



# FRONTIER HOUSING CORPORATION

P.O. Box 56  
321 Lakeview Drive  
Dexter, NY 13634  
(315) 639-3940  
TDD #1-800-662-1220



### For Office Use Only

Received By: \_\_\_\_\_  
Time Received: \_\_\_\_\_  
Date Received: \_\_\_\_\_

The policy of Frontier Housing Corporation is to conduct business in accordance with applicable fair housing laws. We do not discriminate against any person because of race, familial status, color, religion, sex or national origin.

Before we can process your application, it is necessary that you provide accurate names, phone numbers, addresses, social security numbers, income and asset information. This form must be completed in your own handwriting. You must use the correct legal name of each member of your household as it appears on their Social Security card. All information is kept confidential.

Property Name Applying to live in: \_\_\_\_\_ Poole Memorial Park Apartments  
\_\_\_\_\_ Smith Hill Apartments

DATE: \_\_\_\_\_

### APPLICANT

NAME (First, Middle, Last)

PHONE

ADDRESS

### CO-APPLICANT

NAME (First, Middle, Last)

PHONE

ADDRESS

List all persons who will live in the apartment. List Head of Household first.

NAME	RELATIONSHIP	DATE OF BIRTH	AGE	SOCIAL SECURITY #
	HEAD			

**INCOME**

Declare the income for the applicant and co-applicants who are currently receiving income or expect to receive income in the next twelve months. Social security, unemployment, retirement funds, pension, disability, SSI benefits, death benefits, public assistance, alimony, wages, military pay, regular contributions or gifts from non-household members, net income from a business, lottery winnings paid in periodic payments, and income from assets are considered income. Please list accordingly.

FAMILY MEMBER	INCOME SOURCE	CLAIM/ID #

INCOME SOURCE ADDRESS	GROSS MONTHLY AMOUNT

Do you anticipate any changes in this income in the next twelve months?

\_\_\_\_\_YES \_\_\_\_\_NO

If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ASSETS:** List assets for **all** household members. Each item must be circled "YES" or NO."

**CHECKING ACCOUNTS** **YES** **NO**

Bank	Address	Account #	Account Balance	Interest Rate

**SAVINGS, CD'S AND MONEY MARKETS, ETC.** **YES** **NO**

Bank	Address	Account #	Account Balance	Interest Rate

**OTHER (Type \_\_\_\_\_)** **YES** **NO**

Institution	Address	Account #	Account Balance/ Market Value	Interest Rate/ Dividend

**PROPERTY** 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      Annual Other

**Please attach an amortization schedule.**

Do you 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.**

Have you disposed of any assets in the last two years (Example - given away money to relatives, set up irrevocable trust accounts) **YES** **NO**  
 If yes, Describe asset \_\_\_\_\_  
 Date of disposition \_\_\_\_\_ Amount disposed \$ \_\_\_\_\_

Do you have any other assets not listed above? (Excluding personal property) **YES** **NO**  
 If yes, please describe \_\_\_\_\_  
 \_\_\_\_\_

**MEDICAL ALLOWANCES**

Indicate on whose behalf medical expenses will be incurred for the next twelve months. Medical expenses may include insurance premiums, Medicare premiums, prescriptions, over the counter drugs, doctor visits, dentist visits, eye doctors, chiropractors, hospital visits, etc.

Health Insurance Company \_\_\_\_\_

Premium \$ \_\_\_\_\_ PAID Monthly Quarterly Annually

Applicant/Co-applicant	Medical Expense	Monthly Amount

**Please attach a drug profile for the past twelve months.**

**Childcare Costs:** Complete only for children 12 and younger:

Names of Children cared for \_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_\_

Name and address of person or agency caring for Children:  
 \_\_\_\_\_

Weekly cost for childcare due to employment or education \$ \_\_\_\_\_

1. Are you applying for status as an “Elderly Household”, where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by Rural Development?<sup>111</sup>

**YES**                      **NO**

2. Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit?                      **YES**                      **NO**
3. If so, would you like to request an adapted unit?                      **YES**                      **NO**
4. Do you have any unusual expenses related to employment, such as a care attendant or auxiliary apparatus for a handicapped or disabled family member? **YES**                      **NO**
5. Will any alterations to the apartment be necessary for a member of your family?                      **YES**                      **NO**
6. Are you currently living in subsidized housing?                      **YES**                      **NO**
7. Have you ever resided in a project financed and/or subsidized by the Government?                      **YES**                      **NO**

If yes, name and address \_\_\_\_\_

8. Have you ever been evicted from Public Housing or any other Federal Housing Program?                      **YES**                      **NO**

If yes, Where \_\_\_\_\_

When \_\_\_\_\_

Describe reasons \_\_\_\_\_

9. Have you ever been evicted from other housing?                      **YES**                      **NO**
10. Have you ever been convicted of a felony?                      **YES**                      **NO**

If yes, list convictions. Please use the back of the application if you need additional space.

11. Are you currently using illegal drugs?                      **YES**                      **NO**

12. Have you ever been convicted of sale, distribution, or possession of illegal drugs?                      **YES**                      **NO**

13. Are you now or will you become a part-time or full-time student prior to move-in?                      **YES**                      **NO**

14. Does anyone in the household receive any regular contributions or gifts from non-household members?                      **YES**                      **NO**

15. Are you or is anyone in your household subject to a lifetime state sex offender registration program in any state? (Failure to respond to this question may jeopardize the approval of your application.)                      **YES**                      **NO**

16. Are your bills current with the electric company?                      **YES**                      **NO**

17. Will you be able to have heat & lights in your name with National Grid ?                      **YES**                      **NO**

18. Do you expect anyone not listed on this application to be moving in with you in the future?                      **YES**                      **NO**

19. How did you hear about this housing? \_\_\_\_\_

20. Will you take an apartment when one is available?                      **YES**                      **NO**

21. Briefly describe your reasons for apply \_\_\_\_\_

<sup>111</sup> If so, do you realize you will be eligible for a \$400 deduction and medical deductions? Please realize that your eligibility must be verified.

