

**PUSH Buffalo, Inc.**  
**271 Grant Street**  
**Buffalo, New York 14213**  
**Telephone: (716) 886-2672 ex109 Fax: (716) 881-0191**  
**E-mail: edwinpadilla@pushbuffalo.org**



**Return Completed Application to:**  
**PUSH Buffalo**  
**456 Massachusetts Ave**  
**Buffalo, York 14213**  
**Attn: Edwin Padilla**  
**Open Office Hours- Tues and Thurs 9am-3pm**

*In order to be added to our tenant waiting list this application must be filled out in its entirety and returned to Property Management.*

**1. HOUSEHOLD INFORMATION**

List all household members, including yourself, that are applying to live with you in the apartment

Name of Household Member	Soc Sec #	Name of Household Member	Soc Sec #
Household Head:	xxx-xx-		xxx-xx-
	xxx-xx		xxx-xx
	xxx-xx		xxx-xx

**2. CURRENT ADDRESS**

Street Name and Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ e-mail address \_\_\_\_\_ Length of Time There \_\_\_\_\_

Current Landlord \_\_\_\_\_ Landlord Address \_\_\_\_\_ Landlord Telephone Number \_\_\_\_\_

**3. PREVIOUS LIVING HISTORY**

Address	Landlord Name or Mortgagee	Own/Rent	Dates
		<input type="checkbox"/> Own <input type="checkbox"/> Rent	From:
			To:
	Telephone #:		

Address	Landlord Name or Mortgagee	Own/Rent	Dates
		<input type="checkbox"/> Own <input type="checkbox"/> Rent	From:
			To:

	Telephone #:	
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Address	Landlord Name or Mortgagee	Own/Rent	Dates
		Own Rent	From:
			To:
	Telephone #:		

**4. PERSONAL REFERENCES:** If you have no landlord history, please provide the names of at least two individuals who can verify your ability to live by the conditions of a lease. (example: clergy, employer)

Reference	Relationship to You	How Long Known
Name:		
Address:		
Phone:	E-Mail:	

**YES**    **NO**

- 1. Is the Head of Household 18 or older?
- 2. Have you or any household member used a name or social security number other than the one listed on this application?
- 3. Do you expect any additions to the household within the next 12 months?  
Name & Relationship: \_\_\_\_\_
- 4. Is there anyone currently living with you that you do not expect to move with you to the apartment?
- 5. Are there any absent household members who normally would live with you?  
*(For example, a household member in the military)*
- 6. Does anyone in your household have any pets other than those used as service animals?
- 7. Have you or anyone on the application filed for bankruptcy in the last 2 years?
- 8. Have you or anyone listed on the application been convicted of a felony?
- 9. Have you or anyone listed on the application been arrested for any type of violent crime, including domestic violence?
- 10. Have you or anyone listed on the application been convicted of dealing or manufacturing illegal drugs?

Explain: \_\_\_\_\_

- 11. Have you or anyone listed on the application been evicted from a rental unit?

Explain: \_\_\_\_\_

- 12. Have you or anyone listed on the application moved in violation of a lease with owner?

- 13. Are you currently receiving any type of government housing subsidy, including Section 8?

14. Are any household members subject to lifetime registration as a sex offender?

**5. APPLICANT STATUS**

**YES**

**NO**

1. Employment

Household Member	Company Name	Amt per:	Hour	Week	Year

2. Unemployment or Worker's Compensation

Household Member: \_\_\_\_\_ Amount/week: \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

3. Regular Severance Pay Payments

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

4. Self Employment

Household Member: \_\_\_\_\_ Amount/week: \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

5. Regular Pay as a Member of the Armed Forces

Household Member: \_\_\_\_\_ Amount / \$ \_\_\_\_\_  
 Amount/ \$ \_\_\_\_\_

6. Public Assistance (TANF)

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

7. Alimony

Amount: \$ \_\_\_\_\_

8. Child Support

Amount: \$ \_\_\_\_\_

How is the support received?

