



101 Quill Avenue  
 Auburn, New York 13021  
 Phone: 315-252-0931 | Fax: 315-282-7291  
 Office Hours:  
 Monday - Wednesday & Friday | 9:00 a.m. - 3:30 p.m.  
[www.homeleasing.net](http://www.homeleasing.net)

For adults ages 18+, a 150 unit Townhome family-oriented community nestled on 17 acres within the city of Auburn. We offer 1, 2 and 3 bedroom apartments with select one-bedroom handicap accessible and Project-based voucher units available.

**Town Home Amenities Include:**

- Pet Friendly (2 pet maximum, restrictions apply)
- Private Entrance & Patios
- Electric Stoves
- Refrigerators
- Large Closets
- Wall-to-Wall Carpeting & linoleum wood flooring
- Full Basement
- Washer & Dryer Hookups
- On-site Laundry Room
- Community Room
- Playground
- Ample Parking
- 24-Hour Maintenance
- On-Site Management Office
- Located on Local Bus Line

**Included in Rent:**

Water, Sewer, Trash (Gas & Electric not included), 24-hour Maintenance

**Low Income Housing Tax Credit Eligibility Guidelines:**

| Family Size<br>(# of people moving in) | 2018 Income Limit<br>50% or below Area Median Income<br>(AMI)<br><i>(Your gross income and assets equal)</i> | 2018<br>Income Limit<br>60% or below Area Median<br>Income (AMI)<br><i>(Your gross income and assets equal)</i> |
|--|--|---|
| 1 person                               | \$ 24,050 and under  | \$ 24,051 - 28,860  |
| 2 people                               | \$ 27,500 and under  | \$ 27,501 - 33,000  |
| 3 people                               | \$ 30,950 and under  | \$ 30,951 - 37,140  |
| 4 people                               | \$ 34,350 and under  | \$ 34,351 - 41,220  |
| 5 people                               | \$ 37,100 and under  | \$ 37,101 - 44,520  |
| Etc...                                 | ...  | ...   |

**To Apply:**

All adults 18+ yrs. must provide the following with a completed application:

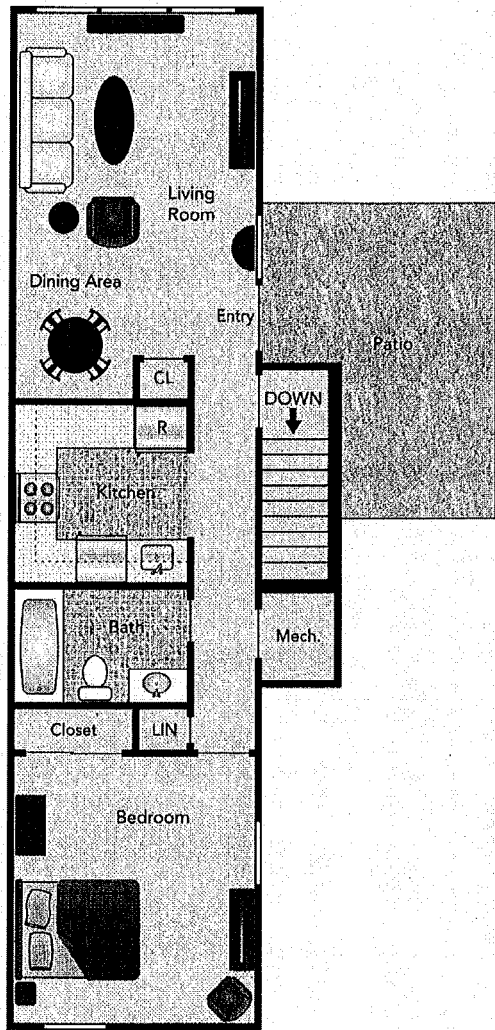
- Driver's License or other valid Government-issued ID
- Social Security Card
- Birth Certificate

