



This institution is an equal opportunity provider and employer. 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, 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.



Rev. 4/6/2012

<u>FOR MANAGEMENT USE ONLY</u>	
Date: _____	Placement: _____
Time: _____	Date: _____

APPLICATION

Development Name: New York Rural Preservation Associates, L.P.

Communities Available: *Please select from the list below (check all that apply):*

Adam Lawrence Apartments
364 Maple Street
Corinth, New York 12822
(Elderly)

Circle Drive II Apartments
232 Circle Drive
Sidney, New York 13838
(Family)

Orchard Park at Central Square I & II
1200 Meadowview Drive
Central Square, New York 13036
(Senior)

Black Brook Apartments
41 Hopkinton Turnpike
Au Sable Forks, New York 12912
(Elderly)

Cynthia Meadows
20 Woodland Avenue
Greenwich, NY 12834
(Elderly)

Roderick Rock Apartments
2025 Route 22B
Morrisonville, NY 12962
(Senior)

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

Community Agency

Other _____

Radio Ad

Word of Mouth

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.

Applicant Head of Household (Please print)

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

SOC. SEC. #: _____

HOME PHONE: _____

WORK PHONE: _____

PRESENT AMOUNT OF MONTHLY RENT \$ _____ (If Applicable)

Applicant Co-Head of Household (Please Print)

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

SOC. SEC. #: _____

HOME PHONE: _____

WORK PHONE: _____

PRESENT AMOUNT OF MONTHLY RENT \$ _____ (If Applicable)

HOUSEHOLD COMPOSITION:

Name of Household Member	Sex (circle)	Date of Birth	Social Security Number	Relationship to Head of Household
1.	Male / Female		- -	
2.	Male / Female		- -	
3.	Male / Female		- -	
4.	Male / Female		- -	

Do you expect anyone not listed on this application to be moving in with you in the next 12 months?

Yes No If yes, please explain: _____

LANDLORD INFORMATION:

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	_____	_____	_____	_____

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

CURRENT EMPLOYMENT STATUS:

Head of Household

Employer: _____

Employer's Address: _____ Phone Number: _____

Employed From: _____ To: _____ Job Title: _____

Co-Head of Household

Employer: _____

Employer's Address: _____ Phone Number: _____

Employed From _____ To: _____ Job Title: _____

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.

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

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

If yes, please outline _____

Does anyone in the household receive any regular contributions or gifts from non-household members?

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.

Bank/Investment Accounts:

Type of Asset	Financial Institution (Name and Address)	Account #	Balance (6 months average)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Real Estate:

1. Have you sold any property on a deed of trust or mortgage whereby you are receiving periodic payments? Yes No

If yes, - current outstanding balance of contract \$ _____ as of _____.

Interest Rate _____ Payment Amount \$ _____

Payments are Monthly Quarterly Annually Other _____

(Please attach an amortization schedule.)

2. Does anyone in the household own any property? Yes No If yes:

Type of property _____

Location _____

Appraised Market Value \$ _____

Mortgage or outstanding loans balance due \$ _____

(Please attach a copy of your most recent tax bill.)

Disposed Assets:

Applicants/residents 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.

1. Did you have any assets in the last two years not listed above? Yes No

a. If yes, did you dispose of any assets for less than fair market value? Yes No *(This means that the assets were either given away or sold at less than the allotted market value.)*

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

Assets _____

Market Value \$ _____

Amount Received \$ _____

Date: _____

MEDICAL/CHILDCARE/HANDICAP ASSISTANCE EXPENSES:

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

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:

(Description)	(Amount of Out of Pocket Expense)
_____	_____
_____	_____
_____	_____
_____	_____

COMPLETE THIS SECTION ONLY FOR CHILDREN 12 AND YOUNGER.

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.)

Child Care Provider:	Address	Phone#	Monthly Cost \$
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

ACCESSIBILITY:

1. Are you applying for a barrier free, wheelchair accessible apartment? YES NO
2. Are you applying for status as an "Elderly Household", where the tenant or co-tenant is 62 or older, or disabled regardless of age as defined by Rural Development? YES NO
If so, do you realize you will be eligible for a \$400.00 deduction and medical deductions? Please realize that your eligibility must be verified.

