

**Gilbert's Grove Apartments  
Emery Grove Apartments  
1100 Emery Street Fulton, New York 13069  
Tel: 315.592-2201 – Fax: 315.592.2202**

**Rental Criteria**

Thank you for applying to Gilbert's Grove Apartments and Emery Grove Apartments. The rental criteria below explain the policies of our community with regard to standards that must be met by each applicant in order to be approved for residency. In order to complete the processing of your application we must have all the following documents (if applicable) for **ALL** members of the household.

- Photocopy of Driver's License or Valid State photo ID.
- Current bank statements of all accounts, if applicable.
- Recent pay stubs for any wages or a printout of unemployment payment history, if applicable.
- Current statement for pension, stocks, bonds, IRAs, etc. if applicable.
- Current award letter for Social Security Benefits, if applicable.
- All prior and current landlord names, addresses and phone numbers must be provided.

**Housing References:**

- We will contact your previous landlord to verify that your departure was in good standings. A minimum of one year of positive verifiable housing history through a third party is required.
- The application will be denied if rental history demonstrates noise or other complaints, or when the previous manager will not re-rent due to rental problems.
- Personal references will be used when landlord references are not available.
- Management will refer to the Tenant Selection plan for all decisions regarding rental history.

**Credit History:**

- A credit report will be processed via a third-party screening software. Medical expenses and student loans are excluded when considering past due accounts and accounts in collections. Management will refer to the Tenant Selection plan for all decisions regarding credit.

**Income Requirements:**

- Tenant's gross monthly income must be at least two and one-half (2.5) times the monthly rent for the unit to be approved, except those who receive rental assistance from HUD/Section 8. Further, the total gross annual household income must not exceed the current published Low-Income Housing Tax Credit income limits for the household size.
- Management will refer to the Tenant Selection plan for all decisions regarding credit.

**Criminal History:** A criminal background check will be processed through a third-party software on all individuals over 18, who will occupy the apartment.

- Only crimes for which the applicant has been convicted or recent pending arrests will be considered.
- Management will refer to the Tenant Selection plan for all decisions regarding criminal history.

**Automatic Bars to Admission**

- If the applicant was convicted for producing methamphetamine in the home
- If the applicant is required to be a lifetime registrant on the Sex Offender registry.

Failure to meet minimum standards established for the credit, criminal and landlord checks and minimum income requirements will be cause for rejecting applicants for residency. Additionally, income in excess of income limits established by governing programs will cause a rejection for residency.

When it is determined that you are approved or denied admission to our property, you will be notified in writing. If you are denied for any reason, you will have 14 days from the date of the denial letter to provide a written response or request a meeting to dispute this determination. If mitigating circumstances should be considered that would enable us to continue processing the application, please present written evidence of those circumstances within 14 days of the date of the denial letter.

By signing below, I agree that I have read, understand, and agree with Emery Grove Apartments & Gilbert's Grove Apartments rental criteria. I realize falsifying any information on my application will result in automatic denial.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Low-Income Housing Tax Credit Program

## Rental Application

### Gilbert's Grove & Emery Grove Apartments

#### Household Information

List all household members who are applying to live in this apartment with you.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Social Security Number	Age	Birth Date <i>Month, Date, Year</i>

Home Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

YES

NO

☐

☐

1. Do you expect any additions to the household within the next twelve months?

Name & Relationship: \_\_\_\_\_

Explanation: \_\_\_\_\_

☐

☐

2. Is there anyone living with you or are you living with anyone now who won't be living with you at this property?

Name & Relationship: \_\_\_\_\_

Explanation: \_\_\_\_\_

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3. Do you have full custody of your child(ren)? *(If no, obtain proof of amount of time child(ren) will be living in unit.)*

Explanation: \_\_\_\_\_

☐

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4. Are there any absent household members who under normal conditions would live with you? *(For example, a spouse away in the military.)*

Explanation: \_\_\_\_\_

☐

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5. Do you have any pets? \_\_\_\_\_

#### Emergency Contact

List someone in the area who is not already on the application.

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

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

We are an equal housing opportunity provider. We do not discriminate on the basis of race, color, religion, sex, familial status, national origin, disability, age, marital status, military status, sexual orientation, or gender identity.





