Blue Cut Apartments

APPLICATION FOR HUD
SECTION 811 PRAC HOUSING

Thank you for 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:

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

Blue Cut Apartments provides:

- Four 2-bedroom apartments
- Ten 1-bedroom apartments and
- Two 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-5380 and HUD-5382 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
C/O Lakeview Health Services, Inc.
Tenant Selection Office
612 W 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.

Click box to clear fields.

Lakeview Health Services

This Section for Office Use Only

Date Received: _____ Time: _____ Expires on: _____

CRIM HX: _____ Denied CRIM HX: _____

Credit Score: _____ Neg Cr Hx: _____ Denied for Cr: _____

Rental Application

Return completed form to:

Blue Cut Apartments
C/O Lakeview Health Services, Inc.
612 W Washington St.
Geneva, NY 14456

Fax: 315-789-1540
Email: bluecut@lakeviewhs.org
Phone: 315-787-0076

Instructions: Answer ALL questions or check N/A. Incomplete applications will be returned. Print Clearly.

This application must be completed by the applicant. In the event assistance is required, please contact Property Management as the applicant will need to complete an affidavit stating why assistance was required (i.e., language barrier, physical disability, etc.), and who provided the assistance.

List each person who will reside in the unit. Do not include minors who will be present less than 50% of the time.

REQUESTED ACCOMMODATION

Do you require a handicap accessible apartment: ☐ Yes ☐ No

Type of accessible apartment required: ☐ Mobility Accessible

HOUSEHOLD INFORMATION:

HEAD OF HOUSEHOLD					
Name (First, MI, Last):				Date of Birth:	
Social Security #:		Age:		Have you ever used a different SS#:	☐ Yes ☐ No
Current Address:					
Home Phone:		Cell Phone:		Email:	
Are you currently a student?	☐ Yes ☐ No	Student Status:	☐ Full Time Student ☐ Part Time Student		
Have you been a student at any time during this calendar year?	☐ Yes ☐ No	Dates:			
Do you have plans to attend school in the next 12 months?	☐ Yes ☐ No	Dates:			
Gender assigned at Birth: ☐ Male ☐ Female					
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
Are there any Live-In Care attendants who are part of the household?					☐ Yes ☐ No
Do you have any household pets?					☐ Yes ☐ No
Breed:		Size:		Spay / Neutered	☐ Yes ☐ No

ALL OTHER PROPOSED OCCUPANTS:

	Name	Relationship to Head of Household	DOB	Age	Social Security Number	Gender Assigned at Birth	Student
1						☐ Male ☐ Female	☐ Yes ☐ No
2						☐ Male ☐ Female	☐ Yes ☐ No
3						☐ Male ☐ Female	☐ Yes ☐ No

	Phone Number	Email Address
Other Occupant 1		
Other Occupant 2		
Other Occupant 3		

THIS IS A SMOKE FREE FACILITY

EQUAL HOUSING OPPORTUNITY

➔ ADDITIONAL HOUSEHOLD INFORMATION

Please answer the following questions considering each member of your household. (Including head of household)	
Has any household member been evicted from a federally assisted property for drug-related criminal activity within the past three years?	☐ Yes ☐ No
If Yes, Whom:	
Explain:	
Does any household member currently use illegal drugs or abuse controlled drugs or alcohol?	☐ Yes ☐ No
If Yes, Whom:	
Explain:	
Has any household member been convicted of a felony?	☐ Yes ☐ No
If Yes, Whom:	
Explain:	
Is any household member on probation or parole?	☐ Yes ☐ No
If Yes, Whom:	
Explain:	
Is any household member legally required to be a registrant on the sex offender registry in any state?	☐ Yes ☐ No
If Yes, Whom:	
Explain:	
Which State(s):	
Has anyone listed on the application been convicted of producing methamphetamine in their home?	☐ Yes ☐ No
Has anyone listed on the application been convicted of using, dealing or manufacturing illegal drugs?	☐ Yes ☐ No
Has anyone listed on the application been convicted of causing harm to another person or property?	☐ Yes ☐ No

A criminal background check will be obtained. Please provide comments on potential negative findings:

➔ REFERENCES

	Personal Reference # 1	Personal Reference # 2
Name:		
Street Address:		
City, State, Zip:		
Phone Number:		
Relationship:		
Length of time known:		
Email Address:		