- Child Support Enforcement Agency
- Directly from Individual
- Other

Name of Agency:	_____
Name of Individual	_____
Name/Agency:	_____

9. Social Security, SSI, Social Security Disability, VA Pension

Amount: \$ \_\_\_\_\_

10. Regular Pension/Retirement Benefit/ Annuity Payments

Amount \$ \_\_\_\_\_

11. Regular Payments from a Settlement  
*(ex: insurance settlement)*

Amount \$ \_\_\_\_\_

12. Regular Gifts /Payments from anyone outside the household  
*(includes payments of bills made on applicant's behalf)*

Amount \$ \_\_\_\_\_

13. Regular Payments from Lottery or Inheritances

Amount \$ \_\_\_\_\_

14. Regular Payments from Rental Property/Other Real Estate

Amount \$ \_\_\_\_\_

15. Any Other Income Sources or Types Not Listed Source: \_\_\_\_\_

\$ \_\_\_\_\_

16. Do you or any other household member expect any changes in your income in the next 12 months? Explain: \_\_\_\_\_

**INCOME INFORMATION** *Income is counted for all household members over the age of 18 as well as*

emancipated minors. Unearned income of household members under the age of 18 is also counted. Do you or any one listed on the application receive income from the following source:

**6. ASSET INFORMATION:** Include all assets held by all household members including minors. **Do you or any household member have any of the following assets:**

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	<b>Checking/Savings Account</b>		<b>Checking</b>			<b>Savings</b>	
		Name of Bank	Account #	Current Balance	% Interest	6 Mos. Avg. Balance	Current Balance	% Interest

<input type="checkbox"/>	<input type="checkbox"/>	<b>CD's, Money Market Accts, or Treasury Bills</b>				
		Financial Institution	Type of Account	Account #	Balance	% Interest

<input type="checkbox"/>	<input type="checkbox"/>	<b>Stocks, Bonds or Securities</b>				
		Financial Institution	Type of Account	Account #	Current Value	Dividend/% Interest

<input type="checkbox"/>	<input type="checkbox"/>	<b>Trust Funds or Life Insurance Policy</b>				
		Financial Institution	Type of Account	Account #	Current Value	% Interest

<input type="checkbox"/>	<input type="checkbox"/>	<b>Pensions, IRA's, Keogh or other Retirement Accounts</b>				
		Financial Institution	Type of Account	Account #	Current Value	% Interest

<input type="checkbox"/>	<input type="checkbox"/>	<b>Real Estate</b> (including home, land, rental property, commercial property, other real estate)				
		Type of Real Estate	Value of Real Estate	% of Ownership		

<input type="checkbox"/>	<input type="checkbox"/>	<b>Personal Property Held as an Investment</b>		
		Type of Property	Value of Property:	

<input type="checkbox"/>	<input type="checkbox"/>	<b>Safe Deposit Box</b>		
		Contents	Value of Contents	

<input type="checkbox"/>	<input type="checkbox"/>	<b>Cash on Hand</b> (list only if over \$500 in value)		
		Amount:		



## 7. OTHER

YES NO

Are you applying for an apartment with special handicapped design features ?

Will you or any ADULT household member require a live-in aide?

## 8. CERTIFICATION:

I/WE CERTIFY THAT THIS WILL BE MY/OUR PERMANENT RESIDENCE. I/WE UNDERSTAND I/WE MUST PAY A SECURITY DEPOSIT FOR THIS APARTMENT PRIOR TO OCCUPANCY. I/WE UNDERSTAND THAT THE SECURITY DEPOSIT WILL BE EQUAL TO ONE MONTH'S RENT. I/WE FURTHER UNDERSTAND THAT FAILURE TO GIVE A PROPER 30 DAYS NOTICE WILL RESULT IN LOSS OF SECURITY DEPOSIT. I/WE UNDERSTAND THAT MY/OUR 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 PROVIDING 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 THIS APPLICATION. I/WE HEREBY GIVE PERMISSION FOR SECOND CHANCE MINISTRIES TO VERIFY ALL OF THE ABOVE INFORMATION AND REFERENCES, AND TO OBTAIN MY/OUR CONSUMER CREDIT REPORT AND CRIMINAL BACKGROUND REPORTS.**

Signature

Date

Signature

Date

Signature

Date

Signature

Date

**ACCEPTANCE OF THIS APPLICATION DOES NOT GUARANTEE RENTAL OF AN APARTMENT. ALL APPLICANTS MUST MEET SCREENING CRITERIA, INCLUDING LANDLORD, CREDIT AND CRIMINAL CHECKS WHICH IS AUTHORIZED BY THE ABOVE SIGNED PARTIES. CHANGES IN FAMILY INCOME, SIZE, AND ADDRESS MUST BE REPORTED PROMPTLY TO MANAGEMENT. A MINIMUM ONE YEAR LEASE IS REQUIRED.**

Title 18, Section 1001 of the US 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, HUD and any owner (or employee of HUD or owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of information collected based on this verification is restricted to the purpose cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a),(6),(7)and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408(a),(6),(7) and (8).

Date Reviewed: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Follow-Up Required: \_\_\_\_\_

Phone Call / Letter Sent: \_\_\_\_\_

Required Materials Received Date: \_\_\_\_\_

File Complete: \_\_\_\_\_