(TC) FULL-TIME STUDENT:

1. 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 with regular faculty and students? YES NO
2. Will any household members become full time students in the next 12 months? YES NO If yes, please explain: _____

If **ALL** members of the household are full-time students, does your household meet any of the following exceptions? *If you answered "No" to the above questions, please skip to the next section.*

- a. Will the household be occupied by an individual who is a full-time student and receiving assistance under Title IV of the Social Security Act (TANF)? YES NO

(Applicant/Resident must provide Public Assistance Benefit Letter)

- b. Will the household be occupied by an individual who is a full-time student enrolled in a Job Training program receiving assistance under the Job Training Partnership Act or under similar Federal, State, or local laws? **(Applicant/Resident must provide Mission Statement from Education Institution).**
- c. Will the household be occupied entirely by full-time students who are single parents and their children and such parents and children are not dependents of another individual other than the other parent? **(Applicant/Resident must provide current federal income tax return)**
- d. Will the household be occupied entirely by full-time students who are married and filing a joint Federal Income Tax Return? **(Applicant/Resident must provide current Federal Income Tax Return)**
- e. Will the household be occupied entirely by full-time students who were previously under the care and placement responsibility of a foster care program? **(Applicant/Resident must provide proof from applicable foster care program)**

(RD) DEPENDENT OR INDEPENDENT STUDENT:

- 1. Will you be at least 24 years old by December 31st of the current year in which you are applying for housing? YES NO
- 2. Are you an orphan or ward of the court through the age of 18? YES NO
- 3. Are you a veteran of the US Armed forces? YES NO
- 4. Do you have legal dependents other than a spouse? IE: Children or Elderly dependent parent? YES NO
- 5. Are you a graduate or professional student? YES NO
- 6. Are you married? YES NO
- 7. Are you of legal contract age under state law? YES NO

If you answered "yes" to any of the above questions, please skip to the next section. If you answered "no" please answer the next two questions:

- a. Are you claimed as a dependent on your parents or guardians tax return?
- b. Is your previous address other than your parent's/guardian's and have you established a separate household for at least one year prior to applying for housing?

GENERAL:

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 or any member of your household ever been convicted of a felony?
- Yes No Have you or any member of your household ever been convicted for illegal use, possession, manufacturing or distribution of a controlled substance?
- Yes No Have you or any member of your household every been arrested, charged or convicted for violent criminal activity or an alcohol related activity?
- Yes No Do you or any members of your household currently use, manufacture, or distribute illegal drugs?
- Yes No Have you or any member of your household ever been terminated/evicted from housing for non-payment of rent?
- Yes No Are your bills current with the electric company?
- Yes No Will you be able to get light in your name with National Grid?

* * * * *

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.

I/we certify that I/we are U.S. citizen or a qualified alien as defined in §3560.11.

I/we understand that I/we must pay a security deposit for this apartment.

SIGNATURES:

Applicant

Co-Applicant

Date: _____

Date: _____

Application Taken By:

Date

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



New York Rural Preservation Associates, L.P.
1000 University Avenue, Suite 500
Rochester, NY 14607
(585) 324-0500
1-800-662-1220 TDD Relay

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Please mail information back to the community requesting the information.

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364 Maple Street
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(Elderly)

Black Brook Apartments
41 Hopkinton Turnpike
Au Sable Forks, New York 12912
(Elderly)

Circle Drive II Apartments
232 Circle Drive
Sidney, New York 13838
(Family)

Cynthia Meadows
20 Woodland Avenue
Greenwich, NY 12834
(Elderly)

Orchard Park at Central Square I & II
1200 Meadowview Drive
Central Square, New York 13036
(Senior)

Roderick Rock Apartments
2025 Route 22B
Morrisonville, NY 12962
(Senior)

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 USDA, Rural Development 515 housing community managed by **CONIFER MANAGEMENT, LLC**.

SIGNATURES:

Applicant

Co-Applicant

Date: _____

Date: _____



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a conifer community

“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.”

HEAD OF HOUSEHOLD

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

CO-HEAD OF HOUSEHOLD

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



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Applicant Consent Applicant Screening and Criminal Search

I hereby authorize New York Rural Preservation Associates, L.P., 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 New York Rural Preservation Associates, L.P., and any procurer or furnisher of information, from any liability what-so-ever 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, New York Rural Preservation Associates, L.P., 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