



DePaul Housing Management Corporation

Communities for Seniors

41 North Main Avenue, Albany, NY 12203

Phone: (518) 459-0183 • Fax: (518) 459-0202 • www.depaulhousing.com



EQUAL HOUSING OPPORTUNITY



APPLICATION

Please place an "X" next to the name of the building(s) to which you are applying:

** Citizen Verification Paperwork Required

___ Father Leo O'Brien Senior Community,
Rotterdam

___ St. Jude Apartments, Wynantskill **

___ Branson Manor Senior Apartments,
East Greenbush **

___ Bishop Hubbard Senior Apartments,
Halfmoon **

___ Bishop Broderick Apartments,
South Colonie **

___ Cabrini Acres Senior Apartments,
Latham **

___ St. Vincent's Apartments, Albany **

___ The Lawrence Commons, Schenectady
(available only for mobility-impaired
persons 18 and older) **

___ Carondelet Commons Senior
Apartments, Latham

___ Marie-Rose Manor, Bethlehem

___ Fontbonne Manor Senior Apartments,
Latham

___ Sanderson Court Senior Apartments,
Latham

___ Delhi Senior Community I, Delhi

___ Delhi Senior Community II, Delhi

Please tell us how you heard about our communities: _____

PLEASE PRINT

1st Applicant (Head of Household):

Name: _____
(First) (Last)

1st Applicant, continued

Date of Birth: _____ Age: _____

Social Security Number: _____

Present Address: _____
(street address) (apartment #)

(city) (state) (zip)

Phone Number: _____
(area code) (number)

Race & Ethnicity

Required by HUD for statistical purposes only; this information will have no effect on your application.

Please check any or all categories that apply to the 1st applicant—

- | | |
|---|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not Hispanic or Latino |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White or Caucasian |

Circle answer:

Have you, the 1st applicant, ever used any name(s) or social security number(s) other than the one your are currently using? **YES** **NO**

Have you ever lived in any other state? **YES** **NO**

If yes, please list state(s): _____

Have you been evicted from an apartment or home? **YES** **NO**

If yes, please list address(es), date(s) and reason(s) for eviction:

2nd Applicant (name of any person who will occupy this apartment with you):

Name: _____
(First) (Last)

Date of Birth: _____ Age: _____

Social Security Number: _____

Present Address: _____
(street address) (apartment #)

(city) (state) (zip)

Phone Number: _____
(area code) (number)

Race & Ethnicity

Required by HUD for statistical purposes only; this information will have no effect on your application.

Please check any or all categories that apply to the 2nd applicant—

- Hispanic or Latino Not Hispanic or Latino
 American Indian or Alaska Native Asian
 Black or African American White or Caucasian

Circle answer:
Has the 2nd applicant ever used any name(s) or social security number(s) other than the one he/she is currently using? **YES** **NO**

Has the 2nd applicant ever lived in any other state? **YES** **NO**

If yes, please list state(s): _____

Have you been evicted from an apartment or home? **YES** **NO**

If yes, please list address(es), date(s) and reason(s) for eviction:

1st & 2nd Applicants

Before completing this section below, please review the Tenant Selection Plan, page six (6), “Eligibility Requirements for Accessible Apartments.”

The eligibility criteria includes only persons who are 62 or older or persons who are 18 or older, physically disabled and in need of special design features of our accessible apartments.

Circle answer:

Is the 1st applicant at least 18 years of age, physically disabled and in need of the special design features as described in the Tenant Selection Plan, page six (6)? **YES NO**

Note: You will be required to provide verification of the above information at the time of the eligibility appointment.

All applicants will be screened for criminal history.

Please refer to the Tenant Selection Plan for the rejection criteria specific to criminal activity, page nine (9).

Circle answer:

Have you or the 2nd applicant been convicted of a felony? **YES NO**

Have you or the 2nd applicant been convicted of drug-related crime? **YES NO**

Have you or the 2nd applicant been convicted of a violent crime? **YES NO**

Are you or the 2nd applicant a current illegal user of or addicted to a controlled substance? **YES NO**

Are you or any member of your household subject to a lifetime registration under a state sex offender registration program? **YES NO**

If the answer is **YES** to any of the above questions, please provide the following information to each question – who (1st or 2nd applicant) where, and when?

FINANCIAL INFORMATION

Please refer to the Tenant Selection Plan, pages one and two (1 & 2).

In order to qualify for a rental subsidy for an apartment in any of our communities, listed on page one (1), you must supply the following information:

Gross Income Amounts

	1st Applicant		2nd Applicant	
	<u>Monthly</u>	<u>Annually</u>	<u>Monthly</u>	<u>Annually</u>
Wages/Salaries:	_____	_____	_____	_____
Social Security:	_____	_____	_____	_____
Supplemental Social Security (SSI):	_____	_____	_____	_____
Pension:	_____	_____	_____	_____
Annuity:	_____	_____	_____	_____
Interest/Dividends:	_____	_____	_____	_____
Other (unemployment, alimony, Worker's Compensation, etc.):	_____	_____	_____	_____
Total(s):	_____	_____	_____	_____

Assets

List total amounts—

Bank Accounts:	\$ _____	\$ _____
Stocks & Bonds:	\$ _____	\$ _____
Home/Property:	\$ _____	\$ _____

Circle answer:

Have you (1st or 2nd Applicant) disposed of any assets for less than fair market value during the past two years?

YES NO

I attest that the information listed above regarding my income and assets is complete and true to the best of my knowledge.

I (We) understand that upon filing this application, it will be acted upon by DePaul Housing Management Corporation.

