



Dear Applicant:

Thank you for your interest in our apartments. Attached please find the application package. **Please read the application carefully and complete every section. If a section doesn't apply, cross out or write NA.**

When an apartment becomes available you will be asked to come to the office for an interview. **The list below is documentation that is required for everyone listed on the application, including children.**

**INCOMPLETE APPLICATIONS WILL AUTOMATICALLY BE DENIED**

- \* Last Year Tax Returns and W-2 Forms
- \* Last Three Year Tax Returns if Self Employed
- \* Employer letter or last six (6) current consecutive pay stubs
- \* Any other Income Documentation (SSI, SSA, Unemployment Benefits, child support, etc.) (For everyone listed on the application, including children)
- \* Legal Documentation pertaining to issues such as Bankruptcy Discharge, Parental Custody, Divorce, and Separation.
- \* Budget letter (If received AFDC)
- \* Last six months of bank statements – All pages (checking account)
- \* Bank Books or last month's statements for Savings, CD, Stock, Bonds, Equity in real property
- \* Valid Vehicle Registration and Insurance
- \* Section 8 Voucher or Certificate (If presently receiving)
- \* Own Property need Property Tax Bill and Assessment from Realtor and Foreclosure documents if applicable.
- \* Current Lease (If no lease letter from landlord indicating your status in their property)
- \* Last six (6) Rent Receipts or Cancelled Checks
- \* Last two (2) Telephone and/or Utility Bills
- \* Birth Certificate, Social Security Card and Picture ID
- \* School letter or Report cards (everyone attending school)

Mail the completed application and documentation to the attention of Melissa DeLavern at the address below.

**DePaul Key Housing  
2240 Old Union Rd.  
Cheektowaga, NY 14227**

Thank you,

Melissa DeLavern  
Director of Tax Credit Compliance



*DePaul Key Housing supports equal housing opportunities for all persons.*

2240 Old Union Road  
Cheektowaga, New York 14227  
(716) 608-1000  
(716) 608-0131 Fax  
www.depaul.org

**DEPAUL KEY HOUSING APPLICATION**  
**GENERAL RENTAL AND OCCUPANCY CRITERIA GUIDELINES**

**1. Age Requirement**

- Lease Holder(s) must be 18 years of age or older (unless head of household).  
All occupants 18 years or older must complete an application.
- Applicants must provide a valid Social Security Number.

**2. Occupancy Standard**

- Occupancy is based on the number of bedrooms in an apartment home. A bedroom is defined as a space within the premises that are used primarily for sleeping, designed to be closed with a door and a closet space for clothing.
- Maximum occupancy is two persons per bedroom. (Exception: Child less than 6 months of age).

**3. Income Requirement**

- Income Requirements for household must be equal to two times the amount for rent. Proof of income is needed for eligibility purposes as this is a Low Income Housing Tax Credit property. The gross monthly income of all Lease Holder(s) will be considered jointly
- Prior to move-in, all income must be verified by obtaining written verification. A copy of payroll check stub with YTD total showing six months of employment, previous year W-2 or 1099 or copies of last three consecutive bank statements may be requested.
- Verbal verification of income will not be accepted.

**4. Residency**

- Previous rental history will be reviewed and must exhibit no derogatory references. Any debt owed to an apartment community must be paid before an application will be approved. If a foreclosure or bankruptcy has been filed in the last 12 months, the applicant will not be eligible for approval. History of the last 12 months eligibility will be determined on a case by case basis.

**5. Credit Requirements**

- The credit history will be reviewed and no more than 50% of the total accounts reported can be over 90 days past due, or charged to collection in the past two (2) years.

**6. Criminal History**

- No applicant may have been indicted, arraigned, convicted involving violence, firearms, illegal drugs, theft, crimes involving theft, destruction of property, or any crime involving a minor. This will include person(s) who have received deferred adjudication for any of the above mentioned offenses. Sexual offenses or felonies will be an automatic denial.

