

**CORTLAND CROWN HOMES AND  
CORTLAND HOUSING ASSISTANCE COUNCIL, INC.  
NEEDS GOOD RESIDENTS FOR GREAT NEIGHBORHOODS!**

*DO YOU QUALIFY FOR ONE OF THE BEST HOMES IN  
CORTLAND?*

Become an active resident for positive change in the neighborhood.

***Cortland Crown Homes:***

*1 to 4 bedroom units*

*rents ranging from \$270-\$525*

*utilities not included in rents*

*(South Main St, Argyle Pl., Union St.)*

***Cortland Housing Assistance Council, Inc.:***

*1 to 3 bedroom units*

*rents ranging from \$420 - \$580*

*includes heat & hot water*

*(Pomeroy St., Maple Ave.)*

We are looking for responsible people.

Can you complete our application and screening process?

**Apply Now!!**

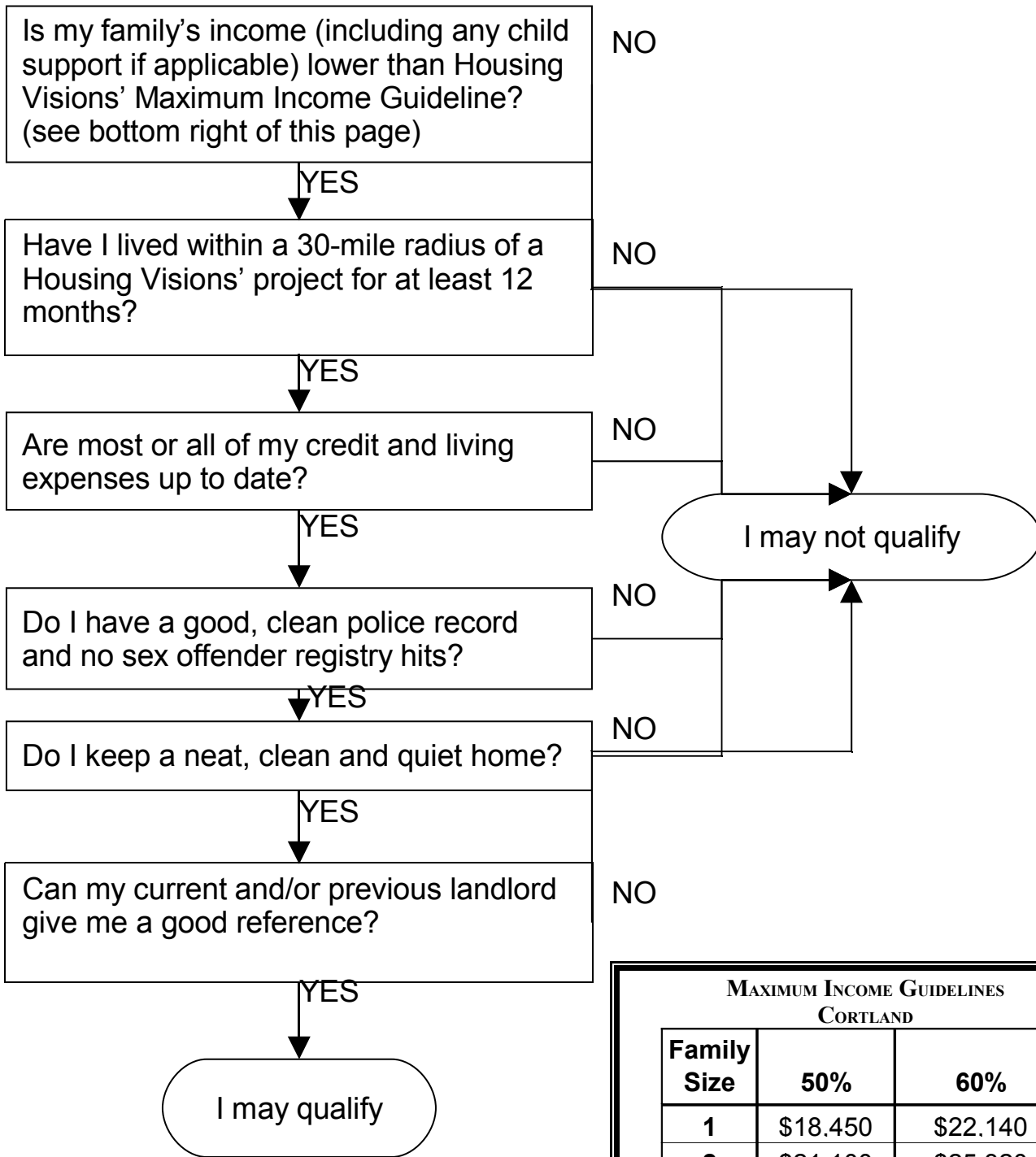
**COME TO THE OFFICE LOCATED AT:**

**36 TAYLOR STREET \* CORTLAND, NY \* 13045**

**FOR ADDITIONAL INFORMATION, CALL: (607) 753-8271**

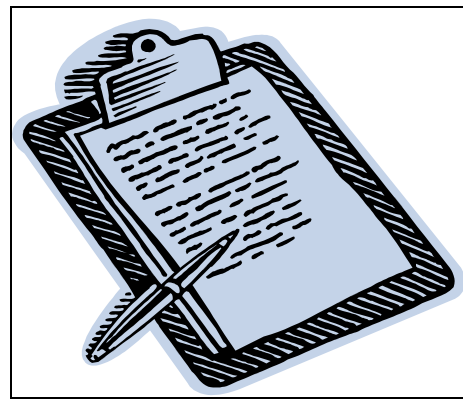


# Can I Qualify For An Apartment In Cortland Crown Homes?



| Family Size | 50%      | 60%      |
|-------------|----------|----------|
| 1           | \$18,450 | \$22,140 |
| 2           | \$21,100 | \$25,320 |
| 3           | \$23,700 | \$28,440 |
| 4           | \$26,350 | \$31,620 |
| 5           | \$28,450 | \$34,140 |
| 6           | \$30,550 | \$36,660 |
| 7           | \$32,650 | \$39,180 |
| 8           | \$34,800 | \$41,760 |

# APPLICATION CHECKLIST



**To submit an application, you MUST PROVIDE ALL of the following documentation:**

- Picture identification for everyone over 18 years of age
- An ORIGINAL police report for all household members over 18 years of age  
(We will provide this upon receiving your signed permission on page 11)
- Social Security card for everyone in household
- Birth Certificate for everyone in household
- Income / Asset verification for the household  
(3 recent pay stubs, SSI award letter, DSS budget sheet, Section 8, bank statements, 401K statements, etc.)
- Copy of tax forms and W-2 forms for previous year
- Any explanation or additional information that will help in the processing of this application (attach a written statement)



Cortland Housing Assistance Council  
36 Taylor Street  
Cortland, NY 13045  
(607) 753-8271

