

PUSH Buffalo, Inc.
429 Plymouth Ave.
Buffalo, New York 14213
Telephone: (716) 884-0356 ext. 209 Fax: (716) 881-0191
E-mail: propertymgmt@pushbuffalo.org



Return Completed Application to:
PUSH Buffalo
429 Plymouth Ave., Suite 1
Buffalo, York 14213
Attn: Property Management
Open Office Hours- Mon. to Fri. (9 AM - 4 PM)



Applicants must call status of application office to verify status of application.

To be added to our tenant waiting list this application must be filled out in its entirety and returned to Property Management.

1. HOUSEHOLD INFORMATION

Please circle # of bedrooms applying for: 1 2 3 4

List all household members, including yourself, that are applying to live with you in the apartment

Name of Household Member		Soc. Sec #	Race and Ethnicity	Date of Birth
Household Head				

2. CURRENT ADDRESS

Street Name and Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ e-mail address _____ Length of Time There _____

Current Landlord _____ Landlord Address _____ Landlord Telephone Number _____

3. PREVIOUS LIVING HISTORY

Address	Landlord Name or Mortgagee	Own/Rent	Dates
		Own Rent	From: To:
	Telephone #:		

Address	Landlord Name or Mortgagee	Own/Rent	Dates
		Own Rent	From: To:
	Telephone #:		

Yes No

Are you currently receiving any kind of rental assistance? If yes; Agent: _____
Organization: _____ Phone: _____

4. PERSONAL REFERENCES: If you have no landlord history, please provide the names of at least two individuals who can verify your ability to live by the conditions of a lease. (example: clergy, employer)

Reference	Relationship to You	How Long Known
Name:		
Address:		
Phone:	E-Mail:	

Reference	Relationship to You	How Long Known
Name:		
Address:		
Phone:	E-Mail:	

INCOME INFORMATION *Income is counted for all household members over the age of 18 as well as emancipated minors. Unearned income of household members under the age of 18 is also counted. Do you or Any one listed on the application receive income from the following source:*

- | YES | NO | |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Is the Head of Household 18 or older? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you or any household member used a name or social security number other than the one listed on this application? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you expect any additions to the household within the next 12 months?
Name & Relationship: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is there anyone currently living with you that you do not expect to move with you to the apartment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Are there any absent household members who normally would live with you?
(For example, a household member in the military) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Does anyone in your household have any pets other than those used as service animals? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you or anyone on the application filed for bankruptcy in the last 2 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you or anyone listed on the application been convicted of a felony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you or anyone listed on the application been arrested for any type of violent crime, including domestic violence? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Have you or any member of the applicant household been convicted of production of methamphetamines in the home? |

Explain: _____

- | | | |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you or anyone listed on the application moved in violation of a lease with owner? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Are you currently receiving any type of government housing subsidy, including Section 8? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Are you or any member of the applicant household subject to lifetime registration as a sex offender registry? |

5. APPLICANT STATUS

YES NO

1. Employment

Household Member	Company Name	\$ per hour	# of Hours	Week	Year

2. Unemployment or Worker's Compensation

Household Member: _____ Amount/week: \$ _____
 _____ \$ _____

3. Regular Severance Pay Payments

Household Member: _____ \$ _____
 _____ \$ _____

4. Self-Employment

Household Member: _____ Amount/week: \$ _____
 _____ \$ _____

5. Regular Pay as a Member of the Armed Forces

Household Member: _____ Amount / \$ _____
 _____ Amount/ \$ _____

6. Public Assistance (TANF)

Household Member _____ Amount: \$ _____

7. Alimony

Amount: \$ _____

8. Child Support

Amount: \$ _____

How is the support received?