**7. Declined Applications include 1 or more of the following:**

- No verifiable income or salary
- Falsification of the application
- Eviction record
- Criminal history as indicated above

**8. Security Deposit Requirements**

- A security deposit is required to be paid in full upon acceptance of Unit.

**9. Consumer Credit Report Scoring**

This community uses an empirically derived, statistically sound, credit scoring system to evaluate your consumer credit report. Credit scoring is based on real data and statistics, so it treats all applicants objectively. Your consumer credit report contains information about you and your credit experiences, such as your bill-payment history, the number and type of accounts that you have late payments, collection actions, outstanding debt, and the age of your accounts. Using a statistical program, we compare this information to the credit performance of other applicants with similar profiles which allows us to predict how likely it is that you will pay your rent in a timely; manner and fulfill other obligations. Based upon your credit score, your application will be accepted, accepted with conditions, or denied. If your application is denied or is accepted with conditions, you will be given the name, address and telephone number of the consumer reporting agencies, which provided your consumer information to us.

**I UNDERSTAND AND ACCEPT THESE QUALIFYING STANDARDS, AND HAVE TRUTHFULLY ANSWERED ALL QUESTIONS. FURTHER, I UNDERSTAND THAT FALSIFICATION OF RENTAL APPLICATION INFORMATION WILL LEAD TO DENIAL OF RENTAL.**

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Agent for Owner \_\_\_\_\_

Date: \_\_\_\_\_

In compliance with State and Federal Fair Housing Guidelines, DePaul Key Housing does not discriminate on the basis of race, color, sex, religion, handicap, familial status or national origin.

# DEPAUL KEY HOUSING APPLICATION

## Affordable Housing Apartments

Affordable Housing is an option for low income persons in the community to rent safe quality housing. All units are priced to be well below market rate rents and are maintained to the highest standards. Applicants must be income qualified. Most units are accessible to persons with mobility limitations.

Our Affordable Housing Apartments are operated in accordance with the requirements of the Low Income Housing Tax Credit (Tax Credit) Program governed under Section 42 of the Internal Revenue Code. Applicants are subject to the eligibility requirements under this Program.

<input type="checkbox"/> <b>Batavia Apartments</b> 555 East Main St. Batavia, New York 14020	<input type="checkbox"/> <b>Brown Street Apartments</b> 719 Brown Street Rochester, New York 14611
<input type="checkbox"/> <b>Neighborhood of the Arts Apartments</b> 822 University Ave. Rochester, New York 14607	

## Single Room Occupancy (SRO) Programs

Single Room Occupancy Programs are specifically designed to offer stable housing in a serviced-enriched, recovery-oriented setting to adult individuals with a psychiatric disability. The programs are licensed by the New York State Office of Mental Health and have a residential atmosphere with individual bedrooms and bathrooms, inviting common areas and outdoor courtyards. Other services include 24 hour staffing, medication management; linkages to medical and dental care, health education services; social/recreational assistance, and vocational/educational services, among others.

<input type="checkbox"/> <b>Seneca Square SRO</b> 1603 Seneca St. Buffalo, New York 14210	<input type="checkbox"/> <b>Halstead Square SRO</b> 770 West Main Street Rochester, New York 14611
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## Treatment Apartment Programs (TAP)

Treatment Apartments are certified by the New York State Office of Mental Health and provide consumers with the highest level of independence in a certified program. The program is intended to be the last residential step before the consumer begins to live independently within the community. Depending on the site, staff is either 24 hours per day, seven days per week, or staff make routine visits three to five times per week and are available 24 hours a day.

