



*Commercial Residential Management*

**APPLICATION FOR RESIDENCY COVER LETTER**

<i>Property Name:</i>	
<i>Property Address:</i>	
<i>Phone Number:</i>	

**Dear Future Resident,**

Thank you for applying to live at PROPERTY. Please take a few minutes to review the instructions for completing and returning our application for residency. We hope to welcome you as a resident soon. If you have any questions or need assistance, please contact us at the phone number listed above—we're happy to help. All interested individuals have the right to complete and submit an application.

**FILLING OUT THE APPLICATION:**

- Each household must complete an application for residency to be added to the waitlist. Additional information regarding our community's eligibility requirements and resident selection can be provided by management upon request.
- When completing the application for residency packet, please fill it out in its entirety to the best of your knowledge and **do not leave any blank spaces**. If a question does not apply, write "No" or "None." **If you make a mistake, do not use white-out or pencil — please cross it out with a single line and initial next to the correction.**
- All adult household members must sign and date the application and any other applicable forms.
- If you need assistance completing the application, please call the phone number listed above - we are happy to help you.
- We provide reasonable accommodations for persons with disabilities completing our application documents or returning the application to us.
- We support the federal protections in Violence Against Women Act (VAWA) during application and residency. Please let us know if you would like more information regarding VAWA.
- You may deliver your completed, signed, and dated application personally, via mail, email, or fax to the property.
- Once your application is received, the Community Manager will review it to determine eligibility.
- Please note that incomplete applications are not eligible for placement on the waitlist. If any information is missing, you will receive a letter outlining the items needed to complete your application.
- Once your application is complete, you will be placed on the waitlist and will receive a letter confirming the date and time it was received, along with an estimated wait time.
- Once you have been contacted by the Community Manager and have accepted a unit, a background screening will be conducted. If you meet the screening criteria, you will be contacted to schedule an appointment to finalize your application within 48 hours.

- During this appointment, we will begin the certification process to verify all income, assets, and expenses (if applicable) to ensure you meet the financial qualifications to reside at our PROPERTY. **All household members must provide all required documentation.**

All adult household members must attend all interviews, as each individual will be required to sign documents. Please bring a valid photo ID, a birth certificate, and the original Social Security card for every household member.

**You will be asked to provide proof of income and assets for ALL household members.**

A final decision regarding eligibility cannot be made until we have all the above information, and it has been verified. Once you have passed all screening requirements and an apartment is available that meets your needs, you will be notified to start the move-in process.

#### **THE MOVE-IN:**

- Once we have all required documents and there is a unit that meets your needs, you will be provided with a move-in date for your new home.
- The full security deposit will be required at this time and must be paid in full prior to move-in.
- We will prorate your rent if your move-in date is after the 1st of the month.
- You will be required to sign a one-year lease, along with other necessary documents.
- On your move-in day, you will accompany the Community Manager to conduct a walk-through of your new home and receive your keys.

If you have any questions regarding completing the application please do not hesitate to call us.

Sincerely,

*Director of Compliance*



*Owner/Agent does not discriminate on the basis of disability status in the admission or access to or treatment or employment in, it federally assisted programs and activities.*

*The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing section 504 (24 CFR, part 8 dated June 2, 1988).*

*Attention 504 Coordinator, Section 504 Coordinator, 117 West Liberty Street, Suite 6, Rome, New York 13440 (315)337-1401*

# Application For Residency

PROPERTY NAME	<b>FOR OFFICE USE ONLY</b>
ADDRESS	NAME:
OFFICE: FAX: TTY - 711	DATE: TIME:

If you need a reasonable accommodation due to disability we can provide an alternative method for your application process upon your request. Please answer all questions and include all information requested. If a question does not pertain to you, please indicate N/A in the answer space. **FAILURE TO DO SO WILL RESULT IN THE APPLICATION BEING CONSIDERED INCOMPLETE AND THEREFORE WILL NOT BE PROCESSED.** Make certain you carefully read and understand all items before you submit this application. All information is confidential. Pets are only allowed in our senior citizen properties or for persons with disabilities who require a service / companion animal. Occupancy of a unit is contingent upon the current occupant vacating the unit. It is understood that this application and each prospective occupant is subject to approval and acceptance. Approval is based on, but not limited to, applicants demonstrating the ability to pay required rent and other criteria depending on the property program requirements. When approved and accepted, the applicant agrees to execute a lease before possession is given and to pay the first month's rent plus the required security deposit.

**PLEASE NOTE: ALL MEMBERS OF THE HOUSEHOLD 18 YEARS AND OLDER ARE REQUIRED TO COMPLETE AN APPLICATION FOR RESIDENCY.** All questions must be answered. Failure to answer all questions will result in delay in processing.

You have applied to live in an apartment governed by an Affordable Housing program. This program requires management to certify all income, assets, and household composition as part of determining your household's eligibility. Management must determine this prior to granting your eligibility and if such eligibility is granted, each year you remain in the unit. This check box gives Management/third party authorization to assist you in completing the forms necessary for your initial certification or annual certification.

## Applicant Information

DO YOU CURRENTLY HAVE A TRAVELING VOUCHER?

