

Blue Cut Apartments

APPLICATION FOR HUD SECTION 811 PRAC HOUSING

Thank you for your applying for housing with Blue Cut Apartments.
This community provides housing for persons with a chronic mental illness as defined below.

SECTION I: INTRODUCTION

The Department of Housing and Urban Development regulations limit occupancy of this project to households where the head of household, spouse, co-head or sole member has a chronic mental illness impairment that meets all of the following criteria:

- A. Is expected to be of a long-continued and indefinite duration,
- B. Substantially impedes his or her ability to live independently, and
- C. Is of such a nature that such ability to live independently could be improved by more suitable housing conditions.

Blue Cut Apartments provides:

- * 4 - 2 bedroom apartments
- * 10 - 1 bedroom apartments and
- * 2 -1 bedroom handicapped accessible apartments specifically designed for persons with chronic mental illness disabilities as defined above.

SECTION II: 504 NON-DISCRIMINATION NOTICE

Blue Cut Apartments does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. In accordance with SECTION 504 of the Rehabilitation Act of 1973, Blue Cut Apartments hereby notifies the general public that:

No qualified individual with a disability shall, solely on the basis of that disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any Federally assisted program or activity administered by Blue Cut Apartments. It is the intention of Blue Cut Apartments to take reasonable, affirmative steps to increase access and opportunities for individuals with disabilities in all programs, services, and administrative operations.

SECTION III: SMOKE-FREE POLICY

Blue Cut Apartments is a smoke-free campus. Smoking is not prohibited anywhere in the building, including tenant's unit. Smoking is allowed in the outside designated area only

SECTION IV: TENANT SELECTION PLAN

Please be advised that our Tenant Selection Plan requires that we thoroughly screen all applicant household members to determine suitability for residency. See tenant selection plan for additional information.

We will perform the following screening tasks listed below:

- Previous Landlord Verifications
- Employment/Income Verifications
- Credit/Criminal History Verifications
- Income/Assets Verifications
- Sex Offender Registries
- Citizenship and/or Non-Citizen
- Home Visits (where applicable)

SECTION V: APPLICATION ASSISTANCE AND INFORMATION STATEMENT

If you have a vision, hearing, physical or other type of impairment that does not permit you to complete this application, please advise us of your needs or call us to schedule assistance. Assistance to ensure equal access to this Notice will be provided in a confidential manner and setting.

BLUE CUT APARTMENT PHONE NUMBER IS 315-787-0076
CALL BETWEEN THE HOURS OF 8:00 a.m. to 4:00 p.m. Monday through Friday.

**SECTION VI: VICTIMS OF DOMESTIC VIOLENCE,
DATING VIOLENCE OR STALKING**

If you or a member of your household is a victim of domestic violence, dating violence or stalking where such incidents may affect your application status or background screening review, please notify management for information regarding additional housing protections. You will be asked to complete a certification and provide documentation of circumstances.

Housing protections you may request include but are not limited to:

- * Request management not to contact certain entities listed in your application during your background screening check.
- * Discuss with management negative issues that may potentially arise in a background screening check that would be attributable to domestic violence, dating violence or stalking.
- * If applicant ineligibility is determined based on negative applicant history arising from domestic violence, dating violence or stalking, applicant household may request an application review based on mitigating circumstances.
- * You may provide alternative contact information to management if needed for your protection.
- * Management will provide you with forms HUD-5382 and HUD-5380 upon admission.

SECTION VII: GENERAL INSTRUCTIONS

Answering questions on this form:

Please do not leave any sections or questions on this application blank. If questions do not apply to you, enter "none" or "N/A" for those questions. We will verify your answers. **It is important to remember that falsification of any information on the application is grounds for automatic rejection.** Be sure to sign the application, certifying the accuracy and completeness of the information provided. Incomplete applications will be returned to you. Once you have completed the package, please return to:

**Blue Cut Apartments
Tenant Selection Office
612 West Washington Street
Geneva, NY 14456**

You will be placed on the waiting list according to the date and time the application was received in our office. When your application nears the top of the waiting list, you will be notified of an interview time. You will also be instructed to bring certain types of information to the interview in order to determine your eligibility for the housing program.

If you have any questions concerning the application package, please contact our office between the hours of 8:00 am and 4:00 pm, at 315-787-0076 and we will be glad to provide assistance. Information you provide will be treated as confidential by Management.

SECTION VIII: APPLICANT INFORMATION

PLEASE PRINT AND ANSWER EACH QUESTION COMPLETELY. DO NOT LEAVE ANY SECTIONS OR QUESTIONS BLANK.

IF QUESTIONS DO NOT APPLY TO YOU, ENTER "NONE" OR "N/A" FOR THOSE QUESTIONS.

A. HOUSEHOLD GENERAL INFORMATION

NAME (Head of Household): _____

PHONE# (____)-____-_____

BIRTHDATE: _____ AGE _____

SOCIAL SECURITY #: _____ BIRTH GENDER []M []F

EMAIL ADDRESS: _____

NAME (Household Member): _____

PHONE# (____)-____-_____

BIRTHDATE: _____ AGE _____

SOCIAL SECURITY #: _____ BIRTH GENDER []M []F

EMAIL ADDRESS: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____

NAME (Household Member): _____

PHONE# (____)-____-_____

BIRTHDATE: _____ AGE _____

SOCIAL SECURITY #: _____ BIRTH GENDER []M []F

EMAIL ADDRESS: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____

NAME (Household Member): _____

PHONE# (____) - ____ - _____

BIRTHDATE: _____ AGE _____

SOCIAL SECURITY #: _____ BIRTH GENDER []M []F

EMAIL ADDRESS: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____

YES NO

Do you pay out-of-pocket expenses for care or apparatus for a handicapped family member where that care or apparatus allows a family member to work?

