



Don't Forget...

Please fill out the application in its entirety.

The following items are needed to go with your application. If you are unable to make copies, you may bring the originals back to us and we will copy them for you.

1. Copy of driver's license or other government issued photo ID (i.e. passport, U.S. military ID, or permanent resident card)
2. Copy of your birth certificate
3. Copy of your social security card
4. Copy of your social security award letter- This is the letter you receive each year stating the amount of money you will receive for that year. It must be for the current year.
5. Copy of current bank statements for all checking and savings accounts you may have
6. Copies of any other income/asset information (i.e. life insurance, pensions, annuities, etc.)
7. If you are a veteran or the widow of a veteran, please have your DD214 discharge papers.

Also, please don't forget to sign and date your application. There are spots on the third and fourth pages to do so.

Please Note the Current Income Limits for Residency:

Max. Annual Income for One Person Household	Max. Annual Income for Two Person Household
\$41,550	\$47,450

Thank you!

Centerville Court Management



Date Received: _____ Application #: _____
Time: _____ Unit Size: _____

*****DO NOT WRITE ABOVE THIS LINE*****

VETERANS PREFERENCE

Are you a veteran or a surviving spouse of a veteran, who served in active duty in time of war, as defined in Section 85 of the Civil Service Law, and reside in New York State (see below)?
Yes _____ No _____ If yes, please provide appropriate documentation.

**Summary of Civil Service Law
Section 85 Definition of a Veteran**

Eligibility

Veterans eligible for the preference are those who:

- a.) Were members of the Armed Forces of the United States;
- b.) Served on active duty for other than training purposes in **time of war (1)**;
- c.) Were discharged honorably or released under honorable circumstances;
- d.) Are residents of New York State; and
- e.) Have documented their eligibility by submitting Form DD214 (NAVPERS-553/NAVMC-78 PD/WDAG-53, 98) and for service in Lebanon, Grenada, or Panama, the award of an appropriate expeditionary medal.

(1) Time of war includes the following wars and hostilities:

- Persian Gulf Conflict August 2, 1990- the date upon which such hostilities end (includes the Global War on Terrorism)
 - *Hostilities in Panama December 20, 1989 – January 31, 1990
 - *Hostilities in Lebanon June 1, 1983 – December 1, 1987
 - *Hostilities in Grenada October 23, 1983 – November 21, 1983
- (* Service during these periods is qualifying only if the veteran received the Armed Forces, Navy or Marine Corps expeditionary medal.)
- Vietnam Conflict December 22, 1961 – May 7, 1975
 - Korean Conflict June 27, 1950 – January 31, 1955
 - Service in the commissioned corps of the US public health service: July 29, 1945 – September 2, 1945

OR

- World War II June 26, 1950 – July 3, 1952
- World War II December 7, 1941 – December 31, 1946
- World War I April 6, 1917 – November 11, 1918

Name: _____ Date: _____



APPLICATION FOR HOUSING FOR SECTION 8/236 & SECTION 42 PROGRAMS

Centerville Court Apartments

Applicant Name:	
Current Address:	
City, State, Zip Code:	
Home Phone #:	Head Work #:
Spouse Work #:	Email Address:

EMERGENCY CONTACT

List name, address and phone number of a relative or friend who generally knows how to contact you:

Name:
Address:
City, State, Zip Code:
Phone #:

How did you hear about us? _____

HOUSEHOLD COMPOSITION AND INFORMATION

List the Head of Household and all other members who will be living in the assisted unit. Give the relationship of each family member to the Head of Household.

Member #	Full Name	Relationship to Head of Household	Birthdate	Social Security #	Student? No, Part Time or Full Time
		SELF			



Head of Household *only* answer Yes or No to each of the following questions regarding the household:

<u>Yes</u>	<u>No</u>	Does anyone live with you now who is not listed above? If yes, please explain: _____
_____	_____	Do you expect any additions to the household within the next twelve (12) months? If yes, please list name and relationship: _____
_____	_____	Has any household member been displaced by government action or presidential declared disaster? _____
_____	_____	Does anyone on the household attend an institute of higher education? If yes, do they receive financial assistance for tuition? If yes, name of household member receiving financial assistance for tuition: _____
_____	_____	Do you or any member of your household have a Section 8 voucher? If yes, name of Housing Authority: _____
_____	_____	Any person having a physical, mental or emotional impairment that is expected to be of long continued, indefinite duration, substantially impedes his or her ability to live independently, and is a nature that such ability could be improved by more suitable housing conditions. Do you qualify for the statement above? If yes, are there any special accommodations that the household will require (e.g. unit for mobility impaired, unit for hearing impaired, live-in aide, grab bars, wheel in showers)? Please identify any special housing needs required: _____ _____

HOUSING HISTORY

Provide the name, address and phone number of all of your Landlords for the past three years.

Current Landlord: _____ Phone #: _____

Address: _____

Previous Landlord: _____ Phone #: _____

Address: _____

Previous Landlord: _____ Phone #: _____

Address: _____



BACKGROUND INFORMATION

Yes

No

Have you or any member of your household ever lived in any federally or state assisted housing?

Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?

If yes, list where and when:

Are you or any member of your household currently engaging in the use of illegal drugs?

Have you or any member of your household ever been convicted of a felony?

If yes, please explain:

Are you or any member of your household currently abusing alcohol?

Have you or any member of your household been previously denied admission to this property for criminal activity that is no longer occurring?

If yes, please explain:

Are you or any member of your household subject to a lifetime registration requirement under the State Sex Offender Registration Program?

List all addresses not listed above where you and other adult household members have previously resided over the last five years:

[Empty rectangular box for listing previous addresses]

HOUSEHOLD EXPENSES

Yes

No

Do you pay for child care, which enables you or another family member to work or go to school?

