



ELIGIBILITY INFORMATION

The unit for which you are applying is under the Federal Low Income Housing Tax Credit Program. Applicants may be admitted only if the household is income eligible. In some cases, households consisting entirely of full-time students are not eligible for this housing. For purpose of this application, any individual is considered a student who has been or will be a full-time student at an educational institution with regular facilities. (NOT correspondence or exclusively at night school.) A student is considered full-time if enrolled at least five months in the calendar year, and the amount of hours taken are considered full-time by the school attended. Students in elementary, middle and high school are always full-time. The following income and student status information is required to determine eligibility.

STUDENT STATUS DISCLOSURE

- At least one household member is enrolled in a job training program under the Job Training Partnership Act, or other similar Federal, State, or local law.
- At least one household member receives Aid for Dependent Children (ADFC).
- Household consists of single parent (who is a full-time student) with children who are students, none of whom are dependent of another individual.
- Not Applicable



In the space provided below, list the income and benefits received by **ALL** members of your household.

Income/Benefits	Amount	Indicate if weekly, monthly or annually	Name of Household Member(s) who receive income
Employment before deductions			
NYS Disability/Workmen's Compensation			
Social Security SSI			
Veterans Benefits			
Retirement Pensions/Annuities			
Social Services (Public Assistance) (Food Stamps: Not counted as income)			
Unemployment Insurance Benefits			
Child Support/Alimony			
Other (Please Specify)			
VAULE OF ASSETS			
Cash in Checking Account (Number of Accounts: _____)			
Cash in Savings Account (Number of Accounts: _____)			
Certificate of Deposit (Number of Accounts: _____)			
Stock / Bond Value			
IRA / Keogh Accounts (Number of Accounts: _____)			
ANTICIPATED EXPENSES			
Cost of Medical Insurance Premiums			
Cost of Prescriptions Not Paid By Insurance			
Cost of Dr. / Dentist Visits Not Paid By Insurance			
Handicap Assistance in order for Family members to work (including Handicapped person).	Attendant Care		
	Auxiliary Apparatus		

Has any member of your household disposed of assets for less than fair market value in the past 2 years? ____ Yes ____ No



RESIDENCE HISTORY

Professional property managers look for residents who will take care and not damage a unit, and be a considerate neighbor. The following information is requested to help us determine if you have demonstrated these qualities in the past.

**ALL REFERENCES MUST BE COMPLETE
 INCLUDING FULL NAME, STREET, CITY/TOWN, STATE, ZIP AND PHONE**

Present Address: _____

Dates: From _____ to _____

Rent: \$ _____ Per Month Utilities Included? _____ Yes _____ No

Reason for Moving: _____

Landlord Name: _____

Landlord Address: _____

Previous Address: _____

Dates: From _____ to _____

Rent: \$ _____ Per Month Utilities Included? _____ Yes _____ No

Reason for Moving: _____

Landlord Name: _____

Landlord Address: _____

Previous Address: _____

Dates: From _____ to _____

Rent: \$ _____ Per Month Utilities Included? _____ Yes _____ No

Reason for Moving: _____

Landlord Name: _____

Landlord Address: _____

If you do not have a previous rental history, list at least three individuals that could verify your ability to live by the conditions of a lease. (Example: an employer, caseworker or clergy).

Name	Address	Phone



Have you ever been evicted from rental housing for lease violations? _____ Yes _____ No
Have you ever broken a Rental Agreement or Lease? _____ Yes _____ No
Have you ever been sued for damage to rental property? _____ Yes _____ No
Have you ever engaged in criminal activity? _____ Yes _____ No

If you answered yes to any of these questions, please explain: _____

APPLICATION CERTIFICATION

Certification: I certify that the information set forth herein is completely true to the best of my knowledge. I further certify that the unit will be my place of residence, and I do / will not maintain a separate subsidized rental unit in a different location. I understand that deliberate submission of false information could result in the rejection of my application or other penalties. I hereby give permission to Cornerstone Manor to verify all of the above information and references, and to obtain my consumer credit report and criminal background reports from your reporting agency.

Signature: _____ **Date:** _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race: (Mark one or more)

- White
- Black or African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Other

Buffalo City Mission - Cornerstone Manor does not discriminate on any legally-recognized basis including, but not limited to, race, color, religion, sex, national origin, age, marital status, disability, handicap, or the presence of children in admission to or access to the programs we administer or in the treatment of applicants and participants. **Acceptance of this application does not guarantee availability of a unit.** All applicants must meet screening criteria, including landlord, credit and criminal background checks. Changes in family income, size, and address must be reported promptly to Cornerstone Manor in order to properly process your application. **All applicants must adhere to the Cornerstone Manor Transitional Program Rental Subsidy Agreement and the Lease Agreement.**