

Dear Applicant,

We would like to thank you for applying to Wolcott Estates Apartments. Our community offers subsidized housing to those with extremely low and very-low income. Your rent will be determined by your income minus a utility allowance. Residents are responsible for their own utilities (electric, phone & cable).

When completing the application, please make sure that all sections are fully completed. If something does not apply to you, please write “n/a” and continue on. Please provide the full names of all members of the household, their birthdates and social security numbers. All income must be listed (employment, public assistance, social security, child support, alimony, worker’s comp, pension, etc.) on the application. Employer’s full name & address must be provided. **Please make sure that both the applicant and the co-applicant sign the last two pages of the application form.** Incomplete applications will not be accepted and will be returned! If you need assistance completing the application, please call the office at 315-594-1259.

Wolcott Estates Apartments usually has a waiting list and therefore upon receipt of your application, we will place your name on the waiting list. When an apartment becomes available we go in order of our waiting list to fill the vacancy. At that time a landlord verification and a criminal/sex offender search will be conducted to see if the applicant(s) meet the criteria for an apartment. If the references are not acceptable you will receive a “Rejection of Housing Application” letter. If you are accepted you will be notified by mail of the availability of an apartment. Your prompt response is necessary to secure your apartment.

Once you have accepted an apartment you will need to meet with management for an interview. At that time, you will need to provide proof of your income and assets.

Again, we would like to thank you for applying to Wolcott Estates apartments. We look forward to having you as a resident. If you have any questions, please feel free to call the office.

Sincerely,  
Management

**Instructions:**

**Please read carefully. Priority will not be established on the waiting list until the application is complete. You will be notified in writing within ten (10) days if your application is incomplete. Required information must be submitted within ten (10) 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 (all over the age of 18).
- 3. RETURN THE APPLICATION TO:**

Wolcott Estates  
5770 New Hartford Street  
Wolcott, NY 14590  
Ph: 315-594-1259 Fax: 315-594-8113

**NOTE:** One – four legged, under 30 pounds pet is allowed per apartment.

**PLEASE NOTE:**

Your application will be considered **incomplete** if you do not include copies of the following:

- Driver’s license or picture ID
- Social Security card
- Birth certificate
- Verification of Disability
- Income Verification

If you do not have the ability to obtain this information, please contact our office at 315-594-1259

**APPLICATION FOR ASSISTED HOUSING**

- 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, care for their apartment, to report required information to Wolcott Estates Apartments, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Wolcott Estates Apartments is a management company that provides low rent housing to income eligible elderly households and income eligible disabled adults over the age of 18+ their family, if applicable. Wolcott Estates Apartments is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, age, disability or familial status. In addition, Wolcott Estates Apartments 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 Wolcott Estates Apartments 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, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not discuss your situation with the management company, that is your right.
- The Fair Housing Act / Federal Law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, national origin, disability or familial status.

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

<u>Full Name</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Full-Time Student</u> <u>Y or N</u>	<u>Social Security #</u>
	HEAD			

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

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

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Applying to Property(s): \_\_\_\_\_ Requested Unit Size: \_\_\_\_\_

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 older) OR disabled (regardless of age)?

**B. INCOME** – All sources of regularly received monies must be listed regardless of age.

<u>Family Member Name</u>	<u>Sources of Income</u>	<u>Amount</u>
	Social Security #1 (Gross Monthly Amount)	\$
	Social Security #2 (Gross Monthly Amount)	\$
	SSI Benefits #1 (Gross Monthly Amount)	\$
	SSI Benefits #2 (Gross Monthly Amount)	\$
	<b><u>Pension #1 (Gross Monthly Income)</u></b>	\$
	Source:	
	Address:	
	Claim No.	
	<b><u>Pension #2 (Gross Monthly Income)</u></b>	\$
	Source:	
	Address:	
	Claim No.	
	<b><u>Unemployment (Gross Monthly Income)</u></b>	\$
	Address:	
	<b><u>Wages (Gross Monthly Income)</u></b>	\$
	Employer:	
	Address:	
	<b><u>Wages (Gross Monthly Income)</u></b>	\$
	Employer:	
	Address:	
	<b><u>Alimony (Gross Monthly Income)</u></b>	\$
	<b><u>Child Support (Gross Monthly Income)</u></b>	\$

	<b><u>Social Services (Gross Monthly Income)</u></b>	\$
	<b><u>Other Income (Gross Monthly Income)</u></b>	\$

**C. ASSETS**

1. Have you sold or disposed of any asset(s) valued over \$1000 in the last two years?  
 Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, type of asset (ex: money, land, house) \_\_\_\_\_  
 Market value when sold/disposed of \$\_\_\_\_\_ Amount sold/disposed for \$\_\_\_\_\_  
 Date of transaction: \_\_\_\_\_
2. Do you own any property? Yes\_\_\_\_\_ No\_\_\_\_\_  
 If yes, type & location of property \_\_\_\_\_  
 Appraised market value \$\_\_\_\_\_ Mortgage or outstanding loan due \$\_\_\_\_\_
3. Name & address of broker/realtor who could provide verification of market value:  
 \_\_\_\_\_

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

**Checking Accounts**

Bank Name:		Bank Name:	
Address:		Address:	
Account No:		Account No:	
Int. Rate	Balance	Int. Rate	Balance

**Saving Accounts**

Bank Name:		Bank Name:	
Address:		Address:	
Account No:		Account No:	
Int. Rate	Balance	Int. Rate	Balance

**Certificate of Deposit**

Bank Name:		Bank Name:	
Address:		Address:	
Acct No:	Int. Rate	Amt. \$	
Penalty for early withdrawal	Maturity Date		

**Stocks**

**IRA's / 401-K**

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

**Bonds**

**Trust Accounts**

Bank Name:		Bank Name:	
Address:		Address:	

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

**D. MEDICAL AND CHILD CARE EXPENSES (for elderly or disabled applicants only!)**

**Medical Costs** – Complete only if head, spouse or co-head is 62 or older, 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.                      Monthly Amt \$	Claim No.                      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 **regularly**? 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 \$                      Monthly Amount \$	Anticipated costs <b>not covered by insurance</b> Balance Due \$                      Monthly Amount \$

**Child Care Expenses** – complete for children 12 and younger – Weekly cost for child care \$ \_\_\_\_\_  
Name & Address /Agency caring for children: \_\_\_\_\_

**E. PROGRAM INFORMATION**

1. Are you currently living in subsidized housing? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you have a Section 8 Voucher or any other type of voucher? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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, please explain the circumstances on an attached paper and identify the property and 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 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? Yes \_\_\_\_\_ No \_\_\_\_\_

**G. REFERENCE INFORMATION**

**\*\*PLEASE NOTE: A total combination of 5 references are required. If 3 landlords are not listed, then add more personal references.\*\***

1. **Current Landlord:** (Name, Address & Phone No): \_\_\_\_\_

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

**List the previous 2 landlords for ALL adults in the household (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?	Is this landlord related to you?

**List 2 professional personal references for ALL adults in household (Attach a sheet of paper if more space is needed.)** Ex: teachers, past/present employers, physicians, etc. – DO NOT list relatives or friends

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

**All information received 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 the name, address & phone no. of an emergency contact:

\_\_\_\_\_

Vehicles – List all vehicles owned (type, year/make, color & license plate):

---

---

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 the Department of Housing and Urban Development's eligibility criteria and Wolcott Estates 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: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Co-Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

---

For Wolcott Estates HDF