YES NO

Is any household member enrolled as a student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential?

If yes, who?

YES NO

Are there any Live-In Care attendants who are part of the household?

YES NO

Do you have any household pets?

Breed: _____ Size: _____ Spay/Neutered: YES NO

Please list at least three (3) personal references (not including family members or previous landlords):

1. Name: _____ Telephone: _____

Address: _____ City: _____ St: _____ Zip: _____

2. Name: _____ Telephone: _____

Address: _____ City: _____ St: _____ Zip: _____

3. Name: _____ Telephone: _____

Address: _____ City: _____ St: _____ Zip: _____

B. HOUSING INFORMATION

What is your present living situation? RENT OWN OTHER

Do you live: alone with spouse with family other _____

Do you currently live in subsidized housing? YES NO

If you are currently subsidized, what agency provides that subsidy?

Please provide current and previous residential information for the past ten (10) years (list current residency information first). You must list your complete residential history for the last ten years, including landlord contact information where applicable. (If additional space is required, please use back side of form or attach another sheet):

1. NAME: _____
PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____
ZIP _____
DATES OF RESIDENCY: _____ to _____

2. NAME: _____
PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____
ZIP _____
DATES OF RESIDENCY: _____ to _____

3. NAME: _____
PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____
ZIP _____
DATES OF RESIDENCY: _____ to _____

4. NAME: _____
PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____
ZIP _____
DATES OF RESIDENCY: _____ to _____

Please list one address in every state you and each adult household member has ever lived in (Use back side of form or attach an additional sheet if additional space if needed):

1. Legal name while living at this address:

Address: _____ City: _____ County: _____ St: _____
Zip: _____

2. Legal name while living at this address:

Address: _____ City: _____ County: _____ St: _____
Zip: _____

3. Legal name while living at this address:

Address: _____ City: _____ County: _____ St: _____
Zip: _____

4. Legal name while living at this address:

Address: _____ City: _____ County: _____ St: _____
Zip: _____

Please answer the following questions considering each member of your household:

1. Has any member been evicted from a federally assisted property for drug-related criminal activity within the past three years? No ____ Yes ____ Whom _____
Explain _____

2. Does any household member currently use illegal drugs or abuse controlled drugs or alcohol? No ____ Yes ____ Whom _____
Explain _____

3. Has any household member been convicted of a felony? No ____ Yes ____ Whom _____
Explain _____

4. Is a household member on probation or parole? No ____ Yes ____ Whom _____
Explain _____

5. Is any household member listed as a registered sex offender in any state? No ____ Yes ____
Whom _____ Explain _____
Which state(s)? _____

6. Do you require any of the following?
__ Vision impaired unit __ Hearing impaired unit __ Mobility accessible unit

C. MEDICAL EXPENSE INFORMATION

Do you have Medicare Ins? []Yes []No Premium cost: \$ _____

Do you have Medicaid Ins? []Yes []No Spend-down: \$ _____

Do you have Supplemental Health Ins? []Yes []No Premium cost: \$ _____

Do you have Long Term Care Insurance Policy? []Yes []No Premium cost: \$ _____

What is your anticipated **out-of-pocket** medical expense for the next 12 months not covered by your insurance? \$ _____

D. MARKETING

How did you hear about us? Please give us the details in the space provided.

____ Word of Mouth

____ Agency: _____

____ Tenants

E. CERTIFICATION STATEMENT

I/we hereby certify that the information provided herein is accurate and complete to the best of my/our knowledge and may be used for the purpose of verification. I understand that this is not a contract and does not bind either party. I/we understand false information will constitute grounds for cancellation of this application or my/our lease if I/we should be housed. I/we also authorize Blue Cut Apartments to make inquiries as described above, to verify the information in this application.

Head of Household Signature Date

Co-Head/Spouse Signature Date

F. CONSENT TO RELEASE OF INFORMATION/RELEASE HOLD HARMLESS

By signing below, I consent to the release of information to Blue Cut Apartments, and their agents or employees, any information requested by them to verify and complete my application process for housing, or to maintain, administer or enforce their rules and policies. I also give any party contacted by Blue Cut Apartments full authorization to release to Blue Cut Apartments any information relating to my rental and/or credit history needed by Blue Cut Apartments to evaluate my application. I also release and hold harmless Blue Cut Apartments and all related entities, including project, sponsor or board, and any person or entity contacted by them from any and all liability related to or arising from the release of such information. I understand that previous or current income regarding me or my household, including other occupants, may be needed. Inquiries include, but are not limited to, the following:

*Identity and Marital Status * Residences and rental activity *Child Care Allowances
*Employment/Income/Assets *Medical Allowances *Criminal or Credit Records*

I understand and agree that Blue Cut Apartments may conduct computer-matching programs to verify the information supplied for my application. If a computer match is done, I understand that I have a right to notification of any negative information found and a chance to disprove that information. Blue Cut Apartments may, in the course of its duties, exchange information with Federal, state or local agencies, including but not limited to:

**State Employment Security Office of Personnel Mgt. *Social Security Agency
*Department of Defense *U.S. Postal Service *State Welfare
*Internal Revenue Service *Food Stamp Agencies*

A photocopy of this authorization is as good as the original. If I refuse to sign this authorization I understand my application may be denied.

Head of Household Signature
Date _____

Co-Head of Household Signature
Date _____

- Attached: OMB Control #2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.