



URBAN LEAGUE OF ROCHESTER ECONOMIC DEVELOPMENT CORPORATION

312 State Street, Rochester, New York 14608 tel: (585) 454-5710 fax: (585) 697-1185

**Thank you for your interest in an
Urban League of Rochester Economic Development Corporation Managed Apartment Community**

Please check by the apartment community in which you wish to live:

HOUSING TAX CREDITS FOR INDIVIDUALS/FAMILIES

BROOKS VILLAGE APARTMENTS
750 GENESEE STREET
ROCHESTER, NY 14611

AKELEY MANOR APARTMENTS
17179 FOURTH SECTION ROAD
HOLLEY, NY 14470

HUD 811 FOR INDIVIDUALS/FAMILIES WITH DEVELOPMENTAL AND/OR PHYSICAL DISABILITIES

BLOSSOM VILLAGE APARTMENTS
1275 BLOSSOM ROAD
ROCHESTER, NY 14610

KENWOOD APARTMENTS
240 ARNETT BLVD
ROCHESTER, NY 14619

THURSTON ROAD APARTMENTS
90 THURSTON ROAD
ROCHESTER, NY 14619

CORN HILL APARTMENTS (SUPERVISED LIVING-ARC)
570 CLARISSA STREET
ROCHESTER, NY 14608

HUD 202 FOR SENIORS

BUTTERFLY FIELDS APARTMENTS
2241 WEST HENRIETTA ROAD
ROCHESTER, NY 14623

GOOSE LANDING APARTMENTS
4885 EAST RIVER ROAD
W. HENRIETTA, NY 14586

Return completed application to: ULREDC 312 State Street, Rochester NY 14608. All applicants over 18 years of age are subject to a \$15.00 credit check fee and a \$5.00 criminal/background records check fee. Fees may be collected at time of applicant interview. Failure to pay fees may result in denial of housing opportunity. Applicants will need to provide copies of required confliction documents, social security cards and birth certificates for all household members before occupancy.



William G. Clark
President/Chief Executive Officer



Carolyn Vitale
Vice President/Chief Operating Officer





URBAN LEAGUE OF ROCHESTER ECONOMIC DEVELOPMENT CORPORATION

312 State Street, Rochester, New York 14608 tel: (585) 454-5710 fax: (585) 697-1185

Thank you for your interest in an Urban League of Rochester Economic Development Corporation managed apartment community.

The success of our apartments is in the community we build. This community is not only comprised of the residents and the landlord, but includes caseworkers, aides, friends and family, and all others interested in the well being and safety of the residents.

The following documents must be returned with the application to make it complete:

- W-2's (Most recent year)
- Birth Certificate
- Social Security Card
- Documentation of Developmental Disability (FLDDSO) and/or physical disability if applying for our HUD811
- Current Credit Report

(\$15.00 CHECK OR MONEY ORDER MADE OUT TO: ULREDC, 312 STATE STREET, ROCHESTER NY 14608)

All assets and incomes will need to be documented to verify household meets program criteria. You will need to provide the following information upon request or at the time of your interview:

- Sources of Income, Assets, Retirement accounts, stocks/bonds, etc
- Any recurring medical expenses, those NOT covered by the medical insurance provider

To ensure the safety of our residents, a criminal background check will be run on all applicants over 18 years of age.

For our **MONROE COUNTY** applicants this report will be run through a contracted service at the ULREDC office.

For our **ORLEANS COUNTY** applicants, a copy of the Sheriffs report is included in this application packet. You must take the form to the Orleans County Sheriffs Department to have it completed (\$5.00 fee) and then mailed to **ULREDC, 312 STATE STREET, ROCHESTER NY 14608**.

If the applicant has a good rental and rent payment history and has had no criminal activity in the past 15 years, they will be invited to an admission interview and/or placed on our waiting list. Applications remain on the waiting list for a year.