<input type="checkbox"/> <b>Batavia Treatment Apartments Program</b> 555 East Main St. Batavia, New York 14020	<input type="checkbox"/> <b>Ridgeview Treatment Apartments Program</b> 109 Marburger St. Rochester New York, 14621
<input type="checkbox"/> <b>West Main St. Treatment Apartment Program</b> 750 West Main St. Rochester, New York 14611	<input type="checkbox"/> <b>Neighborhood of the Arts Treatment Apartments</b> 822 University Ave. Rochester, New York 14607

# DEPAUL KEY HOUSING APPLICATION

## Low-Income Housing Tax Credit Property

### **INCOMPLETE APPLICATIONS WILL AUTOMATICALLY BE DENIED**

Applications are placed in order of date and time received. An applicant may be contacted only after the receipt of this tenant application. **An application is only good for 120 days.**

Applicant Name(s): \_\_\_\_\_

Co-Tenant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # City State ZIP

Previous Address: \_\_\_\_\_  
Street Apt. # City State ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Do you  RENT or  OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property?  Yes  No (check one)

Check utilities paid by you:  Heat  Electricity  Gas  Other (specify) \_\_\_\_\_

Bedroom Size Requested:  One Br  Two Br  Handicap Br

## DEPAUL KEY HOUSING APPLICATION

### B. HOUSEHOLD COMPOSITION If a section doesn't apply, cross out or write NA.

	Name	Relationship to Head	Birth Date	Age	Social Security# Drivers License#	Student Y / N	Student Part/ Full
Head					SS#		
					DL#		
Co-T					SS#		
					DL#		
3.					SS#		
					DL#		
4.					SS#		
					DL#		
5.					SS#		
					DL#		
6.					SS#		
					DL#		
7.					SS#		
					DL#		
					DL#		

Have there been any changes in household composition in the last twelve months?  Yes  No

*If yes explain:*

Do you anticipate any changes in household composition in the next twelve months?  Yes  No

*If yes explain:*

Is there someone not listed above who would normally be living with the household?  Yes  No

*If yes explain:*

***If you are a student please provide the Educational Institutions Contact Information***

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?  Yes  No *If yes please include the following information:*

Educational Institution Name \_\_\_\_\_ Telephone # \_\_\_\_\_

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a dependant on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## DEPAUL KEY HOUSING APPLICATION

### C. INCOME

List All sources of income as requested below. **If a section doesn't apply, cross out or write NA.**

Household Member Name	Sources of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension <i>(list Company)</i>	\$
	Pension <i>(list Company)</i>	\$
	Veteran's Benefits <i>(list Claim #)</i>	\$
	Veteran's Benefits <i>(list Claim #)</i>	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	<b>Title IV/TANF</b>	<b>\$</b>
	Contributions to the Household <i>(monetary or not)</i>	\$
	Full-Time Student Income <b>(18 &amp; Over Only)</b>	\$
	Financial Aid <i>(grants &amp; scholarships exceeding the amount of tuition may have to be included in total income)</i>	\$
	Interest Income <i>(list source)</i>	\$
	Interest Income <i>(list source)</i>	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

## DEPAUL KEY HOUSING APPLICATION

<b>C. INCOME</b> <i>(continued)</i>		<b>If a section doesn't apply, cross out or write NA.</b>	
<b>Member Name:</b>		<b>Employment Amount:</b>	\$
<b><u>Employer Name:</u></b>	<b><u>Employer Address &amp; Phone #:</u></b>	<b><u>Position Held:</u></b>	<b><u>How Long Employed:</u></b>
<b>Member Name:</b>		<b>Employment Amount:</b>	\$
<b><u>Employer Name:</u></b>	<b><u>Employer Address &amp; Phone #:</u></b>	<b><u>Position Held:</u></b>	<b><u>How Long Employed:</u></b>
<b>Member Name:</b>		<b>Employment Amount:</b>	\$
<b><u>Employer Name:</u></b>	<b><u>Employer Address &amp; Phone #:</u></b>	<b><u>Position Held:</u></b>	<b><u>How Long Employed:</u></b>
<b>Alimony</b>			
Are you legally entitled to receive Alimony?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, list the amount you are entitled to receive.</i>			\$
Do you receive Alimony?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, list the amount you receive.</i>			\$
<b>Child Support</b>			
Are you legally entitled to receive Child Support?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, list the amount you are entitled to receive.</i>			\$
Do you receive Child Support?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, list the amount you receive.</i>			\$
			<b>Other Income</b> \$
			<b>Other Income</b> \$
			<b>Other Income</b> \$
<b>TOTAL GROSS ANNUAL INCOME</b> <i>(Based on the monthly amounts listed above x 12)</i>			\$
<b>TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR</b>			\$
Do you anticipate any changes in this income in the next 12 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes explain.</b>			
Is any member of the household legally entitled to receive Income Assistance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes explain.</b>			
Is any member of the household likely to receive or get assistance (monetary or not) from someone who is not a member of the household as listed on page 2?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes explain.</b>			
Is the Income received?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes explain.</b>			

