

RENTAL APPLICATION ALBERTA PLACE

1/1/2022

Please complete and return all 8 pages of this application to:
 Alberta Place
 64 Amsterdam Avenue, Amherst, NY 14226
 (716) 817-0707 or TDD 711



In filling out this application, please print clearly, check all the appropriate boxes and provide all the information requested in all sections of this form. Thank you for your interest in our apartments.

PERSONAL INFORMATION

Full Names of All Household Members	Date of Birth	Social Security Number	Relationship to Head of Household
			HEAD
			CO-HEAD

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ E-Mail Address: (optional) _____

Present Address: _____

STREET ADDRESS
APT. #
CITY/TOWN
STATE
ZIP

How did you hear about this complex? _____

Please check your preference for apartment size: One (1) bedroom Two (2) bedrooms

We welcome applicants with rental assistance. Are you currently participating in the Section 8 Housing Choice Voucher Program? Yes No

ELIGIBILITY INFORMATION

The complex for which you are applying is funded under the NYS Housing Trust Fund and the Federal Low-Income Housing Tax Credit Programs. Applicants may be admitted only if the household is income eligible. In some cases, households consisting entirely of full-time students are not eligible for this housing. For purposes of this application, any individual is considered a student who has been or will be a full-time student at an educational institution with regular facilities. (NOT correspondence or exclusively at night school) A student is considered full-time if enrolled at least five months in the calendar year, and the amount of hours taken are considered full-time by the school attended. Students in elementary, middle and high school are always full-time. The following income and student status information is required to determine eligibility:

List a household member who is 55 years of age or older: _____

Are ALL of the household members full-time students? Yes No

PREFERENCES

1. Preference in the selection of tenants in not less than seven of the rental units shall be given to households where at least one member of which is a person with a physical disability/traumatic brain injury. Priority will be given to such persons with special needs who have served in the armed forces of the United States for a period of at least six months (or any shorter period due to injury incurred in such service) and have been thereafter discharged or released from the armed forces under conditions other than dishonorable.

Do you wish to be considered for this priority?

Yes No

ACCESSIBLE UNITS

Some apartments may contain special features designed to enhance accessibility to and within the unit. In renting these units, preference must be extended to households which include a person or persons with a disability or handicap who could benefit from such features.

Do you wish to be considered for this preference?

Yes No

If yes, please indicate the type of design features for which you request consideration:

Mobility Impairments

Hearing Impairments

Visual Impairments

Please also complete the attached Housing Requirements Questionnaire (see page 6).

In the spaces provided below list the income and benefits received by **ALL** members of your household **INCLUDING ANYONE WHO IS OR WILL BE LIVING WITH YOU EVEN IF NOT RELATED TO YOU.**

INCOME / BENEFIT	Gross Amount	Indicate if weekly monthly or annually?	Name of household member(s) who receive this income
Employment (before deductions)			
Employment (before deductions)			
NYS Disability / Workmen's Compensation			
Social Security / SSI			
Social Security / SSI			
Veterans Benefits			
Retirement Pensions / Annuities			
Social Services / Welfare (Do NOT include food stamps)			
Unemployment Insurance Benefits			
Child Support / Alimony			
Self-Employment			
Other (Please specify):			
VALUE OF ASSETS			
Cash in Checking Account (Number of accounts: ____)			
Cash in Savings Account (Number of accounts: ____)			
Certificates of Deposit (Number of accounts: ____)			
Stock / Bond Value			
IRA / Keough Accounts (Number of accounts: ____)			
Real Estate Owned			
Other (Please specify):			
List the dollar amount of assets disposed of for less than fair market value in the past two (2) years.			

APPLICATION ASSISTANCE AND INFORMATION STATEMENT

If you are handicapped or disabled or have difficulty completing this application, please advise us of your needs when you receive this application or call us to schedule assistance. Appropriate assistance will be provided in a confidential manner and setting.

Answering questions on your application:

Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowances, rent, family composition, or prior resident history is grounds for rejection. Additionally, you should be aware that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

Answering questions relating to handicap or disability:

Answers to questions on your application concerning handicap or disability status are optional, but please note that families with handicapped or disabled members may be entitled to units designed to be accessible for individuals with handicaps or disabilities. So, without this information we may not be able to verify your eligibility to live in an accessible unit.