ULREDC respects an individuals desire to live independently in a safe and affordable environment. Our properties are independent living communities. ULREDC does **NOT** offer supervision and support services but can make referrals to our Community Partners.

William G. Clark
President/Chief Executive Officer



Carolyn Vitale
Vice President/Chief Operating Officer

Date _____
Time _____
<i>For office use only</i>

ULREDC

Applicant Questionnaire

Return Completed application to: ULREDC, 312 State Street, Rochester, NY 14608

Household Information

List all household members that will be living in this apartment.

Name First, Middle, Last	Relationship Head of Household	M/F	Social Security Number	Birth Date Month, Date, Year

Current Address: _____

Daytime Phone: _____ **Evening Phone:** _____

Vehicle Information

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the following 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 authorize my consent to have management verify the information contained in this application for purposes of providing my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

All ADULT household members must sign below:

_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date

History

- Yes No
 Have you or anyone else named on this application filed for bankruptcy?
Explanation: _____
- Do you or anyone else named on this application have a Police/Criminal record?
Explanation: _____
- Have you or anyone else named on this application been evicted from a rental unit?
Explanation: _____

Housing References

List the past 15 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>
Name: _____ Address: _____ Phone: _____	_____ _____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
Name: _____ Address: _____ Phone: _____	_____ _____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
Name: _____ Address: _____ Phone: _____	_____ _____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
Name: _____ Address: _____ Phone: _____	_____ _____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____

Emergency Contact

Name: _____
Address: _____
Phone: _____ Relationship: _____ Years Known _____

Name: _____
Address: _____
Phone: _____ Relationship: _____ Years Known _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

<u>Yes</u>	<u>No</u>			
<input type="checkbox"/>	<input type="checkbox"/>	Employment / Self Employment wages or salaries?		
		<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<u>Yes</u>	<u>No</u>			
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment benefits or workman's compensation?		
		<u>Household Member</u>	<u>Caseworker</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<u>Yes</u>	<u>No</u>			
<input type="checkbox"/>	<input type="checkbox"/>	Public Assistance, General Relief or Temporary Assistance for Needy Families (TANF)?		
		<u>Household Member</u>	<u>Caseworker</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<u>Yes</u>	<u>No</u>			
<input type="checkbox"/>	<input type="checkbox"/>	Social Security, SSI, SSD, Veterans Benefits, Pensions, Retirements, Annuities?		
		<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<u>Yes</u>	<u>No</u>			
<input type="checkbox"/>	<input type="checkbox"/>	Regular payments from a severance package, Settlements?		
		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<u>Yes</u>	<u>No</u>			
<input type="checkbox"/>	<input type="checkbox"/>	Regular payments from rental property or other types of real estate transaction?		
		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<u>Yes</u>	<u>No</u>			
<input type="checkbox"/>	<input type="checkbox"/>	Any other income sources or types not listed such as child support, gifts?		
		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

Asset Information

Do YOU or ANYONE in your household hold:

Yes No
 Checking or Savings account?
Household Member Financial Institute Amount

Yes No
 CDs, money market accounts, Stocks, Bonds or Treasury Bills, Trust Funds?
Household Member Financial Institute Amount

Yes No
 Pensions, IRAs, Keogh, Life Insurance or other retirement accounts?
Household Member Account Amount

Yes No
 Real estate, rental property, land contracts/contract for deeds or other real estate holdings?
Household Member Item Value

Yes No
 Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?
Household Member _____ Amount _____
Explanation: _____

Applicant Status

Yes No
 Are you or any other household members (INCLUDING MINORS) currently a full time student or expect to be one in the next 12 months?
Household Member(s): _____

Yes No
 We have apartments for individual with disabilities; do you want to be considered for one of these units?
Explain: _____

Yes No
 Will household be receiving Section 8 rental assistance at time of move-in or within 12 months?
Name of Agency: _____
Contact Person: _____

Yes No
 Conflict of Interest: Are you an Employee of ULR/ULREDC, Related or affiliated to an employee or Board Member?
Name of person/relationship: _____