

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

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.



Homes and Community Renewal

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.

Protections for Applicants

If you otherwise qualify for the rental housing or program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

You may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

_____ [Insert the project name, owner, or covered housing provider (acronym HP for purposes of this document)] may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from

further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic

violence, dating violence, sexual assault, or stalking, and a description of the incident.

The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.

- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you

fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property.

This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

For Additional Information

If you feel that they have been incorrectly denied your rights under VAWA, you should contact NYS Homes and Community Renewal (HCR) at (518-474-9583).

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

HCR has also created the HCR VAWA Local Services Provider List of local organizations, including housing and legal service providers, that support individuals who are or have been victims of domestic violence, available at

<https://hcr.ny.gov/system/files/documents/2018/11/hcrvawaresourcelist.pdf>

You may view a copy of HUD's final VAWA rule at

<https://www.federalregister.gov/documents/2016/12/06/2016-29213/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs-correction>.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

Attachment: Certification form HUD-5382