If you answer the questions relating to your handicap or disability, we will need to verify that you or a family member are handicapped or disabled. We do

not need to know the nature, extent, or current condition of the handicap or disability, but we will need to know that you meet the definitions that apply to these terms and that you can abide by the terms of our lease.

Information you provide on handicap or disability status will be treated as confidential by management. In accordance with program regulations, information may be released to appropriate federal, state or local agencies.

Housing Requirements Questionnaire:

Please complete the Housing Requirements Questionnaire that accompanies your application. This information is needed so that we may assign you a unit appropriate to any needs that exist for your family. Your answers will be verified.

If, however, there are no family members with a handicap or disability, or if you do not wish to complete the document for any reason, simply indicate that choice in the space provided at the top of the Housing Requirements Questionnaire. Choosing not to complete this document will in no way affect the processing of your application for an apartment or dwelling.

NOTICE TO ALL APPLICANTS

OPTIONS FOR APPLICANTS WITH DISABILITIES OR HANDICAPS

This property is managed by Belmont Housing Resources for WNY, whose main offices are located at 2393 Main Street, Buffalo, New York 14214, 716-884-7791 / TDD 711.

We provide assisted housing to the general public under a variety of government assistance programs. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, familial status, disability or handicap. In addition, we have an obligation to make "reasonable accommodations" to applicants if they or any family members have a disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the programs under which we operate. Examples of reasonable accommodations and structural modifications include, but are not limited to:

Making reasonable alterations to a unit so it could be used by a family member with a wheelchair;

Installing strobe type flashing-light smoke detectors in an apartment for a family with a hearing-impaired member;

Permitting a family to have a seeing-eye dog to assist a vision-impaired applicant family member where existing pet rules would not allow the dog;

Making large type documents or a reader

available to a vision-impaired applicant during the application process;

Making a sign language interpreter available to a hearing-impaired applicant during the application process;

Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria.

As applicant family that has a member with a disability must still be able to meet essential obligations of tenancy – they must be able to pay rent, to maintain their apartment in a safe and sanitary condition, to report required information to the building manager, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability or handicap 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 to discuss your situation with management, that is your right.

The next page of this application is a Housing Requirements Questionnaire. If you wish to complete the document and provide management with information regarding any family member with a handicap or disability, please do so. If no family member has a handicap or disability or if you do not wish to complete the questionnaire for any reason, please indicate so, sign the form, and return to the manager.

HOUSING REQUIREMENTS QUESTIONNAIRE

Please read the following regarding this questionnaire:

This questionnaire is administered to every applicant. It is used to determine whether your family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features. Completing this questionnaire is optional on your part. If you choose not to complete this form, please check the box that indicates that choice, sign and date the form, and return it to the manager.

The choice not to complete this questionnaire will not in any way affect the processing of your application for an apartment. If you choose to complete this form, please check the box that indicates your choice to furnish this information, complete the information requested, sign and date the form, and return it to the manager.

Applicant election to provide special needs information:

Household head: _____ Social Security #: _____

I choose to complete this form. I choose NOT to complete this form.

APPLICANT'S SIGNATURE: _____ Date: _____

Manager's signature: _____ Date: _____

Information relative to the housing requirements of applicant's family:

1. Do you or any member of your household have a condition that requires: (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Separate Bedroom | <input type="checkbox"/> Unit for vision-impaired |
| <input type="checkbox"/> One-level apartment | <input type="checkbox"/> Physical modifications to a typical apartment |
| <input type="checkbox"/> Unit for hearing-impaired | <input type="checkbox"/> Bedroom/Bath on 1 st floor |
| <input type="checkbox"/> Barrier-free apartment | <input type="checkbox"/> Special parking space |
| <input type="checkbox"/> Roll-in shower | <input type="checkbox"/> Parking for a _____ van |

Other: _____

2. If you checked any of the above-listed categories of units, please explain exactly what you need to accommodate your situation.

3. Please list the name or names of those in your household who need the features identified above:

4. Do you or any member of your household need special features to go up and down stairs other than traditional railings? Yes No

5. Will you or any member of your household require a live-in aide to assist you? Yes No

6. Who should be contacted to verify your need for the features you have identified above? (For example, a doctor or social service agency)

Name: _____ Phone: () _____

Address: _____
STREET ADDRESS APT. # CITY/TOWN STATE ZIP

RESIDENCE HISTORY

Professional property managers look for tenants who will pay rent on time, take care not to damage an apartment, and be a considerate neighbor. The following information is requested to help us determine if you have demonstrated these qualities in the past.

