UNITED HELPERS
Always Caring

United Helpers Management Company, Inc. is the managing agent for twenty-two elderly/disabled housing projects. Separate waiting lists are maintained for each project. Please check your choice or choices below.

Projects:

- ☐ Meadowview Apts., Heuvelton
- ☐ Columbia High Manor, Morristown
- ☐ Mill Site Manor, Hammond
- ☐ St. Peter's Sq., Ogdensburg
- ☐ Milltown Meadows, Evans Mills
- ☐ Sunrise Valley, DeKalb Junction
- ☐ Castle Ridge Manor, Lisbon
- ☐ Hill Top Manor, Colton
- ☐ Russell Attwater, Russell
- ☐ Edwards Senior Court, Edwards
- ☐ Grasse River, Madrid
- ☐ Bayview Manor, Chaumont
- ☐ Harbor Heights, Sackets Harbor
- ☐ Louisville Housing, Louisville
- ☐ Mc Brier Park Manor, Hermon
- ☐ Kilkarney Court Apts., Fowler
- ☐ Mill Yard Estates, Parishville
- ☐ William Dalton Estates, Carthage
- ☐ Gordon Court, Alexandria Bay

CDP Subsidized Projects:

☐ Hamilton Gardens, Waddington ☐ Cambray Courts, Gouverneur ☐ Cambray Terrace, Gouverneur

*If you are interested in applying to any of the three projects listed above, please contact the Housing Representative for CDP, at 315-386-1102.

The policy of United Helpers Management Company, Inc. is to conduct business in accordance with applicable fair housing laws. We do not discriminate against any person because of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal.

Before we can process your application, it is necessary that you provide accurate names, phone numbers, addresses, social security numbers, and income and asset information.

Warning: Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make a willful false statement of misrepresentation to any Department of Agency of U.S. to any matter within its jurisdiction.

DATE: _____

_____ _____
APPLICANT NAME (First, Middle, Last) PHONE #

_____ _____
CO-APPLICANT NAME (First, Middle, Last) PHONE #

_____
ADDRESS

_____
EMAIL

List all persons who will live in the apartment. List Head of Household first.

NAME	RELATIONSHIP	DATE OF BIRTH	AGE	SOCIAL SECURITY #
	HEAD			

Are any of the children listed foster children? _____ Yes _____ No

INCOME: Declare the income for the applicant and co-applicants who are currently receiving income or expect to receive income in the next twelve months. Social security, unemployment, retirement funds, pension, disability, SSI benefits, death benefits, public assistance, alimony, wages, military pay, regular contributions or gifts from non-household members, net income from a business, lottery winnings paid in periodic payments, and income from assets are considered income. Please list accordingly.

Family Member	Income Source	Claim/ID #

Income Source Address	Gross Monthly Amount

Do you anticipate any changes in this income in the next twelve months?
____YES _____NO If yes, please explain_____

_____

ASSETS List assets for all household members. Each item must be checked "YES" or "NO".

CHECKING ACCOUNTS **_____YES** **_____NO**

Bank	Address	Account #	Account Balance	Interest Rate

SAVINGS, CD'S, MONEY MARKET, IRA's WHOLE LIFE **_____YES** **_____NO**

Bank	Address	Account #	Account Balance	Interest Rate

OTHER **(Type_____)** **_____YES** **_____NO**

Institution	Address	Account #	Account Balance/ Market Value	Interest Rate/ Dividend

PROPERTY

Have you sold any property on a **deed of trust or mortgage** whereby you are receiving

periodic payments? _____Yes _____No

If yes - Current outstanding balance of contract $_____ as of _____.

Interest rate _____ Payment amount $_____

Payments are: _____Monthly _____Quarterly _____Annually

_____Other

Do you **own any property**? _____Yes _____No

If yes, Type of property_____

Location_____

Appraised Market Value $_____

Mortgage or outstanding loans balance due $_____

Do you receive any income (rent, etc.) from the property? _____Yes _____No

If yes, how much per month: _____

Please attach a copy of your most recent tax bill.

Have you disposed of any assets in the last two years (Example - given away money, property to relatives, set up irrevocable trust accounts) _____Yes _____No

If yes, Describe asset_____

Date of disposition_____ Amount disposed $_____

Do you have any other assets not listed above? (Excluding personal property)

_____Yes _____No If yes, please describe_____

_____

CHILD CARE EXPENSES – For children 12 years of age or younger

Please list children for whom you have incurred un-reimbursed child care expenses that:

- Enabled a household member to work or go to school
- Had no other adult household member available to provide care
- Did not exceed the income generated

Child	Age	Provider Name and Address	Amount/Hours per Month

DISABILITY EXPENSES – For individuals with disabilities

Please list household member with a disability for whom disability expenses were incurred that:

- Enabled the individual or another household member to work or go to school
- Are not reimbursable by insurance or any other source
- Did not exceed the income generated by the person enabled to work

Individual	Type of Expense Incurred	Monthly Amount Paid

MEDICAL ALLOWANCES - If you or co-tenant are 62 years and older or disabled:

Indicate on whose behalf medical expenses will be incurred for the next twelve months. Medical expenses may include insurance premiums, Medicare premiums, Medicaid spenddown, prescriptions, over the counter drugs, doctor visits, dentist visits, eye doctors, chiropractors, hospital visits etc.