Yes  No IF YES, WHAT AGENCY IS IT FROM? \_\_\_\_\_

UNIT SIZE APPLYING FOR:  Studio  One Bedroom  Two Bedroom  Three Bedroom  Four Bedroom

NAME:	STATUS OF APPLICANT: <input type="checkbox"/> Head <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult
DATE OF BIRTH:	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to Disclose
MARITAL STATUS: <input type="checkbox"/> Single (never married) <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other	
MAIDEN or OTHER NAME (if applicable):	SPOUSE'S NAME (if applicable):
SOCIAL SECURITY NUMBER/TAX ID NUMBER:	
PHONE:	EMAIL:
DRIVER'S LICENSE NUMBER:	STATE OF ISSUE:

CURRENT ADDRESS:	HOMELESS?: <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY: STATE: ZIP CODE:	DATE OF MOVE IN:
RESIDENCY STATUS: <input type="checkbox"/> Live with Family <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (please explain):	
IF RENT, NAME OF LANDLORD:	
LANDLORD ADDRESS:	LEASE AGREEMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY: STATE: ZIP CODE:	IF YES, LEASE EXPIRATION DATE:
IF OWN, WHAT IS THE STATUS?: <input type="checkbox"/> Renting <input type="checkbox"/> Sold <input type="checkbox"/> Foreclosure <input type="checkbox"/> Other (please explain):	
REASON FOR MOVING:	

HAS ANY HOUSEHOLD MEMBER PREVIOUSLY RESIDED AT A CRM RENTAL MANAGEMENT, INC. PROPERTY?: <input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, PLEASE LIST NAME OF PROPERTY?
PLEASE LIST ALL STATES ANYONE IN HOUSEHOLD HAS LIVED (please include NY):
Please complete the following to help us identify which forms of advertisement or outreach we are using in accordance with our AFHMP that is working to reach our targeted areas.
HOW DID YOU HEAR ABOUT OUR COMMUNITY? (please describe):



# Household Composition

The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, sex, religion, age, disability, marital or familial status. USDA, Rural Development applicants may file any complaints of discrimination to USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD). Section 8 applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410.

**\*PLEASE WRITE THE REPRESENTATION NUMBER IN THE CORRESPONDING COLUMN BELOW.**

**\*This information is voluntary and is for statistical purposes and does not affect eligibility.**

**\*RACE SELECTIONS:** 1-White, 2-Black/African American, 3-American Indian/Alaskan Native, 4-Asian, 5-Other Pacific Islander, 6-Other, or N-Choose not to respond

**\*ETHNICITY SELECTIONS:** 7-Hispanic or Latino, 8-Not Hispanic or Latino, N-Choose not to respond

FULL NAME	RELATIONSHIP TO H.O.H.	DATE OF BIRTH	SOCIAL SECURITY NUMBER	GENDER (optional)	*RACE	*ETHNICITY
	Head of Household					

DO YOU HAVE FULL CUSTODY OF ALL OF THE CHILDREN LISTED ABOVE?:  Yes  No  Partial  Not Applicable

ABSENT PARENT FULL NAME:

PHONE NUMBER:

CURRENT ADDRESS:

CITY:

STATE:

ZIP CODE:

## STUDENT STATUS

WILL ALL HOUSEHOLD MEMBERS BE, OR HAVE THEY BEEN, FULL-TIME STUDENTS FOR AT LEAST (5) FIVE CALENDAR MONTHS DURING THE CURRENT OR UPCOMING CALENDAR YEAR AT AN EDUCATIONAL INSTITUTION WITH REGULAR FACULTY AND ENROLLED STUDENTS?:  Yes  No

WILL ANY HOUSEHOLD MEMBERS BECOME FULL-TIME STUDENTS IN THE NEXT (12) TWELVE MONTHS?:

Yes  No IF YES, PLEASE EXPLAIN: \_\_\_\_\_

## INCOME

**All Income Must Be Reported!** - Annual income is the total gross income anticipated to be received by all household members who will reside in the unit during the twelve (12) months following the effective date of move-in or any subsequent rent determination.

HOUSEHOLD NAME	SOURCE OF INCOME (name and address)	GROSS AMOUNT	FREQUENCY (monthly, weekly)
		\$	
		\$	
		\$	

HAS ANY HOUSEHOLD MEMBER FILED TAXES FOR THE LAST YEAR?:  Yes  No

IF YES, WHAT WAS THE FILING STATUS ON THE INCOME TAX RETURN?:

Single  Married Filing Jointly  Head of Household  Qualifying Widow(er) with D dependent

## CHILD SUPPORT

ARE YOU LEGALLY ENTITLED TO RECEIVED COURT ORDERED OR NON-COURT ORDERED SUPPORT?:  Yes  No

WHAT IS THE AMOUNT YOU ARE ENTITLED TO RECEIVE?: \$

HAVE YOU BEEN RECEIVING THE AMOUNT LISTED ABOVE IN CHILD SUPPORT?:  Yes  No

IF NO, WHAT IS THE AMOUNT YOU ACTUALLY RECEIVE?: \$



## Assets

List ALL assets and investments owned by ALL members of the household. Include all savings accounts, checking accounts, digital accounts (PayPal, Zelle, Venmo, Cash App, Chime, etc.) Keogh accounts, annuities, certificate of deposits, real estate owned (must provide full market value of all real estate owned), stocks, bonds and all other assets owned.