- Child Support Enforcement Agency
- Directly from Individual
- Other

Name of Agency:	_____
Name of Individual	_____
Name/Agency:	_____

9. Social Security, SSI, Social Security Disability, VA Pension

Amount: \$ _____

10. Regular Pension/Retirement Benefit/ Annuity Payments

Amount \$ _____

11. Regular Payments from a Settlement
 (e.g.: insurance settlement)

Amount \$ _____

12. Regular Gifts /Payments from anyone outside the household
 (Includes payments of bills made on applicant's behalf)

Amount \$ _____

13. Regular Payments from Lottery or Inheritances

Amount \$ _____

14. Regular Payments from Rental Property/Other Real Estate

Amount \$ _____

15. Any Other Income Sources or Types Not Listed Source: _____

\$ _____

16. Do you or any other household member expect any changes in your income in the next 12 months? Explain: _____

6. ASSET INFORMATION: Include all assets held by all household members including minors. **Do you or any household member have any of the following assets**

YES NO

Checking/Savings Account		Checking			Savings	
Name of Bank	Account #	Current Balance	% Interest	6 Mos. Avg. Balance	Current Balance	% Interest

CD's, Money Market Accts, or Treasury Bills				
Financial Institution	Type of Account	Account #	Balance	% Interest

Stocks, Bonds or Securities				
Financial Institution	Type of Account	Account #	Current Value	Dividend/% Interest

Trust Funds or Life Insurance Policy				
Financial Institution	Type of Account	Account #	Current Value	% Interest

Pensions, IRA's, Keogh or other Retirement Accounts				
Financial Institution	Type of Account	Account #	Current Value	% Interest

Real Estate (including home, land, rental property, commercial property, other real estate)		
Type of Real Estate	Value of Real Estate	% of Ownership

Personal Property Held as an Investment	
Type of Property	Value of Property:

Safe Deposit Box	
Contents	Value of Contents

Cash on Hand (list only if over \$500 in value)	
Amount:	

7. OTHER

YES NO

Are you applying for an apartment with special handicapped design features?

Will you or any ADULT household member require a live-in aide?

8. CERTIFICATION:

I/WE CERTIFY THAT THIS WILL BE MY/OUR PERMANENT RESIDENCE. I/WE UNDERSTAND I/WE MUST PAY A SECURITY DEPOSIT FOR THIS APARTMENT PRIOR TO OCCUPANCY. I/WE UNDERSTAND THAT THE SECURITY DEPOSIT WILL BE EQUAL TO ONE MONTH'S RENT. I/WE FURTHER UNDERSTAND THAT FAILURE TO GIVE A PROPER 30 DAYS NOTICE WILL RESULT IN LOSS OF SECURITY DEPOSIT. I/WE UNDERSTAND THAT MY/OUR ELIGIBILITY FOR HOUSING WILL BE BASED ON APPLICABLE INCOME LIMITS AND BY MANAGEMENT'S SELECTION CRITERIA. I/WE CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND I/WE UNDERSTAND THAT PROVIDING FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY AFTER OCCUPANCY. **ALL ADULT APPLICANTS, 18 OR OLDER, MUST SIGN THIS APPLICATION. I/WE HEREBY GIVE PERMISSION to PUSH BUFFALO TO VERIFY ALL OF THE ABOVE INFORMATION AND REFERENCES, AND TO OBTAIN MY/OUR CONSUMER CREDIT REPORT AND CRIMINAL BACKGROUND REPORTS.**

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

ACCEPTANCE OF THIS APPLICATION DOES NOT GUARANTEE RENTAL OF AN APARTMENT. ALL APPLICANTS MUST MEET SCREENING CRITERIA, INCLUDING LANDLORD, CREDIT AND CRIMINAL CHECKS WHICH IS AUTHORIZED BY THE ABOVE SIGNED PARTIES. CHANGES IN FAMILY INCOME, SIZE, AND ADDRESS MUST BE REPORTED PROMPTLY TO MANAGEMENT. A MINIMUM ONE YEAR LEASE IS REQUIRED.

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 employee of HUD or owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of information collected based on this verification is restricted to the purpose 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 \$5000. 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).

Date Reviewed: _____ Staff Initials: _____
Follow-Up Required: _____
Phone Call / Letter Sent: _____
Required Materials Received Date: _____
File Complete: _____

