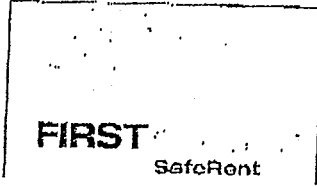
- a.) Hispanic or Latino _____
- b.) Not Hispanic or Latino _____

Race: (Mark one or more)

- 1. American Indian/Alaska Native _____
- 2. Asian _____
- 3. Black or African American _____
- 4. Native Hawaiian or Other Pacific Islander _____
- 5. White _____

Gender: Male _____ Female _____

(Application will not be considered complete until the Certification & Authorization are signed.)



Applicant Consent

Applicant Screening and Criminal Search

I hereby authorize Williamson Orchard Estates II, through its designated agent and its employees, to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment / salary details, vehicle records, licensing records, and / or any other necessary information. I hereby expressly release Williamson Orchard Estates II, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and / or federal government agencies, including without limitation, various law enforcement agencies. I understand that should I lease an apartment, Williamson Orchard Estates II, and its agent shall have a continuing right to review my credit information, rental application, criminal background, payment history and occupancy history for account review purposes and for improving application methods.

Applicant Name Printed: _____ Date: _____

Signature: _____

Applicant Name Printed: _____ Date: _____

Signature: _____

Equal Housing Opportunity
 WE DO BUSINESS IN ACCORDANCE WITH THE FEDERAL FAIR HOUSING LAW
 (The Fair Housing Amendments Act of 1988)
 Handicap Accessibility
 TDD/TTY: (800) 662-1220

Certification
Things You Should Know About USDA Rural Rental Housing for
Rural Housing and Community Programs

I, _____, am the designated head of this household and I certify that I received the "Thing You Should Know about USDA Rural Rental Housing" Brochure from William Orchard Estates II / Sodus Benton Estates. I also certify that this document has been read and reviewed by all adult member(s) of this household.



Signature

Date

Housing Representative Signature

Date

Citizenship Declaration Format
INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature _____ Date _____

Check here if adult signed for a child: _____

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature Date

Check if adult signed for a child: _____

3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____



Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must immediately report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member.

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998

December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6362 (TDD). USDA is an equal opportunity provider and employer.