



EMBURY APARTMENTS
 133 Lawrence Street, Saratoga Springs, NY 12866
 www.thewesleycommunity.org

RENTAL APPLICATION

EMBURY IS A NON-SMOKING RESIDENCE.

CURRENT MAXIMUM ANNUAL INCOME LIMITS FOR ACCEPTANCE TO EMBURY'S WAITING LIST:
One (1) person = \$66,780 Two (2) persons combined income = \$76,320

If your annual gross income is under \$37,100 for a single (1) person or \$42,400 for a couple (2):
You may qualify for a Section 8 apartment.

For the Section 8 application, contact Saratoga Springs Housing Authority 518-584-6600 Ext. 227
and they will mail you the application.

This application is ONLY for applicants with incomes over the Section 8 limit.

PLEASE COMPLETE BOTH SIDES OF ALL PAGES.

List all household members who will live in the apartment. Include temporarily absent family members.

APPLICANT (A)	
Circle one: Mr. Mrs. Miss Ms.	Marital Status: Single Married Separated Divorced Widowed
Full Name	
Address	
City/State/Zip	
Phone ()	Soc. Sec. #
Date of Birth	Are you a United States citizen? YES NO
Other Names:	Employed? YES NO
Circle one (optional): Female Male	Email address:
On a separate sheet list and explain any different name(s) or social security numbers that you have used, other than your maiden name. Attach sheet to this application.	

APPLICANT (B)	
Circle one: Mr. Mrs. Miss Ms.	Marital Status: Single Married Separated Divorced Widowed
Full Name	
Address	
City/State/Zip	
Phone ()	Soc. Sec. #
Date of Birth	Are you a United States citizen? YES NO
Other Names:	Employed? YES NO
Circle one: Female Male	Email address:
On a separate sheet list and explain any different name(s) or social security numbers that you have used, other than your maiden name. Attach sheet to this application.	

Please check size of apartment desired.		
_____ Alcove (studio) (Occupancy by one person only)	_____ 1-bedroom (Occupancy by 1-2 persons)	_____ 2-bedroom (Typically for occupancy by 2 persons. Contact Embury for information on availability.)

Does applicant have a Portable Section 8 Housing Voucher? YES NO Source of the voucher:

List residences for the past 5 years. Start with present address. Attach more pages if necessary.

Dates From	To	PRESENT	Rent \$	per
Address				
Name of Landlord				
Address of Landlord				

Dates From	To		Rent \$	per
Address				
Name of Landlord				
Address of Landlord				

Do you own a vehicle? YES NO	Will you bring it to Embury? YES NO
Make/Model	Year
Color	License Plate #

Who will know applicant’s whereabouts if we cannot reach applicant when an apartment becomes available?

Name
Address
City/State/Zip
Phone # ()

If applicant or contact cannot be reached **within five (5) business days**, she/he will be considered to have declined an apartment and his/her place on the waiting list will be adjusted according to Embury Tenant Selection Plan.

Who referred applicant to Embury?

YOU MUST ATTACH A COPY OF THESE ITEMS FOR EACH APPLICANT:

- (1) SOCIAL SECURITY CARD*+
- (2) CURRENT DRIVERS LICENSE OR PHOTO I.D.
- (3) YOUR MOST RECENT BENEFIT VERIFICATION LETTER FROM SOCIAL SECURITY*
- (4) If you are divorced, please attach a copy of your divorce decree for income verification purposes.

*Replacements for missing benefit verification letters or cards may be obtained by creating an account at www.socialsecurity.gov/myaccount or calling 1-800-772-1213.

+You may substitute a copy of an I.D. card, Form 1099, benefit verification letter, court record, medical insurance card, or any card issued by a federal, state, or local agency.

APPLICANT PREFERENCES FOR ADMISSION & APARTMENT TYPE

Some applicants are eligible for advanced admission or special apartment types under certain circumstances. Please circle YES or NO in answer to the questions below. Applicants answering YES will be required to provide proof on forms Embury will supply.

Do you qualify as disabled under the following definition? YES NO A person with disabilities for purposes of program eligibility is determined, pursuant to HUD Regulations, to have a physical, mental, or emotional impairment that (A) is expected to be of long-continued and indefinite durations (B) substantially impedes his or her ability to live independently, and (C) is of such a nature that the ability to live independently could be improved by more suitable housing conditions. Do you require a reasonable accommodation? YES NO

Applicants with mobility impairments (such as being wheelchair bound or having severe, debilitating illnesses which limit walking/standing) may require the special features of wheelchair accessible apartments. These features are kitchen counters that lower, roll-in showers, and bathrooms with wheelchair turn-around space. Will applicant require the features of a wheelchair accessible apartment? YES NO

Honorably Discharged Veterans who served on active duty during wartime (or veterans' surviving spouses) residing in New York State are eligible for preference admission. Is applicant eligible? YES NO ***(If yes, include copy of DD214.)***

A frail elderly person is defined as one who is unable to perform at least three activities of daily living without assistance. These include eating, bathing, grooming, dressing, or home management activities such as laundry, shopping, housekeeping, cooking, or bill paying. Embury must provide preferential placement to provide housing for at least 36 persons meeting this definition. Does applicant meet the definition of frail elderly? YES NO

DECLARATION OF CITIZENSHIP

Each applicant must be either a citizen or national of the United States or be a non-citizen who has eligible immigration status that qualifies them for rental assistance as determined by the US Department of Housing and Urban Development and the US Immigration and Naturalization Service. Complete information below for each applicant (A & B).