\*\* Please note that Income Limits are subject to change

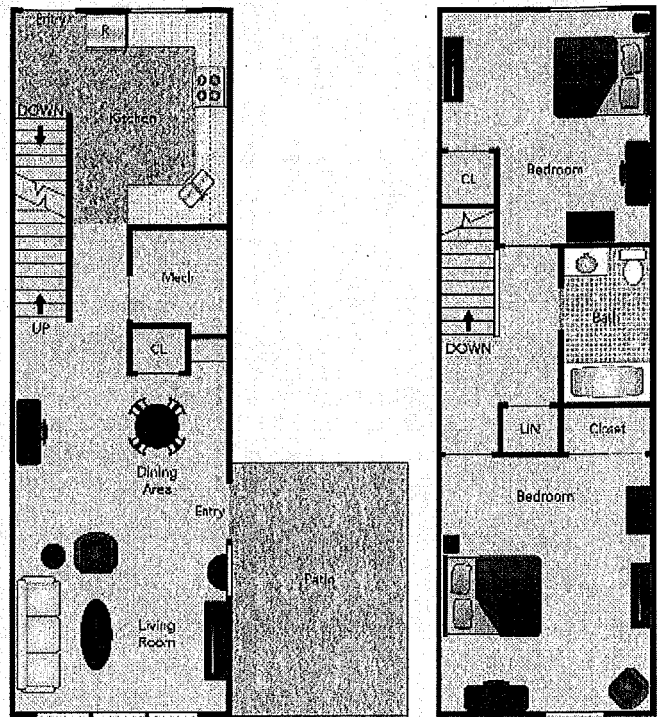
\*\*\* The City of Auburn Housing Authority must be contacted to secure PBV units

\*\*\*\* A \$300.00 Pet Deposit is required for Cats & Dogs due at lease signing and is subject to change without notice. A limit of two pets per household. Restrictions apply.

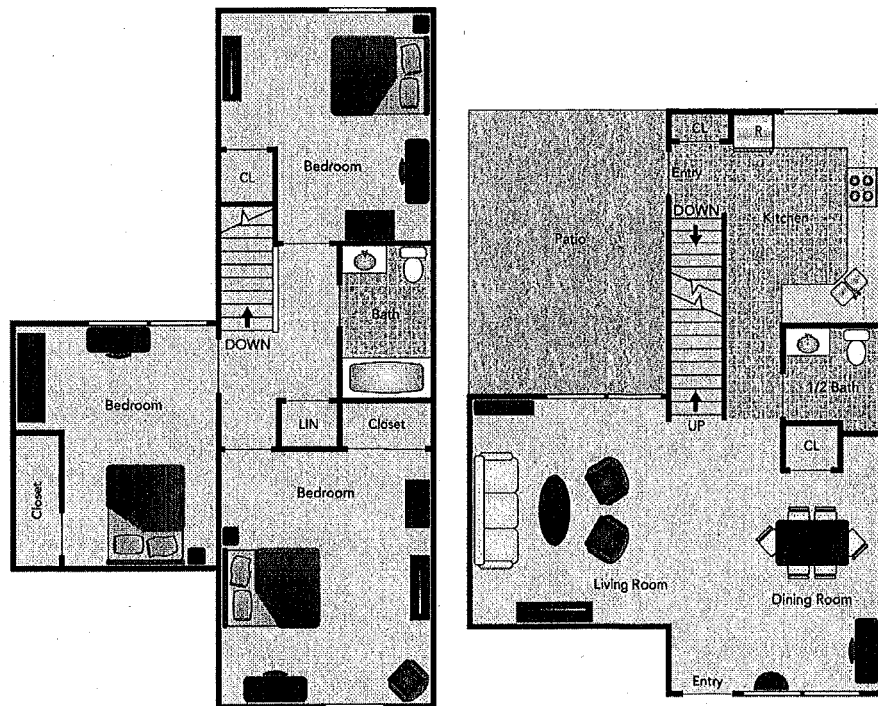




*One Bedroom Floor Plan*



*Two Bedroom Floor Plan (minimum 2 pp)*



*Three Bedroom Floor Plan (minimum 3 pp)*



# APPLICATION FOR ADMISSION



EQUAL HOUSING OPPORTUNITY  
HANDICAPPED ACCESSIBLE

PLEASE PRINT ALL INFORMATION

NAME \_\_\_\_\_ DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

How long have you resided here? (From) \_\_\_\_\_ to \_\_\_\_\_ Reason for moving? \_\_\_\_\_

Previous Address: \_\_\_\_\_

How long did you reside there? (From) \_\_\_\_\_ to \_\_\_\_\_ Reason for moving? \_\_\_\_\_