➔ RENTAL/RESIDENCE HISTORY (must provide information for the last five years)

	Current Residence	Immediate Past Residence	Prior Residence
Did you Rent or Own?	☐ Rented ☐ Owned	☐ Rented ☐ Owned	☐ Rented ☐ Owned
Dates of Residency:	-	-	-
Street Address:			
City:			
State & Zip:			
Landlord Name:			
Landlord Street Address:			
Landlord City, State & Zip:			
Landlord Phone Number:			
Landlord Email Address:			
Rent Amount:			
Reason for Leaving:			
Is/was rent paid in full?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Did you give notice?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No


➔ INCOME

	Head of Household:			Applicant # 2		
Type of Income	**Check One**	**Amount**	**Frequency**	**Check One**	**Amount**	**Frequency**
Monthly Gross Pension	☐ Yes ☐ No			☐ Yes ☐ No		
Monthly SSD, SSI, SSP	☐ Yes ☐ No			☐ Yes ☐ No		
Monthly Public Assistance	☐ Yes ☐ No			☐ Yes ☐ No		
Other Income:	☐ Yes ☐ No			☐ Yes ☐ No		

➔ EMPLOYMENT

Head of Household:			
Are you currently employed?	☐ Yes ☐ No	***If yes, complete the following:***	
Employer's Name:		Date Hired:	
Employer's Address:		Monthly Gross Income:	
Employer's Phone number:			
Employer's Email Address:			

➔ RENT STIPENDS

	Head of Household:		Applicant # 2	
Rent Subsidy /Stipend	**Check One**	**If YES – List Agency and County**	**Check One**	**If YES – List Agency and County**
Do you currently live in subsidized housing?	☐ Yes ☐ No		☐ Yes ☐ No	
Are you receiving a Rent Stipend?	☐ Yes ☐ No		☐ Yes ☐ No	

➔ ASSETS

	Head of Household:			Applicant # 2		
Type of Asset	**Check One**	**Name of Bank/Institution**	**Value**	**Check One**	**Name of Bank/Institution**	**Value**
Checking Account	☐ Yes ☐ No			☐ Yes ☐ No		
Savings Account	☐ Yes ☐ No			☐ Yes ☐ No		
Social Security Debit Card	☐ Yes ☐ No			☐ Yes ☐ No		
Cash on Hand	☐ Yes ☐ No			☐ Yes ☐ No		
Other Assets	☐ Yes ☐ No			☐ Yes ☐ No		

➔ MEDICAL EXPENSE

Do you have any Medicare Insurance?	☐ Yes ☐ No	**Premium Cost:**	$
Do you have any Medicaid Insurance?	☐ Yes ☐ No	**Spend Down:**	$
Do you have Supplemental Health Insurance?	☐ Yes ☐ No	**Premium Cost:**	$
Do you have a Long-Term Care Insurance Policy?	☐ Yes ☐ No	**Premium Cost:**	$
What is your anticipated **out-of-pocket** medical expenses for the next twelve months not covered by your insurance?			$

➔ ADDITIONAL INFORMATION

How did you hear about this apartment?	

➔ Agreement & Authorization Signature - All adult applicants, 18 or older, must sign this application

I certify that all information I have provided above is true and accurate to the best of my knowledge. I have revealed all assets currently held or previously disposed of in the last two years and I have no assets other than those listed on this form (except personal property). I understand that providing false statements or information is punishable by law and will lead to cancellation of my application or termination of tenancy after occupancy. I understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. All applicants must meet screening criteria, including income and asset verification, landlord and reference checks and credit and criminal checks. I understand that acceptance of my application does not guarantee rental of an apartment. I hereby give permission for Lakeview Health Services, Inc. to verify all of the information provided in this application including references and to obtain my consumer credit report and criminal background report. An individualized assessment will be completed for each applicant to determine their ability to pay rent. This assessment may or may not include using the applicant's credit report. Applicant has a right to review, contest and explain results of the credit check. Property Management staff will do an individualized assessment of the applicant if the criminal background check shows criminal convictions and/or pending arrests of crimes that relate to the behavior expected of a tenant which is to live peaceably alongside other tenants, and to respect their property. This assessment will examine multiple factors when considering the application. The applicant has a right to review, contest and explain the information contained in the criminal background check and present evidence of rehabilitation. My signature is my consent to obtain all such verifications.