Applicant A Name:

First	Middle	Last
Circle one: (optional)	Social Security #	Date of Birth
Male Female		
Check and sign one statement for Applicant A:		
[] I declare under penalty of perjury that I am a citizen or national of the United States.		
Signature:		Date:
[] I declare under penalty of perjury that I am a non-citizen with eligible immigration status.		
Signature:		Date:

This section continued on the next page.

Applicant B Name:

First	Middle	Last
Circle one: (optional)	Social Security #	Date of Birth
Male Female		

Check and sign **one** statement for Applicant B:

I declare under penalty of perjury that I am a citizen or national of the United States.

Signature: _____

Date: _____

I declare under penalty of perjury that I am a non-citizen with eligible immigration status.

Signature: _____

Date: _____

PART B: Applicants who checked the box indicating that they are a non-citizen with eligible immigration status must provide the Embury office with an original of **one** of the following:

1. Form I-551 Alien Registration Receipt Card
2. Form I-94 Arrival Departure Record with appropriate annotations or documents
3. Form I-688 Temporary Resident Card
4. Form I-688B Employment Authorization Card
5. A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Head of Household (including 1-person household) must sign the following Certification:

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part A of this form and that members of my household that have not checked either box on Part A of this form do not claim to be citizens or nationals of the United States or non-citizens with eligible immigration status.

Signature _____ Date _____

PART C: Consent to Verify Eligible Immigration Status

Each family member required to complete Part B of this form must sign below granting consent for Embury to verify immigration status.

Applicant A:

Applicant B:

Signature

Signature

For Office Use Only:

Verification # _____ Applicant 1 Verification # _____ Applicant 2

Date: _____ By: _____

INCOME AND ASSET QUESTIONNAIRE

(A) Head of Household Name : _____ (B) Co-head of Household Name: _____

DO YOU HAVE ANY OF THE FOLLOWING?	Circle Yes or No		IF YES, DO THE FOLLOWING:
Social Security or Railroad Pension	YES	NO	Attach benefit verification letter
SSI	YES	NO	Attach benefit verification letter
Pension Income	YES	NO	Attach yearly statement of benefits letter. If you do not have one, call your pension provider to obtain one.
VA Income	YES	NO	Attach current benefit summary letter. If you do not have one call 1-800-872-1000 or go to www.va.gov .
IRA / 401K / 403B / Keogh Account	YES	NO	Attach current statement and proof of current IRS minimum distribution (if over age 70 ½)
Salary, Wages, etc., from Employment Income from a business/profession	YES	NO	Attach last 6 pay stubs or IRS 1099 or proof of business income
Annuity payments or accounts	YES	NO	Attach current statement
Unemployment Compensation Payments	YES	NO	Attach award letter
Workers Compensation Payments or Disability Payments of any kind	YES	NO	Attach award letter
Alimony or Child Support	YES	NO	Attach award letter and proof of payment
Does anyone pay you cash for work performed?	YES	NO	What is approximate monthly cash income amount?
Income or Social Security from Family Member Residing in Nursing Home as determined by Medicaid	YES	NO	Attach award letter
Do you receive regularly recurring monetary gifts from family or other means?	YES	NO	What is the monthly amount?
Checking / Savings / Certificates of Deposit	YES	NO	Attach current statement
Stocks / Bonds / Money Market Funds / Brokerage Accounts / Treasury Bills	YES	NO	Attach current statement
Savings Bonds	YES	NO	Provide a copy of each savings bond
Is your name on any Trust Agreement?	YES	NO	Attach a copy of agreement and proof of Trust Income you receive including interest (copy of Income Tax statement)
Do you hold a mortgage for another person?	YES	NO	What is the balance due?
Do you receive income from rental property you own?	YES	NO	How much?

Provide a list of any and all assets not included above on a separate sheet if necessary.

ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

() During the past 2 years, I **have not** sold or given away any assets (including cash and real estate) for less than fair market value.
() During the past 2 years, I **have** sold or given away the assets (including cash/real estate) below for less than fair market value.

Description:

Date Disposed:

Amount Sold for or Given Away:

Market Value:

Cash Value*:

() During the past 2 years, I **have not** sold or given away any assets (including cash and real estate) for less than fair market value.
() During the past 2 years, I **have** sold or given away the assets (including cash/real estate) below for less than fair market value.