NAME OF YOUR PRESENT LANDLORD: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

ADDRESS OF YOUR PRESENT LANDLORD: \_\_\_\_\_

List ALL persons who will live in the apartment. List Head of Household first:

| NAME | RELATIONSHIP      | AGE | BIRTH DATE | SOCIAL SECURITY NUMBER |
|------|-------------------|-----|------------|------------------------|
|      | Head of Household |     |            |                        |
|      |                   |     |            |                        |
|      |                   |     |            |                        |
|      |                   |     |            |                        |
|      |                   |     |            |                        |
|      |                   |     |            |                        |

## INCOME & ASSET INFORMATION

TYPE OF INCOME

GROSS MONTHLY AMOUNTS

TYPE OF ASSET

TOTAL VALUE

|                      | HEAD | CO-HEAD |
|----------------------|------|---------|
| Wages                | \$   | \$      |
| Unemployment         | \$   | \$      |
| Social Security      | \$   | \$      |
| Public Assistance    | \$   | \$      |
| Pensions/Annuity     | \$   | \$      |
| Disability/SSI       | \$   | \$      |
| Child Support        | \$   | \$      |
| Section 8 Assistance | \$   | \$      |

|                          | HEAD | CO-HEAD |
|--------------------------|------|---------|
| Savings Account          | \$   | \$      |
| Checking Account (s)     | \$   | \$      |
| Certificates of Deposits | \$   | \$      |
| Stocks & Bonds           | \$   | \$      |
| Real Property            | \$   | \$      |
| Cash                     | \$   | \$      |
| Alimony                  | \$   | \$      |
| Other                    | \$   | \$      |

**Special Requirements** (Note that special requirements may extend your wait)

**Veterans Admission Preference** Yes \_\_\_ No \_\_\_

If head or co-head is an honorably discharged veteran of the US Armed Services or such veteran's spouse, who served on active duty and resides in NYS, check box and attach form DD-214 for determination of eligibility for admission preference

Have you or any member of the household ever been convicted of a felony? Yes No

If yes explain: \_\_\_\_\_

Are any members of the household subject to a lifetime sex offender registration requirement in any state? Yes \_\_\_ No \_\_\_

Your signature(s) below serves as written permission for Oak Creek Town Homes to obtain a Consumer Report (credit history) and previous landlord references. Oak Creek Town Homes may obtain credit information from other sources and may exchange credit information with consumer reporting agencies. The applicant(s) affirms that all information in this application is true and complete. The applicant(s) also understands that a personal interview must be held, and assets and income verified and approved. All information received is confidential. This application creates no obligation for the Landlord or applicant. After the application process is approved, a security deposit must be made and a lease agreement signed by both applicants. If accepted, Applicant(s) certify this apartment will be their sole residence. The undersigned makes the foregoing representation knowing that if any of such proves false, Oak Creek Town Homes may cancel and annul any lease given in reliance upon such information.

I am aware of my right to access the following documents: HUD Notice of Occupancy Rights Under the Violence Against Women Act (<https://portal.hud.gov/hudportal/documents/huddoc?id=5380.docx>) and HCR New Anti-Discrimination Guidance Affecting People with Criminal Histories (<http://www.nyshcr.org/AboutUs/Offices/FairHousing/info-for-housing-applicants.pdf>). Paper copies are available upon request, please contact the Community Leasing Office.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If a portion or all of the application is completed by someone other than the applicant, the following statement must be completed.**

I/We have completed all or part of this application at the request of the applicant(s):

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

**Office Use Only:**

|                        |                     |
|------------------------|---------------------|
| Date Received _____    | Time Received _____ |
| Identification # _____ |                     |
| Mgr. Comments _____    |                     |

**PLEASE RETURN THIS FORM TO:**

**Oak Creek Town Homes – Rental Office**  
101 Quill Ave, Auburn, NY 13021  
Phone: (315) 252-0931  
Fax: (315) 282-7291

# AUBURN HOUSING AUTHORITY

20 THORNTON AVENUE, AUBURN, NEW YORK 13021  
(315) 253-6249 FAX (315) 252-0399 TDD (315) 255-2752

**To apply for Project-Based Voucher Assistance at Oak Creek Town Homes, please review the information below, check the box and sign at the bottom of the page, sign the Signature Clauses page and sign the Debts Owed to Public Housing Agencies and Terminations form (side 2).**

## Project Based Voucher (PBV) Assistance Information & Forms

A Project-Based Voucher (PBV) is Section 8 rental assistance that is attached to your apartment. If you are approved for this assistance, you will pay 30% of income toward rent (unless you have Public Assistance, then you will pay the state mandated PA rent). Through the PBV Program, Auburn Housing Authority will pay the difference between your portion of rent and the actual contract rent charged.