The applicant(s) agree that upon request, he/she will provide documentation of any information in this application and will be available for an interview. The applicant(s) further agree that it is their responsibility to provide updated and current information. I (We) authorize DePaul Housing Management to verify the information contained in this application or obtained during the eligibility interview. I (We) understand that my (our) filing of this application does not entitle me (us) to an apartment.

Signature of 1st Applicant: _____ Date: _____

Signature of 2nd Applicant: _____ Date: _____

Return Application to:

**DePaul Housing Management Corporation
41 North Main Avenue
Albany, NY 12203**



If you wish to be considered for an apartment at St. Vincent's Apartments, Bishop Broderick Apartments, Bishop Hubbard Senior Apartments, St. Jude Apartments, Branson Manor Senior Apartments, Cabrini Acres Senior Apartments, or The Lawrence Commons you must complete the following Citizenship Verification forms.

**OWNER'S NOTICE NO. 1
FOR AN APPLICANT FAMILY**

May 2002

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible non-citizens in the following HUD programs:

1. Public and Indian Housing Programs
2. Section 8 Housing Assistance Payments program
3. Section 235 of the National Housing Act
4. Section 236 of the National Housing Act
5. Section 101/Rent Supplement Program

You have applied, or are applying for assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. To do this, you should:

1. Complete a Family Summary Sheet (identified as Attachment A) to list all family members who will reside in the assisted unit.
2. Have a Declaration Format (also part of Attachment A) completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are 2 people listed on the Family Summary Sheet, you should have 2 completed copies of the Declaration Format. The Declaration Format has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.
3. **Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to the name and address listed below:**

**DePaul Housing Management Corporation
41 North Main Avenue
Albany, New York 12203
(518) 459 - 0183**

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact Kathleen Ide. She will be happy to assist you.

Also, if you are unable to provide the required documentation, you should immediately contact this office and request an extension, using Section No. 3 of the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for pro-ration of assistance. That means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

FAMILY SUMMARY SHEET

Mbr. No.	Last Name of Family Member	First Name	Relationship	Sex	Date of Birth
Head					
2					

APPLICANT
DECLARATION FORMAT

INSTRUCTIONS: Complete this format for each member of the household listed on the Family Summary Sheet

LAST NAME: _____

FIRST NAME: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____ SEX _____ DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____ ALIEN REGISTRATION NO: _____

ADMISSION NUMBER: _____ *if applicable, (this is an 11-digit number found on INS Form I-94, Departure Record)*

NATIONALITY: _____ *(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)*

SAVE VERIFICATION NO: _____

(To be entered by owner if and when received)

ATTACHMENT B

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the sections shown below and complete either Section number 1, 2 or 3:

DECLARATION:

I, _____ hereby
(Print or type first name, middle initial, last name)

declare, under penalty of perjury, that I am:

<p>Section No. 1</p> <p>_____ A citizen or national of the United States.</p>

If you checked Section No. 1, no further information is required. Sign and date below and forward this format to the name and address specified in the attached notification. If Section No.1 is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature _____ Date

Check here if adult signed for a child: _____

2. A non-citizen with eligible immigration status in the category checked below:

- _____ (i) A non-citizen lawfully admitted for permanent residence, as defined by Section 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by Section 101(a)(15) of the INA (8 U.S.C. 1001(a)(20) and 1101(a)(15), respectively). [immigrants]. (This category includes a non-citizen admitted under Section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status);
- _____ (ii) A non-citizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 U.S.C. 1259);
- _____ (iii) A non-citizen who is lawfully present in the United States pursuant to an admission under Section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under Section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under Section 203(a)(7) of the INA (8 U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
- _____ (iv) A non-citizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under Section 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status];
- _____ (v) A non-citizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under Section 243(h) of the INA (8 U.S.C. 1253(h)) [threat of life or freedom]; or
- _____ (vi) A non-citizen lawfully admitted for temporary or permanent residence under Section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

If you checked Section No. 2, you should submit the following documents:

1. Verification Consent Format (Attachment C, page 8)

AND

2. One of the following documents:

1. Form I-551, Alien Registration Receipt Card (for permanent resident aliens);

Form I-94, Arrival-Departure Record, with one of the following annotations:

- (1) "Admitted as Refugee Pursuant to Section 207";
- (2) "Section 208" or "Asylum";
- (3) "Section 243(h)" or "Deportation stayed by Attorney General";
- (4) "Paroled Pursuant to Sec. 212(d)(5) of the INA";

- (5) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
 - (1) A final court decision granting asylum (but only if no appeal is taken);
 - (2) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director granting asylum (if application filed before October 1, 1990);
 - (3) A court decision granting withholding of deportation; or
 - (4) A letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- 3. Form I-688 Temporary Resident Card, which must be annotated "Section 245A" or "Section 210";
- 4. Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12";

A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above listed categories has been made and the applicant's entitlement to the document has been verified.

If Section No. 2 is checked, sign and date below and submit the documentation required above with this format to the name and address in the attached notification. If Section No.2 is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

If for any reason the documents shown in paragraph b are not currently available, complete the Request for Extension below:

REQUEST FOR EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in Section 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check if adult signed for a child: _____

Section 3

_____3. **not contending eligible immigration status and I understand that I am not eligible for financial assistance.**

If you checked Section 3, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

APPLICANT
VERIFICATION CONSENT FORMAT

INSTRUCTIONS: Complete this format for each non-citizen member of the household who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, the adult responsible for the child must sign it.

CONSENT

I, _____ hereby
(Print or type first name, middle initial, last name)

consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
 1. HUD, as required by HUD; and
 2. the INS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO APPLICANTS:

Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature Date

Check here if adult signed for a child: _____