ALL REFERENCES AND PREVIOUS RESIDENCES MUST BE FILLED IN COMPLETELY, INCLUDING FULL NAMES, STREET ADDRESS, CITY/TOWN, STATE, ZIP AND PHONE.

Present Address: _____
Street Address Apt. # City/Town State Zip

Dates: From _____ to _____ Rent: \$ _____ /month Util. Inc.? Yes No

Reason for moving: _____

Landlord's Name: _____ Phone: () _____

Landlord's Address: _____
Street Address Apt. # City/Town State Zip

Previous Address: _____
Street Address Apt. # City/Town State Zip

Dates: From _____ to _____ Rent: \$ _____ /month Util. Inc.? Yes No

Reason for moving: _____

Landlord's Name: _____ Phone: () _____

Landlord's Address: _____
Street Address Apt. # City/Town State Zip

Previous Address: _____
Street Address Apt. # City/Town State Zip

Dates: From _____ to _____ Rent: \$ _____ /month Util. Inc.? Yes No

Reason for moving: _____

Landlord's Name: _____ Phone: () _____

Landlord's Address: _____
Street Address Apt. # City/Town State Zip

If you do not have a previous rental, list at least two (2) individuals who could verify your ability to live by the conditions of a lease. (For example, employer, caseworker or clergy.)

NAME	FULL ADDRESS	PHONE

Current/Previous Housing Experience & Credit	Check One Box	Household Member
	Yes No	
Have you paid rent in full on time for the past 12 consecutive months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive a subsidy that will pay the full rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever broken a rental agreement or lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of these questions, please explain: _____

Alberta Place adheres to NYS's Anti-Discrimination Policies as they pertain to conducting individualized assessments of applicants with criminal backgrounds. All applicants have the right to review, contest, and explain information contained in a background check and may present evidence of rehabilitation, if the event that the application is rejected due to criminal history.

Criminal Background Information	Check One Box		Household Member
	Yes	No	
Have you or any member of your household ever been convicted of a drug-related crime?			
Do you or any member of your household currently use illegal drugs or abuse alcohol?			
Have you or any member of your household been convicted of a felony?			
Have you or any member of your household been convicted of a crime involving fraud or dishonesty?			
Have you or any member of your household been convicted of a crime involving violence?			
Are you or any member of your household currently subject to a lifetime registration requirement under a state sex offender registration program?			
Are you currently charged with of the above-mentioned criminal activities?			
Have you ever used or been known by another name? If yes, please specify: _____			

If you answered yes to any of these questions, please explain: _____

Please check below the appropriate box of the state(s), including Washington DC, where you or any of the household members have previously resided.

- Alabama Alaska Arizona Arkansas California Colorado Connecticut Delaware
 Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky
 Louisiana Maine Maryland Massachusetts Michigan Minnesota Mississippi
 Missouri Montana Nebraska Nevada New Hampshire New Jersey New Mexico
 New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania
 Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont
 Virginia Washington Washington DC West Virginia Wisconsin Wyoming

APPLICATION CERTIFICATION

Certification: I certify that the information set forth herein is completely true to the best of my knowledge. I further certify that the apartment will be my permanent place of residence, and I do / will not maintain a separate subsidized rental unit in a different location. I understand that deliberate submission of false information could result in the rejection of my application or other penalties. I hereby give permission to Belmont Housing Resources for WNY to verify all of the above information and references, and to obtain my consumer credit report and criminal background reports from your reporting agency.

***** ALL ADULT HOUSEHOLD MEMBERS (AGE 18 YEARS AND OLDER) MUST SIGN AND DATE BELOW. *****

Signature: _____ Date: _____
Signature: _____ Date: _____
Signature: _____ Date: _____
Signature: _____ Date: _____
Signature: _____ Date: _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. 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.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race: (Mark one or more)

- White
- Black or African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Other (Please specify) _____

Belmont Housing Resources for WNY does not discriminate on any legally-recognized basis including, but not limited to, race, color, religion, sex, national origin, age, marital status, disability, handicap, or the presence of children in admission to or access to the programs we administer or in the treatment of applicants and participants.