PLEASE USE A SEPARATE SHEET OF PAPER IF NECESSARY.

Checking  Savings  CD  Stock  Life Insurance  Funded Debit  Digital Account  Other

TOTAL VALUE OF ASSETS: \$

IF OTHER SELECTED ABOVE, PLEASE EXPLAIN:

HAVE YOU DISPOSED OF AN ASSET FOR LESS THAN "FAIR MARKET VALUE" WITHIN THE LAST (2) TWO YEARS?:  Yes  No

IF YES, PLEASE INDICATE THE DATE OF DISPOSAL:

VALUE OF DISPOSAL: \$

WHAT WAS SOLD OR CONVERTED TO CASH:

## ELDERLY/DISABLED HOUSEHOLD INFORMATION (ONLY IF QUALIFIED)

There is a deduction for every elderly/disabled household when calculating rent. An elderly household is one in which the head, co-head, or spouse is at least 62 years of age. A disabled household is one in which the head, co-head, or spouse is handicapped or disabled as defined by the agency providing subsidy.

A verification form will be sent to a medical professional; however, it will not request information about the nature of the disability.

WOULD YOU LIKE TO BE CONSIDERED FOR THE ELDERLY/DISABLED HOUSEHOLD ALLOWANCE?:  Yes  No

## ADDITIONAL INFORMATION

ARE YOU OR ANY OTHER ADULT HOUSEHOLD MEMBERS A VETERAN OF THE ARMED FORCES?:  Yes  No

DO YOU OR ANY HOUSEHOLD MEMBERS HAVE PETS?:  Yes  No

IF YES, PLEASE LIST: \_\_\_\_\_

HAVE ANY HOUSEHOLD MEMBER(S) EVER COMMITTED FRAUD IN A FEDERALLY-ASSISTED HOUSING PROGRAM OR BEEN REQUIRED TO REPAY FUNDS FOR KNOWINGLY MISREPRESENTING INFORMATION TO SUCH A PROGRAM?  Yes  No

IF YES, PLEASE EXPLAIN:

HAVE ANY HOUSEHOLD MEMBER(S) EVER BEEN EVICTED FROM A FEDERALLY-ASSISTED HOUSING UNIT FOR MANUFACTURING AND/OR DISTRIBUTING METHAMPHETAMINE IN THE HOME?  Yes  No

HAVE ANY HOUSEHOLD MEMBER(S) EVER BEEN CONVICTED OF A SEX-RELATED CRIME, OR ARE THEY CURRENTLY—OR HAVE THEY EVER BEEN—A REGISTERED SEX OFFENDER IN ANY STATE?  Yes  No

IF YES, PLEASE EXPLAIN:

## REASONABLE ACCOMMODATION INFORMATION

This information is voluntary. CRM Rental Management, Inc. is an affordable housing management company that provides low rent housing to eligible households, elderly households and single people. CRM is legally obligated to provide "reasonable accommodations" to applicants if they or any household member(s) have a disability or handicap. You may request a reasonable accommodation at any time during the application process or after admission. If you would prefer not to discuss your situation with management, that is your right.

DOES ANY MEMBER(S) HAVE SPECIAL HOUSING NEEDS WHICH REQUIRE ANY OF THE FOLLOWING (please check all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Separate Bedroom        | <input type="checkbox"/> Unit for Vision Impaired | <input type="checkbox"/> Unit for Hearing Impaired     |
| <input type="checkbox"/> Barrier-Free Unit       | <input type="checkbox"/> One-Level Unit           | <input type="checkbox"/> Bedroom/Bathroom on 1st Floor |
| <input type="checkbox"/> Live-In Aide            | <input type="checkbox"/> Service Animal           | <input type="checkbox"/> Ramp                          |
| <input type="checkbox"/> Other (please specify): |   |  |

I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

This property does not discriminate on the basis of disability in admission to, access to, treatment in, or employment within its federally-assisted programs or activities.

It is illegal to discriminate against any individual on the basis of race, color, creed, religion, sex, national origin, marital status, physical or mental disability, or any other protected characteristic. If you believe you have experienced discrimination, please contact CRM Rental Management, Inc. at (315) 337-1401.

**ALL ADULTS AGED 18 AND OLDER LISTED ON THE APPLICATION ARE REQUIRED TO SIGN THE APPLICATION AND ITS ATTACHMENTS AND PROVIDE VALID PHOTO IDENTIFICATION.**

I have received assistance in completing this application. (please initial): \_\_\_\_\_

I have reviewed all answers and confirm that they are true and correct:

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Co-Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Household Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Household Member Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Signature of Management Representative:

Date:

“Title 18, Section 1001 of the US 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 uses 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 number 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).”

ATTACHMENTS TO APPLICATION:

1. Application letter
2. HUD 92006 Emergency Contact Form, for HUD housing projects
3. Application attachments, as required, for applicable housing programs