Formanagementoffice

# Applicant Questionnaire

|                |
|----------------|
| Date received: |
|----------------|

**I was referred by: (please check all that apply)**

- Friend/Relative** (Name: \_\_\_\_\_)     **Agency**  
(Name: \_\_\_\_\_)
- Newspaper Ad** (Paper: \_\_\_\_\_)     **Flyer**  
(Location: \_\_\_\_\_)
- TV** (Station: \_\_\_\_\_)     **Article**  
(Publication: \_\_\_\_\_)

**I am interested in these locations: (please check all that apply)**

- South Main Street/Argyle Place/Union Street**     **Pomeroy Street Apartments**     **Maple Avenue Apartments**

### Household Information:

Complete the following information for each household member that will occupy the unit at time of move-in:

| Name<br><i>First, Middle Initial, Last</i> | Relationship to Head<br>of Household | M/F | Social Security<br>Number | Birthdate<br><i>Month, Date, Year</i> |
|--|--------------------------------------|-----|---------------------------|---------------------------------------|
|  | Head of Household                    |     |                           |                                       |
|  |                                      |     |                           |                                       |
|  |                                      |     |                           |                                       |
|  |                                      |     |                           |                                       |
|  |                                      |     |                           |                                       |
|  |                                      |     |                           |                                       |
|  |                                      |     |                           |                                       |
|  |                                      |     |                           |                                       |

**Current Address:** \_\_\_\_\_ **Date Moved in:** \_\_\_\_\_

\_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_

**Daytime Phone:** (\_\_\_\_) \_\_\_\_ \_ **Evening Phone:** (\_\_\_\_) (\_\_\_\_) \_\_\_\_ \_

Answer either YES or NO to each question.