Acceptance of this application does not guarantee rental of an apartment. All applicants must meet screening criteria, including landlord, credit and criminal background checks. Changes in family income, size, and address must be reported promptly to Belmont Housing Resources for WNY, Inc. in order to properly process your application. **A security deposit and lease are required.**

Tenants or their spouses living with them, who are sixty-two (62) years or older, or who will attain such age during the term of their leases, are entitled to terminate their leases if they relocate to an adult care facility, a residential health care facility, subsidized low-income housing, or other senior citizen housing. Owners or lessors of a facility of a unit of which a senior citizen is entitled to move after terminating a lease, must advise such tenant, in the admission application form, of the tenant's rights under the law. (Real Property Law 227- a.) A summary of the law is available upon request.



New York State Housing and Anti-Discrimination Disclosure Form

Federal, State and local Fair Housing and Anti-discrimination Laws provide comprehensive protections from discrimination in housing. It is unlawful for any property owner, landlord, property manager or other person who sells, rents or leases housing, to discriminate based on certain protected characteristics, which include, but are not limited to **race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, age, disability, marital status, lawful source of income or familial status**. Real estate professionals must also comply with all Fair Housing and Anti-discrimination Laws.

Real estate brokers and real estate salespersons, and their employees and agents violate the Law if they:

- Discriminate based on any protected characteristic when negotiating a sale, rental or lease, including representing that a property is not available when it is available.
- Negotiate discriminatory terms of sale, rental or lease, such as stating a different price because of race, national origin or other protected characteristic.
- Discriminate based on any protected characteristic because it is the preference of a seller or landlord.
- Discriminate by “steering” which occurs when a real estate professional guides prospective buyers or renters towards or away from certain neighborhoods, locations or buildings, based on any protected characteristic.
- Discriminate by “blockbusting” which occurs when a real estate professional represents that a change has occurred or may occur in future in the composition of a block, neighborhood or area, with respect to any protected characteristics, and that the change will lead to undesirable consequences for that area, such as lower property values, increase in crime, or decline in the quality of schools.
- Discriminate by pressuring a client or employee to violate the Law.
- Express any discrimination because of any protected characteristic by any statement, publication, advertisement, application, inquiry or any Fair Housing Law record.

YOU HAVE THE RIGHT TO FILE A COMPLAINT

If you believe you have been the victim of housing discrimination you should file a complaint with the New York State Division of Human Rights (DHR). Complaints may be filed by:

- Downloading a complaint form from the DHR website: www.dhr.ny.gov;
- Stop by a DHR office in person, or contact one of the Division’s offices, by telephone or by mail, to obtain a complaint form and/or other assistance in filing a complaint. A list of office locations is available online at: <https://dhr.ny.gov/contact-us>, and the Fair Housing HOTLINE at (844)-862-8703.

You may also file a complaint with the NYS Department of State, Division of Licensing Services. Complaints may be filed by:

- Downloading a complaint form from the Department of State’s website https://www.dos.ny.gov/licensing/complaint_links.html
- Stop by a Department’s office in person, or contact one of the Department’s offices, by telephone or by mail, to obtain a complaint form.
- Call the Department at (518) 474-4429.

There is no fee charged to you for these services. It is unlawful for anyone to retaliate against you for filing a complaint.



Division of Licensing Services

New York State
Department of State, Division of Licensing Services
(518) 474-4429
www.dos.ny.gov

New York State
Division of Consumer Rights
(888) 392-3644

New York State Housing and Anti-Discrimination Disclosure Form

For more information on Fair Housing Act rights and responsibilities please visit <https://dhr.ny.gov/fairhousing> and <https://www.dos.ny.gov/licensing/fairhousing.html>.

This form was provided to me by _____ (print name of Real Estate Salesperson/
Broker) of _____ (print name of Real Estate company, firm or brokerage)

(I)(We) _____

(Buyer/Tenant/Seller/Landlord) acknowledge receipt of a copy of this disclosure form:

Buyer/Tenant/Seller/Landlord Signature _____ Date: _____

Buyer/Tenant/Seller/Landlord Signature _____ Date: _____

Real Estate broker and real estate salespersons are required by New York State law to provide you with this Disclosure.