## DEPAUL KEY HOUSING APPLICATION

### D. ASSETS

If your assets are too numerous to list here, please request an additional form.

**If a section doesn't apply, cross out or write NA.**

<b>Checking Accounts</b>	Acct. #	Bank	Balance \$	
	Acct. #	Bank	Balance \$	
	Acct. #	Bank	Balance \$	
<b>Savings Accounts</b>	Acct. #	Bank	Balance \$	
	Acct. #	Bank	Balance \$	
	Acct. #	Bank	Balance \$	
<b>Trust Account</b>	Acct. #	Bank	Balance \$	
<b>Certificates</b>	Acct. #	Bank	Balance \$	
	Acct. #	Bank	Balance \$	
	Acct. #	Bank	Balance \$	
<b>Credit Union</b>	Acct. #	Bank	Balance \$	
	Acct. #	Bank	Balance \$	
	Acct. #	Bank	Balance \$	
<b>Savings Bonds</b>	Acct. #	Maturity Date	Value \$	
	Acct. #	Maturity Date	Value \$	
	Acct. #	Maturity Date	Value \$	
<b>Life Insurance Policy</b>	Acct. #		Cash Value \$	
	Acct. #		Cash Value \$	
<b>Mutual Funds</b>	Name:	# Shares	Interest or Dividends \$	Value \$
	Name:	# Shares	Interest or Dividends \$	Value \$
	Name:	# Shares	Interest or Dividends \$	Value \$
<b>Stocks</b>	Name:	# Shares	Dividends Paid \$	Value \$
	Name:	# Shares	Dividends Paid \$	Value \$
	Name:	# Shares	Dividends \$	Value \$
<b>Bonds</b>	Name:	# Shares	Interest or Dividends \$	Value \$
	Name:	# Shares	Interest or Dividends \$	Value \$
	Name:	# Shares	Interest or Dividends \$	Value \$
<b>Investment Property</b>			Appraised Value \$	

## DEPAUL KEY HOUSING APPLICATION

<b>D. ASSETS</b> <i>(continued)</i>	<b>If a section doesn't apply, cross out or write NA.</b>	
<b>Real Estate Property:</b>		
Do you own any property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes, type of property:</i>		
Location of property:		
Appraised Market Value	\$	
Mortgage or outstanding loans balance due	\$	
Amount of annual Insurance Premium	\$	
Amount of most recent Tax Bill	\$	
Does any member of the household have any asset(s) owned jointly with a person who is NOT a member of the household as list on Page 2?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes, describe:</i>		
Do they have access to these asset(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes, describe type of property:</i>		
Appraised Market Value	\$	
Mortgage or outstanding loans balance due	\$	
Date of transaction:		
Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes, describe the asset:</i>		
Date of disposition:		
Amount disposed	\$	
Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes, please list:</i>		
<b>E. ADDITIONAL INFORMATION</b>		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes describe:</i>		