## Additional Information

YES

NO

☐

☐

6. Have you or anyone else named on this application rented from us before?

If yes, when? \_\_\_\_\_

☐

☐

7. Have you or anyone else named on this application been arrested for or convicted of a crime?

Explanation: \_\_\_\_\_

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8. Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs?

Explanation: \_\_\_\_\_

☐

☐

9. Have you or anyone else named on this application filed for bankruptcy?

Explanation: \_\_\_\_\_

☐

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10. Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?

Explanation: \_\_\_\_\_

## Housing References

List the past FIVE years of housing references. (If additional space is required, please use another page.)

<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name: _____	_____	Own <input type="radio"/>	From: _____
Address: _____	_____	Rent <input type="radio"/>	To: _____
Phone: (     ) _____	_____		
Name: _____	_____	Own <input type="radio"/>	From: _____
Address: _____	_____	Rent <input type="radio"/>	To: _____
Phone: (     ) _____	_____		
Name: _____	_____	Own <input type="radio"/>	From: _____
Address: _____	_____	Rent <input type="radio"/>	To: _____
Phone: (     ) _____	_____		

## Personal Reference

List a personal reference other than a relative.

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

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

## Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

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## Income Information

Include all **HOUSEHOLD** income anticipated for the next 12 months.  
Do **YOU** or **ANYONE** in your household receive **OR** expect to receive income from:

<u>YES</u>	<u>NO</u>																						
<input type="radio"/>	<input type="radio"/>	<b>11. Employment wages or salaries?</b> <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i> <table border="0"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Name of Company</u></th> <th><u>Gross Monthly Amount</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Household Member</u>	<u>Name of Company</u>	<u>Gross Monthly Amount</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____									
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<input type="radio"/>	<input type="radio"/>	<b>12. Self-employment?</b> <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i> <table border="0"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Type of Business</u></th> <th><u>Gross Monthly Amount</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Household Member</u>	<u>Type of Business</u>	<u>Gross Monthly Amount</u>	_____	_____	_____	_____	_____	_____												
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<input type="radio"/>	<input type="radio"/>	<b>13. Regular pay as a member of the Armed Forces/Military?</b> <table border="0"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Base Name &amp; Branch</u></th> <th><u>Gross Monthly Amount</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Household Member</u>	<u>Base Name &amp; Branch</u>	<u>Gross Monthly Amount</u>	_____	_____	_____	_____	_____	_____												
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<input type="radio"/>	<input type="radio"/>	<b>14. Unemployment benefits or worker's compensation?</b> <table border="0"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Case Worker</u></th> <th><u>Gross Monthly Amount</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Household Member</u>	<u>Case Worker</u>	<u>Gross Monthly Amount</u>	_____	_____	_____	_____	_____	_____												
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_____	_____	_____																					
<input type="radio"/>	<input type="radio"/>	<b>15. Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families (TANF)?</b> <table border="0"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Case Worker</u></th> <th><u>Gross Monthly Amount</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Household Member</u>	<u>Case Worker</u>	<u>Gross Monthly Amount</u>	_____	_____	_____	_____	_____	_____												
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_____	_____	_____																					
_____	_____	_____																					
<input type="radio"/>	<input type="radio"/>	<b>16. (a) Child Support or Alimony?</b> <i>(We must count court-ordered support whether or not it is received unless all reasonable legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payer.)</i> <table border="0"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Payer</u></th> <th><u>Gross Monthly Amount</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p><b>(b) How is the support received? (Check all that apply)</b></p> <table border="0"> <tbody> <tr> <td><input type="radio"/> Child Support Enforcement Agency</td> <td>Name of Agency:</td> <td>_____</td> </tr> <tr> <td><input type="radio"/> Court of Law</td> <td>Name of Court:</td> <td>_____</td> </tr> <tr> <td><input type="radio"/> Directly from Individual</td> <td>Name of Person:</td> <td>_____</td> </tr> <tr> <td><input type="radio"/> Other</td> <td>Explain:</td> <td>_____</td> </tr> </tbody> </table> <p><b>(c) If support/alimony is court-ordered but not received, are you taking legal action to remedy?</b>            Explanation: _____</p>	<u>Household Member</u>	<u>Payer</u>	<u>Gross Monthly Amount</u>	_____	_____	_____	_____	_____	_____	<input type="radio"/> Child Support Enforcement Agency	Name of Agency:	_____	<input type="radio"/> Court of Law	Name of Court:	_____	<input type="radio"/> Directly from Individual	Name of Person:	_____	<input type="radio"/> Other	Explain:	_____
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<input type="radio"/>	<input type="radio"/>	<b>17. Regular benefits from the Social Security Administration including Social Security, SSI, SSP or SSD?</b> <table border="0"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Case Worker</u></th> <th><u>Gross Monthly Amount</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Household Member</u>	<u>Case Worker</u>	<u>Gross Monthly Amount</u>	_____	_____	_____	_____	_____	_____												
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_____	_____	_____																					
_____	_____	_____																					