In order to qualify for PBV rental assistance at Oak Creek your family's annual gross income must be at or below 50% of the local Area Median Income (AMI). Income limits are as follows:

| 1 PERSON | 2 PERSON | 3 PERSON | 4 PERSON | 5 PERSON | 6 PERSON | 7 PERSON | 8 PERSON |
|----------|----------|----------|----------|----------|----------|----------|----------|
| \$24,050 | \$27,500 | \$30,950 | \$34,350 | \$37,100 | \$39,850 | \$42,600 | \$45,350 |

You may want to consider applying for Project- Based Voucher Program rental assistance at Oak Creek because:

1. If you are eligible, you will always pay only **30%** of your adjusted monthly income towards rent. (If your household income changes during your tenancy, it must be reported and your *rent portion* will be adjusted to reflect the change.)
2. Oak Creek apartments have had many recent updates. Renovations include new energy efficient windows, fresh multi-colored siding, energy efficient furnaces, semi-enclosed staircases, efficient refrigerators, kitchen counter tops, sinks, and refinished cabinetry.
3. After one year, you will be eligible for a tenant-based voucher when one becomes available, which may be utilized anywhere in the private rental market.
4. If you are currently paying more than 30% of your income and you don't anticipate any changes in your household income or composition, a PBV will be very beneficial to you.

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I understand that I am applying for subsidized housing and that my Oak Creek Town Homes application will be shared with Auburn Housing Authority for the purpose of determining my eligibility for the program. I also understand that if my application for housing is **not** approved, I will not be eligible for Project-Based Voucher Assistance at Oak Creek.

Yes, I want to apply for Project Based Voucher Assistance at Oak Creek Town Homes.

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Applicant Signature

Date

# AUBURN HOUSING AUTHORITY

20 THORNTON AVENUE, AUBURN, NEW YORK 13021

(315) 253-6249 FAX (315) 252-0399 TDD (315) 255-2752

## Signature Clauses:

I authorize and direct Auburn Housing Authority, Oak Creek Townhomes & Home Leasing, to release to one another any information or documentation needed to complete and verify my application for participation and/or to maintain my continued assistance.

I understand that Auburn Housing Authority is relying on this information to prove my household's eligibility for the Project-Based Voucher Program. I certify that all information and answers to the application 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 also understand that such action may result in criminal penalties.

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 authorize the Auburn Housing Authority and/or its designee to obtain a credit bureau report and criminal report. I authorize and direct my Federal, State, or local agency, organization, business, landlord, employer, or individual to release to Auburn Housing Authority any information or documentation needed to complete and verify my application for participation and/or to maintain my continued assistance. I give my consent for the releases also for the minor children in my care. I understand that my assistance is contingent on meeting requirements for the Project-Based Voucher Program.

### All ADULT household members must sign below:

|           |      |
|-----------|------|
| Signature | Date |
| Signature | Date |
| Signature | Date |
| Signature | Date |

## Authorization

I/We \_\_\_\_\_  
(All household members 18 and older)

do hereby authorize the Auburn Housing Authority or its authorized representatives/designees to contact any individuals, agencies, offices, groups, or organizations to obtain and verify any information or materials, which are deemed necessary to complete my/our certification for the Project-Based Voucher Program. I agree that a photocopy of this authorization may be used for the purposes stated above.

I/We understand that this authorization will be good for one year.

|                                 |      |
|---------------------------------|------|
| Signature of Applicant/Resident | Date |
| Signature of Applicant/Resident | Date |
| Signature of Applicant/Resident | Date |
| Signature of Applicant/Resident | Date |



**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing**

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 08/31/2016.

**NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

**What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

**Auburn Housing Authority  
20 Thornton Avenue  
Auburn, NY 13021**

I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:*

Signature

Date

Printed Name