If yes, give name and address of child care provider, weekly cost, and name of family member enabled to work or attend school:

ELDERLY FAMILIES ONLY

Yes

No

Do you receive Medicare?

If yes, what is your Medicare premium? \$

Do you participate in the Medicare Prescription program?



If yes, please list provider and premium amount:

_____	_____	_____
_____	_____	Do you have any other kind of medical insurance?
_____	_____	Do you have disability assistance expenses which allow an adult member the ability to work or go to school?
_____	_____	If yes, list type, amount, and name of family member enabled to work:
_____	_____	Do you receive medical assistance through the welfare department?
_____	_____	Do you have any outstanding medical bills on which you are paying?
_____	_____	Do you expect to have any medical expense during the next 12 months?
_____	_____	If yes, give the amount of the medical expense:

APPLICANT CERTIFICATION

I/We certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility for Section 8 and Section 42 assistance. I/We authorize the agent to verify all information provided on this application and to contact previous Landlords or other sources for credit, criminal, Megan’s Law and verification information, which may be released to appropriate Federal, State or Local agencies. I/We have understood and answered all questions. I/We understand that my/our occupancy is contingent upon meeting management’s resident selection criteria and the Affordable Housing Program requirements. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law and will lead to cancellation/rejection of my application. I understand that I/we must report any changes to management as soon as they occur.

Signature of Head of Household: _____ Date: _____

Signature of Spouse/Co-Head: _____ Date: _____

Signature of Owner: _____ Date: _____

Please return his application by mail to:

Centerville Court Apartments
400 Sandra Lane
N. Syracuse, NY 13212
Phone: (315) 458-7867
Fax: (315) 458-0539



**APPLICATION FOR APARTMENT UNDER
SECTION 236 INTEREST REDUCTION PROGRAM**

Housing Company: Centerville Court Apartments
400 Sandra Lane
North Syracuse, NY 13212
(315) 458-7867

EVERY QUESTION MUST BE ANSWERED – PRINT OR TYPE ALL INFORMATION REQUIRED

Last Name First Name Address Date Phone

Vietnam Veteran? Yes No Discharge Date _____ Time Served _____ Copy of Discharged Paper DD-214 must be attached

FAMILY COMPOSITION

Persons to reside in Project	Relationship	Age	Sex	Employed Yes or No	Occupation	Social Security #	Name & Address of Employer

Required application and information supplied to the Housing Company for filing with HUD under Section 236 Interest Reduction Program

REFERENCES

Bank: _____ Address: _____
Personal: _____ Address: _____
Business: _____ Address: _____



RESIDENCES

List in order your addresses for the last 5 years. Start with present address.

Address	City	Dates at each address		Rent paid per week or month		Name and address of Landlord at each address listed
		From	To	Amount	Per	
			Present			

The above information is correct to the best of my/our knowledge. I/We have no objection to inquiries for the purpose of verifying the facts herein stated. I/We further agree to furnish documents or affidavits as to income.

Signature

Date

Signature

Date



CENTERVILLE COURT APPLICATION ADDENDUM:

Completion of this Addendum is required for Application to Centerville Court.

Life-time Sex Offender Status:

Are any members of the applying household subject to a Life-time Sex Offender Registry in any State?

_____ Yes _____ No

Previous Out-of-State Residency:

List all States resided in, previously or currently, for all applying household members:

Household Member Name	State(s) Resided In

I/We attest that all information provided is true and accurate.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date



Centerville Court Apartments

Directions: Print or type all requested information and sign certification. Original application will be time and date stamped upon receipt and entered into NYS Homes and Community Renewal's Automated Waiting List (AWL) in chronological order. Applicant will be given a print out of AWL summary with application number. Applicants can monitor waiting list position and update their contact information using the AWL's public access function @ www.nyshcr.org.

Applicant Address:

Apartment #: _____ Street Address: _____ City: _____
 State: _____ Zip Code: _____ Phone #: _____ Phone #: _____

Head of Household: (Must be completed. Head of household must be 18 years of age or older.)

Last Name	First Name	Social Security No.	Age

Co-Head of Household: (Complete if applicable. Co-head must be 18 years of age or older.)

Last Name	First Name	Social Security No.	Age

Other Household Members: (List all other persons who will reside in apartment.)

Last Name	First Name	Social Security No.	Age

Apartment Size: (Select one or two sizes. Household size must meet applicable occupancy standards.)

Studio (1-2 persons) 1 Bdrm (1-2 persons) 2 Bdrm (2-4 persons) 3 Bdrm (4-6 persons) 4 Bdrm (5-8 persons)

Special Requirements: (Note that special requirements can extend your wait for an apartment.)

Gross Household Income: \$ _____ (Enter total estimated income for all household members, from all sources, for the next 12 months.)

Veterans Admission Preference: If head- or co-head of household is an honorably discharged veteran of the US Armed Services, or such veteran's surviving spouse, who served on active duty in time of war and resides in New York State, check box and attach DD-214 to qualify for admission preference.

Certification: (Head of household and co-head must sign and date.)

The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verifying this information and I agree to furnish all required documentation.

Head of Household Signature: _____ Date: _____

Co-Head of Household Signature: _____ Date: _____

For Housing Company Use				For HCR Use	
Application Date (date original application stamped received): / /			AWL #:	Approved by::	
Is this original application? (Check yes/no; if no, attach original application.)			Yes ___	No ___	
Bldg #:	Apt #:	# Bdrms:	# Rental Rms:	Date: / /	
Basic Rent:	Excess Income:	Total Mthly Rent:		Comment:	
Comment:					
Approved by:			Date: / /		