## DEPAUL KEY HOUSING APPLICATION

<b>E. ADDITIONAL INFORMATION</b> <i>(continued)</i>		
<b>If a section doesn't apply, cross out or write NA.</b>		
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If Yes describe:</i>		
Do you currently have a Representative Payee or Legal Guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If Yes provide contact info:</i>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If Yes describe:</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Briefly describe your reasons for applying:</i>		
<b>F. REFERENCE INFORMATION</b>		
<b>*Current Landlord</b>	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
<b>Prior Landlord</b>	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
<b>Personal Reference #1</b>		
Address:		
Relationship:	Phone #:	
<b>Personal Reference #2</b>		
Address:		
Relationship:	Phone #:	
<b>Personal Reference #3</b>		
Address:		
Relationship:	Phone #:	

## DEPAUL KEY HOUSING APPLICATION

<b>F. REFERENCE INFORMATION</b> <i>(continued)</i>	
<b>If a section doesn't apply, cross out or write NA.</b>	
<b>In case of emergency notify:</b>	
Address:	
Relationship:	Phone #:
<b>G. VEHICLE INFORMATION</b> <i>(if applicable)</i>	
<b>All vehicles must be legally registered must provide copies of Registration and Insurance.</b>	
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.	
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:

### CERTIFICATION

I/We hereby certify that I/We Do/Will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that my 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 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 application.

**SIGNATURE (S):**

<i>(Signature of Tenant)</i>	<i>Date</i>
<i>(Signature of Co-Tenant)</i>	<i>Date</i>
<i>(Signature of Co-Tenant)</i>	<i>Date</i>
<i>(Signature of Co-Tenant)</i>	<i>Date</i>

# DEPAUL KEY HOUSING APPLICATION

## MARITAL STATUS FORM

Household Name: \_\_\_\_\_

Development Name: \_\_\_\_\_

Choose one of the following:

Married\_\_\_\_ Single\_\_\_\_ Divorced\_\_\_\_ Widow\_\_\_\_ Separated\_\_\_\_

**If you are divorced, please attach a copy of the recorded legal agreement.**

Y  N a. Are you legally separated from your spouse?  
If "Yes", please attach a copy of your current legal separation agreement.  
If "No", please continue with questions b, c, and d.

b. My reasons for not pursuing legal action are: \_\_\_\_\_  
\_\_\_\_\_

c. My future plans for pursuing legal action are: \_\_\_\_\_  
\_\_\_\_\_

d. I currently receive \$\_\_\_\_\_ per week month year (circle one) from my spouse for Spousal Support. I do not receive any other support from my spouse.

I will report any and all changes to my living situation. This includes, but is not limited to, changes in my income, asset amounts, household composition, and marital status. I will not allow my spouse or other individuals to move into my apartment without prior approval from management. I understand that if I do, this will be a breach of my lease and I may be subject to eviction.

\_\_\_\_\_  
*Applicant/Resident Signature*

\_\_\_\_\_  
*Date*

The use of white out, black out, or alteration of original information will void this document.

WARNING: Title 18, Section 1001 of the U.S. 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.

# DEPAUL KEY HOUSING APPLICATION

## TENANT RELEASE AND CONSENT

I, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets to **DEPAUL KEY HOUSING** (Owner or Agent), for purposes of verifying information on my/our apartment rental application.

### INFORMATION COVERED

I understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identify; employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

### GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

The groups or individuals that may be asked to release the above information include, but are not limited to:

**Past and Present Employers**

**Welfare Agencies**

**Veterans Administration**

**Previous Landlords (including public housing agencies)**

**State Unemployment Agencies**

**Social Security Administration**

**Retirement Systems**

**Support and Alimony Providers**

**Banks/Other Financial Institutions**

**Medical and Child Care Providers**

**Education Verification**

**Criminal Records**

**Reference Checks**

**Credit Report**

### CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I understand I have a right to review this file and correct any information that is incorrect.

### SIGNATURES

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name & Date*

\_\_\_\_\_  
*Social Security #*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name & Date*

\_\_\_\_\_  
*Social Security #*

\_\_\_\_\_  
*Date of Birth*