**REFERENCE INFORMATION**

**RENTAL INFORMATION**—Up to and including the past ten years. Put the current landlord on line #1 and prior landlords on lines #2 & 3. If additional space is required, please use the back of the application.

	Name	Address	Business Phone	Home Phone
1.				
2.				
3.				

**CREDIT REFERENCES:**

	Name	Address	Phone
1.			
2.			
3.			

**PERSONAL REFERENCES**—Non relatives only.

	Name	Address	Phone
1.			
2.			
3.			

**IN CASE OF EMERGENCY NOTIFY:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

**ADDITIONAL INFORMATION**

Current Monthly Rental amount? \_\_\_\_\_

Size of Unit requesting \_\_\_\_\_ 1 Bedroom \_\_\_\_\_ 2 Bedroom \_\_\_\_\_ 3 Bedroom  
\_\_\_\_\_ 1 Bdrm Handicapped \_\_\_\_\_ 2 Bdrm Handicapped \_\_\_\_\_ 3 Bdrm Handicapped

**PETS** Do you own any pets? **YES** **NO**

If yes, please describe \_\_\_\_\_

**VEHICLES** List any cars, trucks or other vehicles owned. Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.

Type	Year/Make	Color	License Plate Number

Driver License # & State for APPLICANT: # \_\_\_\_\_

Driver License # & State for Co-APPLICANT: # \_\_\_\_\_

**NEED DOCUMENTATION:**

**Please return to Frontier Housing Corporation:**

- ❖ **Completed application**
- ❖ **Copies of 6 consecutive current pay stubs for each person**
- ❖ **Copies of your Federal tax returns for the last 12 months**
- ❖ **Copy of applicant & co-applicant’s Birth Certificate(s) and Social Security Card(s)**

Acceptance of this application does not guarantee rental of an apartment. All applicants must meet screening criteria, including landlord, criminal and credit checks.

**AUTHORIZATION and CERTIFICATION**

**AUTHORIZATION**

I/we do hereby authorize Frontier Housing Corporation and any staff or authorized representatives to contact any agencies, offices, groups, or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in this property by signing the following Tenant Release Information form.

-----  
Applicant Signature

-----  
Date

-----  
Co-Applicant Signature

-----  
Date

**CERTIFICATION**

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit and sign a one year lease for this apartment. I/We understand that my eligibility for housing will be based on Rural Development or Section 8 income limits. I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature \_\_\_\_\_  
Date

**FAMILY HOUSEHOLD COMPOSITION**

“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:**  
Hispanic or Latino \_\_\_\_\_  
Not Hispanic or Latino \_\_\_\_\_

**Race:** (Mark one or more):  
1. American Indian/Alaska Native \_\_\_\_\_  
2. Asian \_\_\_\_\_  
3. Black or African American \_\_\_\_\_  
4. Pacific Islander or Other Pacific Islander\_\_  
5. White \_\_\_\_\_ “

**Gender:** Male      Female

**“This institution is an equal opportunity provider and employer.**

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-2037, 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 write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail at U.S. Department of Agriculture, Office of Assistant Secretary for Civil Rights, 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).



"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)."

# Tenant Release Information Form

**PLEASE READ CAREFULLY**

## **DISCLOSURE**

This document serves solely as a clear and conspicuous written disclosure to the applicant that a social security, motor vehicle verification, education, previous employment, credit, character, general reputation, personal characteristics, mode of living and personal background verification may be obtained for the purpose of this rental application. By the signature below, the Applicant acknowledges that Frontier Housing Corporation has made this disclosure.

## **APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

This release and authorization acknowledges that **Frontier Housing Corporation** may now, or any time while I am a tenant of one of their apartment complexes, conduct a verification of my education, previous employment/work history, credit history, contact personal references, or motor vehicle records, and to verify any other information deemed necessary to verify rental eligibility. The results of this verification process will be used to determine renting eligibility under **Frontier Housing Corporation's** policies. In the event that information from the report is utilized in whole or in part used to determine you ineligible for renting at that time, Frontier will to disclose orally and in writing the results of this verification process to

\_\_\_\_\_.

**I have read and understand this release and consent, and I authorize the background verification.** I authorize persons, schools, current and former employers, and other organizations and Agencies to provide Frontier Housing Corporation with all information that may be requested. I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to release and discharge Frontier Housing Corporation and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any Agency arising from retrieving and reporting of information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
List Other Names Used

\_\_\_\_\_  
Social Security No

\_\_\_\_\_  
Email

\_\_\_\_\_  
Driver's License Number/State Issued

\_\_\_\_\_  
License Last Name

\_\_\_\_\_  
Co-applicant's Signature

\_\_\_\_\_  
List Other Names Used

\_\_\_\_\_  
Social Security No

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone Number

May we contact your current employer? \_\_\_\_\_

**CONFIDENTIAL INFORMATION FOR INCOME/POSITIVE IDENTIFICATION PURPOSES ONLY**