**YES****NO**

O

O

18. Regular payments from any, pension, retirement benefit or annuities?

Household MemberSource of BenefitGross Monthly Amount


O

O

19. Regular payments from a severance package?

Household MemberSource of BenefitGross Monthly Amount


O

O

20. Regular payments from any type of settlement? *(For example, insurance settlements.)*Household MemberSource of BenefitGross Monthly Amount


O

O

21. Regular gifts or payments from anyone outside of the household?

*(This includes anyone outside the household supplementing your income or paying any of your bills.)*Household MemberSource of MoneyGross Monthly Amount


O

O

22. Regular payments from lottery winnings or inheritances?

Household MemberSource of BenefitGross Monthly Amount


O

O

23. Regular payments from rental property or other types of real estate transactions?

Household MemberSource of MoneyGross Monthly Amount


O

O

24. Any other income sources or types not listed?

Household MemberSource of MoneyGross Monthly Amount


O

O

25. Student financial aid assistance from any government, public or private sources?

*(We must count student financial aid, excluding loans, on certain households receiving Section 8 assistance.)*Household MemberSource of MoneyGross Monthly Amount


O

O

26. Cash on hand?

Household MemberAmount


Do you or any other household members expect any changes to your income in the next 12 months? Explain.


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## Asset Information:

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS, INCLUDING MINORS and the income derived from the asset.

Do YOU or ANYONE in your household hold:

<u>YES</u>	<u>NO</u>			
<input type="radio"/>	<input type="radio"/>	27. Checking or savings account?		
		<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	28. CDs, money market accounts or treasury bills?		
		<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	29. Stocks, bonds or securities		
		<u>Household Member</u>	<u>Company or Broker</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	30. Trust funds?		
		<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	31. Pensions, IRAs, Keogh, 401k or other retirement accounts?		
		<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	32. Whole life insurance policy?		
		<u>Household Member</u>	<u>Insurance Carrier</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	33. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? <i>(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)</i>		
		<u>Household Member</u>	<u>Address of Property</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	34. Personal property held as an investment? <i>(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)</i>		
		<u>Household Member</u>	<u>Item</u>	<u>Value</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	35. A safe deposit box?		
		<u>Household Member</u>	<u>Financial Institute</u>	<u>Value of Items</u>
		_____	_____	_____
		_____	_____	_____

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- ☐ ☐ 36. Have you or any other household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: \_\_\_\_\_ Amount: \_\_\_\_\_

Explanation: \_\_\_\_\_

## Applicant Status

The following questions pertain to specific eligibility requirements of the Low-Income Housing Tax Credit Program.

YES

NO

☐

☐

37. Are you or any other ADULT household members claiming zero income?

Household Member: \_\_\_\_\_

Explanation: \_\_\_\_\_

☐

☐

38. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?

Household Member(s): \_\_\_\_\_

☐

☐

39. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

☐

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40. Is your household CURRENTLY receiving Section 8 rental assistance?

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

☐

☐

41. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Name of Agency: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

## Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Low-Income Housing Tax Credit Program. I certify that all information and answers to the above 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 authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. 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 understand that my occupancy is contingent on meeting management's resident selection criteria and the Low-Income Housing Tax Credit Program requirements.

**All ADULT household members aged 18 & over must sign below:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## For Office Use Only

Date of Interview: \_\_\_\_\_

Desired Apt. #: \_\_\_\_\_

Desired Move-in Date: \_\_\_\_\_

Emery Grove: \_\_\_\_\_

Gilbert's Grove: \_\_\_\_\_

Senior Building: \_\_\_\_\_