Description:

Date Disposed:

Amount Sold for or Given Away:

Market Value:

Cash Value*:

*Cash value is market value of asset minus reasonable costs incurred in selling/converting asset to cash. Reasonable costs include penalties for withdrawals before maturity; broker/legal fees for sale/conversion of assets; settlement costs for real estate transactions.

STUDENT STATUS

 I am am not a full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential.

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WORK STATUS

 I am not presently employed and do not anticipate becoming employed within the next twelve months.
 I am not presently employed but anticipate becoming employed within the next twelve months.
 I am employed and have submitted proof of wages.

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 I am employed and have submitted proof of wages.

I/We certify that the financial information contained on this form is true and complete to the best of my/our knowledge and belief. I have been made aware of the provisions of Section 1001 of Title 18 of the U.S. code. I understand that it is a criminal offense punishable for a \$10,000 fine or 10 years imprisonment or both, to intentionally make false or inaccurate statements to any department or agency of the United States about any matter within its jurisdiction. I/We understand that I/We can lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

X _____
Head of Household Date

X _____
Spouse/Co-Head Date

CONSENT FORM FOR RELEASE OF BACKGROUND INFORMATION

Embury’s Tenant Selection Plan requires that background checks be performed on each applicant. Embury uses OneSite Applicant Screening software. In order to avoid a credit check, you may enclose with the application evidence of on-time, complete rental payments over the course of the preceding 12 months. Examples of such evidence include, but are not limited to, canceled checks, rent receipts, a prior landlord’s written record of rent payment, records of online rent payments, bank printouts showing direct payment to landlord, or money order stubs. Embury 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.

Please list all states in which you have lived or have held licenses to drive:

A	B
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I understand that this authorization cannot be used to obtain any information about me that is not pertinent to eligibility for and continued participation in a New York State Housing Assistance program.

I understand that a photocopy of this authorization may be used for the purposes stated above and that the original of this authorization is on file at Embury.

	APPLICANT A	APPLICANT B
Applicant Signature		
Date		
Print Applicant Name		

HOME/PROPERTY OWNERSHIP DECLARATION

YES	NO	
		Do you own a home, farm, camp, vacant lot or any other real estate? (Answer YES even if you do not reside there.) If you own more than one home or property, explain briefly:
		Do you have a mortgage on your property/properties? If the answer is YES, provide a current copy of the mortgage balance statement.
		Do you reside at any of these properties at this time?
		Is the property for sale?

Applicants answering YES will be required to provide additional information on forms Embury will supply.
If you have a mortgage on this property, please attach a copy of your latest mortgage statement.

BY SIGNING THIS APPLICATION, I/WE ACKNOWLEDGE THE FOLLOWING:

- All information in this application is correct and complete to the best of my/our knowledge. If I/we make any misrepresentation or material omission on this application, I/we understand it may render any agreement for assistance void at the option of the owner.
- I/we understand that acceptance to the Embury waiting list at this time does not guarantee the offer of an apartment in the future.
- I/we agree to furnish documents or affidavits as to income as requested when my/our name nears the top of the waiting list.
- Information provided on this application may be collected and stored in an electronic format and used for regulatory compliance and software functions.

***PENALTIES FOR SUPPLYING FALSE INFORMATION ON THE APPLICATION MAY INCLUDE
EVICTION FINES UP TO \$10,000 AND IMPRISONMENT FOR UP TO FIVE (5) YEARS.***

Applicant A Signature

Applicant B Signature

FOR EMBURY OFFICE USE ONLY

Stamp Received:

[] Incomplete. Missing:

Stamp Received Complete:

ENTRY, REMOVAL AND/OR REFUND AUTHORIZATION

In the event of my death, mental or physical incapacitation, hospitalization, or unplanned permanent departure from Embury, I hereby authorize the management of Embury Apartments to contact the persons named below in the order given for the following purposes:

- To have full access to my apartment and its contents;
- If necessary, to remove my furnishings and belongings within the timeframe stipulated by HUD regulations and according to Embury's procedures for such removal, and
- If necessary, to be the recipient of any refund monies owed me or my estate following such removal, including the security deposit.

I hereby authorize Embury staff to unlock my apartment for and/or provide keys only to them and to no others.

Name _____
Address _____
Telephone _____ Relationship _____

Name _____
Address _____
Telephone _____ Relationship _____

IMPORTANT: By signing this form, I declare and agree:

- That the above-named persons have agreed to accept this responsibility;
- That the above-named persons are authorized to continue to act on my behalf until further written notice from me;
- That should the persons above be permanently unavailable or decline to act on my behalf, Embury Apartments shall be permitted to remove furnishings and other personal property through private or legal proceedings and dispose of it in such manner as deemed necessary; and
- To hold Embury harmless for any actions taken in reliance on the information provided herein.
- That a photocopy of this authorization may be used for multiple file requirements

Applicant A Signature _____ Date _____

Applicant B Signature _____ Date _____