**YES**    **NO**  
   

**1. Are you currently living in transitional or other temporary housing program or in a unit with substandard conditions?** (please circle appropriate answer)

Transitional Housing Program    Homeless Shelter    Sub-standard Conditions

Other Temporary Housing (please state): \_\_\_\_\_

**2. Do you or a member of your family require a handicapped accessible unit?**

Please circle the appropriate adaptations needed: Physical/Wheelchair    Blind    Deaf  
Any other (please list): \_\_\_\_\_

**3. Do you or anyone in your family require a live-in care attendant?** *(Attach verification from Doctor)*

Name of Live-in Care Attendant: \_\_\_\_\_

**4. Will your household be receiving Section 8 rental assistance at time of move-in?**

Name of Agency: \_\_\_\_\_ Contact Person Name: \_\_\_\_\_

YES NO

5. If you are not currently receiving Section 8, are you on a waiting list?

6. Do you expect any additions to the household within the next twelve months?

Name & Relationship: \_\_\_\_\_

Explanation: \_\_\_\_\_

7. Is there anyone living with you now who will not be living with you at this property?

Name & Relationship: \_\_\_\_\_

Explanation: \_\_\_\_\_

8. Do you have full custody of your child(ren)?

Explanation of custody arrangements: \_\_\_\_\_

9. Are there any absent household members who under normal conditions would live with you?

(for example, a household member away in the military)

Explanation: \_\_\_\_\_

10. Does your household have or anticipate having any pets other than those used as service animals?

Type: \_\_\_\_\_ Weight: \_\_\_\_\_

11. Have you or any one else named on this application filed bankruptcy?

Explanation: \_\_\_\_\_

12. Have you or any one else named on this application been convicted of a felony?

Explanation: \_\_\_\_\_

13. Have you or any one else named on this application been convicted for selling or manufacturing illegal drugs?

Explanation: \_\_\_\_\_

14. Have you or any one else named on this application been convicted of property damage?

Explanation: \_\_\_\_\_

15. Have you ever been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?

Explanation: \_\_\_\_\_

15. Have you or any of your household members ever lived in/rented from Cortland Housing/Housing Vision apartments?

Explanation: \_\_\_\_\_

16. Do you or any other household members own a vehicle?

Make/Model/License number(s) \_\_\_\_\_

### Housing References

List the past **FIVE** years of housing references. (If additional space is required, use the back of this page)

|    | <u>Landlord's Name/Address</u> | <u>Your Address</u> | <u>Own/Rent</u>               | <u>Dates</u>   |
|----|--------------------------------|---------------------|-------------------------------|----------------|
| 1. | _____                          | _____               | Own <input type="checkbox"/>  | Movein: ____   |
|    | _____                          | _____               | Rent <input type="checkbox"/> | Moveout: _____ |
|    | _____                          | _____               |                               | _____          |
|    | Phone: ( ) _____               | _____               |                               |                |
| 2. | _____                          | _____               | Own <input type="checkbox"/>  | Movein: _____  |
|    | _____                          | _____               | Rent <input type="checkbox"/> | Moveout: _____ |
|    | _____                          | _____               |                               | _____          |
|    | Phone: ( ) _____               | _____               |                               |                |
| 3. | _____                          | _____               | Own <input type="checkbox"/>  | Movein: _____  |
|    | _____                          | _____               | Rent <input type="checkbox"/> | Moveout: _____ |
|    | _____                          | _____               |                               | _____          |
|    | Phone: ( ) _____               | _____               |                               |                |

**Personal Reference**

**Name/Address of Reference** (List a personal reference other than a relative)

\_\_\_\_\_ Phone: ( ) \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

**Professional Reference**

**Name/Address of Reference** (List a professional reference)

\_\_\_\_\_ Phone: ( ) \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency Contact**

**Name/Address** (If possible list someone in this area that is not listed on the application)

\_\_\_\_\_ Phone: ( ) \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

**Income Information**

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as grant or benefit, it is counted for all household members including minors. Include the dollar (\$) amount in the space provided.