Print Applicant # 1 Name	Applicant # 1 Signature	Date
Print Applicant # 2 Name	Applicant # 2 Signature	Date

FOR OFFICE USE ONLY

This application was reviewed with me at my screening interview on: _____.

- ☐ No update to the information on this application was required
- ☐ Updates to the information on this application were made on my Certification Interview Form

Print Applicant # 1 Name	Applicant # 1 Signature	Date
Print Applicant # 2 Name	Applicant # 2 Signature	Date

HUD Form 5380 – Housing Rights for Victims
HUD Form 5382 – Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking

NOTICE DISCLOSING TENANTS' RIGHTS TO REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES

Reasonable Accommodations

The New York State Human Rights Law requires housing providers to make reasonable accommodations or modifications to a building or living space to meet the needs of people with disabilities. For example, if you have a physical, mental, or medical impairment, you can ask your housing provider to make the common areas of your building accessible, or to change certain policies to meet your needs.

To request a reasonable accommodation, you should contact Property Management by calling 315-787-0076 or 318-789-5501 or my emailing: bluecut@lakeviewhs.org. You will need to inform your housing provider that you have a disability or health problem that interferes with your use of housing, and that your request for accommodation may be necessary to provide you equal access and opportunity to use and enjoy your housing or the amenities and services normally offered by your housing provider. A housing provider may request medical information, when necessary to support that there is a covered disability and that the need for the accommodation is disability related.

If you believe that you have been denied a reasonable accommodation for your disability, or that you were denied housing or retaliated against because you requested a reasonable accommodation, you can file a complaint with the New York State Division of Human Rights as described at the end of this notice.

Specifically, if you have a physical, mental, or medical impairment, you can request:[1]

Permission to change the interior of your housing unit to make it accessible (however, you are required to pay for these modifications, and in the case of a rental your housing provider may require that you restore the unit to its original condition when you move out); Changes to your housing provider's rules, policies, practices, or services; Changes to common areas of the building so you have an equal opportunity to use the building. The New York State Human Rights Law requires housing providers to pay for reasonable modifications to common use areas.

Examples of reasonable modifications and accommodations that may be requested under the New York State Human Rights Law include:

- If you have a mobility impairment, your housing provider may be required to provide you with a ramp or other reasonable means to permit you to enter and exit the building.
- If your healthcare provider provides documentation that having an animal will assist with your disability, you should be permitted to have the animal in your home despite a "no pet" rule.
- If you need grab bars in your bathroom, you can request permission to install them at your own expense. If your housing was built for first occupancy after March 13, 1991 and the walls need to be reinforced for grab bars, your housing provider must pay for that to be done.
- If you have an impairment that requires a parking space close to your unit, you can request your housing provider to provide you with that parking space, or place you at the top of a waiting list if no adjacent spot is available.
- If you have a visual impairment and require printed notices in an alternative format such as large print font, or need notices to be made available to you electronically, you can request that accommodation from your landlord.

1- This Notice provides information about your rights under the New York State Human Rights Law, which applies to persons residing anywhere in New York State. Local laws may provide protections in addition to those described in this Notice, but local laws cannot decrease your protections.

Required Accessibility Standards

All buildings constructed for use after March 13, 1991, are required to meet the following standards:
Public and common areas must be readily accessible to and usable by persons with disabilities;
All doors must be sufficiently wide to allow passage by persons in wheelchairs; and
All multi-family buildings must contain accessible passageways, fixtures, outlets, thermostats, bathrooms, and kitchens.

If you believe that your building does not meet the required accessibility standards, you can file a complaint with the New York State Division of Human Rights.

How to File a Complaint

A complaint must be filed with the Division within one year of the alleged discriminatory act or in court within three years of the alleged discriminatory act. You can find more information on your rights, and on the procedures for filing a complaint, by going to www.dhr.ny.gov, or by calling 1-888- 392-3644. You can obtain a complaint form on the website, or one can be e-mailed or mailed to you. You can also call or e-mail a Division regional office. The regional offices are listed on the website

_____

1- This Notice provides information about your rights under the New York State Human Rights Law, which applies to persons residing anywhere in New York State. Local laws may provide protections in addition to those described in this Notice, but local laws cannot decrease your protections.

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 releases 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 Martial 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 Personal Management
- 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)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

Signature of Applicant **Date**