**Include all income anticipated for the next 12 months.**  
**Do YOU or ANYONE in your household receive OR expect to receive income from:**

YES      NO  
 (If yes, EMC #01)  
 (If no, #101)

1. **Employment wages or salaries?** *(Include overtime, tips, bonuses, commissions and payments received in cash)*

| Name of Company & Phone Number | Household Member | Amount |
|--------------------------------|------------------|--------|
| _____                          | _____            | _____  |
| _____                          | _____            | _____  |

2. **Self-employment?** *(Attach Federal Tax Return or Profit and Loss Statements)*

(EMC #02)

| Type of Business | Household Member | Amount |
|------------------|------------------|--------|
| _____            | _____            | _____  |

3. **Regular pay as a member of the Armed Forces?**

(EMC #03)

| Base & Branch | Household Member | Amount |
|---------------|------------------|--------|
| _____         | _____            | _____  |

4. **Unemployment benefits or workman's compensation?**

(EMC #04 or #106)

| Contact Person | Household Member | Amount |
|----------------|------------------|--------|
| _____          | _____            | _____  |

5. **Public Assistance, General Relief, Aid to Families with Dependent Children (AFDC) or Temporary Assistance to Needy Families (TANF)?**

(EMC #05)

| Contact Person | Household Member | Amount |
|----------------|------------------|--------|
| _____          | _____            | _____  |

6. (a) **Child support or alimony?** *(Any **AWARDED** amounts—collected or uncollected. We must count court-ordered support whether or not it is being received unless legal action has been taken to remedy.*

(If yes, EMC #06)  
 (If no, #103)  
*We must also count support that is not court-ordered but received directly from payor.)*

| Payor | Household Member | Amount |
|-------|------------------|--------|
| _____ | _____            | _____  |
| _____ | _____            | _____  |

7. **Social Security, SSI or any other payments from the Social Security Administration?**

(EMC #07)

| SSA Office | Household Member | Amount |
|------------|------------------|--------|
| _____      | _____            | _____  |
| _____      | _____            | _____  |

YES      NO  
 (EMC #08)

8. **Any other income sources?** *(ie. Veteran's benefits, pensions, retirement benefits or annuities, severance payments, insurance settlements, disability, death benefits or life insurance dividends, regular gifts or payments from anyone outside of the household, educational grants, scholarships or other student benefits, lottery winnings or inheritances, payments from rental properties)*

| <u>Source of Benefit</u> | <u>Household Member</u> | <u>Amount</u> |
|--------------------------|-------------------------|---------------|
| _____                    | _____                   | _____         |
| _____                    | _____                   | _____         |

- ▪    9. **Do you or any other household members expect any changes to your income in the next 12 months?** Explanation: \_\_\_\_\_
- ▪    10. **Are YOU or is ANY OTHER ADULT member of your household claiming zero income?**  
(EMC #101) Household Member(s) \_\_\_\_\_

**Asset Information:**

Include all assets held and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

**Do YOU or ANYONE in your household hold:** (Include ALL assets held by ALL household members **including minors**.)

YES    NO  
▪       ▪  
(EMC #09)

**1. Checking or savings accounts?**

| <u>Bank/ Credit Union</u> | <u>Household Member</u> | <u>Amount</u> | <u>Interest Rate</u> | <u>Account #</u> |
|---------------------------|-------------------------|---------------|----------------------|------------------|
| _____                     | _____                   | _____         | _____                | _____            |
| _____                     | _____                   | _____         | _____                | _____            |
| _____                     | _____                   | _____         | _____                | _____            |

▪       ▪  
(EMC #09)

**2. CDs, money market accounts or treasury bills; trust funds, pensions, IRA's, KEOGH or other retirement accounts?**

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> | <u>Interest Rate</u> | <u>Account #</u> |
|---------------|-------------------------|---------------|----------------------|------------------|
| _____         | _____                   | _____         | _____                | _____            |
| _____         | _____                   | _____         | _____                | _____            |

▪       ▪  
(EMC #10)

**3. Stocks, bonds or securities; real estate, rental property, land contracts/contract for deeds or other real estate holdings?**

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> | <u>Interest Rate</u> | <u>Account #</u> |
|---------------|-------------------------|---------------|----------------------|------------------|
| _____         | _____                   | _____         | _____                | _____            |
| _____         | _____                   | _____         | _____                | _____            |

▪       ▪  
(EMC #13)

**4. Cash on hand over \$500 (Monies not currently held in bank accounts) or a safe deposit box?**

Household Member: \_\_\_\_\_ Amount: \_\_\_\_\_

YES    NO  
▪       ▪  
(EMC #10)

**5. Personal property as an investment? (Attach appraisal)**  
(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques.)

| <u>Type</u> | <u>Household Member</u> | <u>Value</u> |
|-------------|-------------------------|--------------|
| _____       | _____                   | _____        |

▪  
(EMC #11)

6. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: \_\_\_\_\_ Amount: \_\_\_\_\_

Explanation: \_\_\_\_\_

**Student Information**

YES

NO

▪

▪

1. Are YOU or is ANYONE in your household (INCLUDING MINORS) currently a full or part-time college or trade school student, or planning to be one within the next 12 months? If yes, please list whom, circle status, and indicate the name of the college or trade school:

Name: \_\_\_\_\_ Status: Full or Part-time College/Trade School: \_\_\_\_\_

Name: \_\_\_\_\_ Status: Full or Part-time College/Trade School: \_\_\_\_\_

Name: \_\_\_\_\_ Status: Full or Part-time College/Trade School: \_\_\_\_\_

Name: \_\_\_\_\_ Status: Full or Part-time College/Trade School: \_\_\_\_\_

**IF Head of Household, Co-Head, or Spouse ANSWERED YES ABOVE AND IS FULL-TIME, CONTINUE WITH THE FOLLOWING QUESTIONS:**

*(You will need to provide verification of all items to which you answered YES.)*

YES

NO

▪

▪

a. Are you being claimed as a dependent by a third party?

▪

▪

b. Are you a single parent with child(ren) and neither you nor the child(ren) are dependents on anyone else's tax return?

▪

▪

c. Are you married and currently filing a joint tax return?

▪

▪

d. Are you receiving AFDC (Aid to Families with Dependent Children)?

▪

▪

e. Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local, county or state program?

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

All questions that were answered YES will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers where

**Information for Government Monitoring Purposes**

The following information is requested by the Federal Government in order to monitor compliance with fair housing laws. You are not required to furnish this information, but are encouraged to do so. Housing Visions may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, Housing Visions is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the following information, please initial below.

**Applicant:**

**Spouse/Co-Applicant:**

Race/National origin:

Race/National origin:

€ American Indian/ Alaskan Native

American Indian/Alaskan Native

€ Asian, Pacific Islander

Asian, Pacific Islander

€ Black

Black

€ Hispanic

Hispanic

€ White

White

€ Other (please specify) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Gender: Male Female

Gender: Male Female

I do not wish to furnish this information (Initial)

I do not wish to furnish this information (Initial)

**Signature Clauses**

I understand that management is relying on this information to prove my household's eligibility for the Low Income Housing Tax Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I authorize Housing Visions Unlimited, Inc./Cortland Housing Assistance Council, Inc. to obtain a credit bureau report. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Low Income Housing Tax Credit Program requirements.

**All ADULT household members must sign below:**

---

|                    |               |
|--------------------|---------------|
| _____<br>Signature | _____<br>Date |
| _____<br>Signature | _____<br>Date |
| _____<br>Signature | _____<br>Date |

**CORTLAND HOUSING ASSISTANCE COUNCIL, INC.  
36 TAYLOR STREET  
CORTLAND, NY 13045  
(607) 753-8271 Phone # - (607) 756-6267 Fax #**

**CORTLAND CROWN HOMES**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**I hereby give Cortland Housing Assistance Council, Inc./Housing Visions permission to request my criminal record from the Cortland County Sheriff's Department, in order to complete my housing application.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**