Applicant/Co-applicant	Medical Expense	Monthly Amount

PROGRAM INFORMATION

1. A.) Are you applying for status as an "Elderly Household", where the tenant or co-tenant
   is 62 or older, handicapped or disabled? ____Yes ____No
   B.) For Cambray Terrace applicants ONLY: Is the tenant or co-tenant 55 years or older,
   handicapped or disabled. ____Yes ____No

   *A person with disabilities for purposes of program eligibility is determined, pursuant to HUD regulations, to have a physical, mental or emotional impairment that (A) is expected to be of long-continued and indefinite duration (B) substantially impedes his or her ability to live independently, and (C) is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

   If so, you will be eligible for a $400 deduction and medical deductions
   Please realize that your eligibility must be verified.
2. Do you require a reasonable accommodation? ____Yes ____No
3. Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit? ____Yes ____No
4. If so, would you like to request an adapted unit? ____Yes ____No
5. Are you a veteran or surviving spouse of a veteran? ____Yes ____No

Please use the attached Summary of Civil Service Law – Section 85 to determine eligibility for this question.

6. Are you currently living in subsidized housing? ____Yes ____No
7. Have you ever resided in a project financed and/or subsidized by the Government? ____Yes ____No
   If yes, Name and Address_____
8. Have you ever been evicted from Public Housing or any other Federal Housing Program? ____Yes ____No
   If yes, Where _____When_____
   Describe reasons_____
9. Have you ever been evicted from other Housing? ____Yes ____No
10. Have you ever been convicted of a misdemeanor or felony? ____Yes ____No
    If yes, please describe convictions. Please use the back of the application if you need additional space.
    _____
    _____
11. Are you currently using illegal drugs? ____Yes ____No
12. Have you ever been convicted of sale, distribution, or possession of illegal drugs? ____Yes ____No
13. Are you subject to lifetime sex offender registration in any state? _____Yes _____No
14. Are you now or will you become a part-time or full-time student prior to move-in? ____Yes ____No

15a. Are your bills current with the utility companies? ____Yes ____No

15b. Will you be able to have utilities in your name with local utility companies? ____Yes ____No

16. How did you hear about this housing? _____
17. Will you take an apartment when one is available? ____Yes ____No
18. Briefly describe your reasons for applying_____
    _____

REFERENCE INFORMATION

RENTAL INFORMATION- Up to and including the past <u>TEN</u> years. Current landlord on line #1 and prior landlords on lines #2 & 3. If additional space is required, please use the back of the application. If you have lived in a self-owned home in that period, please indicate on line #1.

Landlord Name	Landlord Address	Phone Number	Move In Date	Move Out Date
1.				
2.				
3.				
4.				

Landlord Name	Landlord Address	Phone Number	Move In Date	Move Out Date
5.				

Please list all states you and all adult family members have lived in:_____

_____

_____

CREDIT REFERENCES

Name	Address	Phone

PERSONAL REFERENCES - whom we may contact In case of Emergency on line #1 and additional names we may contact in the event there is an apartment available and we are unable to reach you by phone on lines #2 & 3.

Name	Address	Phone

ADDITIONAL INFORMATION

PETS Do you own any pets? ____Yes ____No

If yes, please describe_____

VEHICLE Do you own any vehicle? ____Yes ____No

Type	Year/Make	Color	License Plate

AUTHORIZATION and CERTIFICATION

AUTHORIZATION

I/We do hereby authorize United Helpers Management Company, Inc. and its' staff or authorized representatives to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any application for housing in programs managed by United Helpers Management Co., Inc. I further authorize United Helpers Management Co., Inc. to verify all information listed on this application.

_____ _____
Applicant Signature Date

_____ _____
Co-Applicant Signature Date

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 I/We must pay a security deposit for this apartment. I/We understand that my eligibility for housing will be based on Rural Development, Section 8 or IRS income limits. 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.

_____ _____
Applicant Signature Date

_____ _____
Co-Applicant Signature Date

FAMILY HOUSEHOLD COMPOSITION

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal are complied with. You are not required to furnish this information, but are 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, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname."

Ethnicity:

Hispanic *or Latino* _____

Not Hispanic or Latino _____

_____

Race: (Mark one or more)

1. American Indian/Alaska Native _____
2. Asian _____
3. Black *or* African American _____
4. Native Hawaiian or Other Pacific Islander
5. White _____

Gender: Male _____ Female _____

Equal Housing Opportunity

In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal. (Not all prohibited bases apply to all programs.)

"This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at

U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."

Equal Housing Opportunity

In accordance with Federal law, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal. (Not all prohibited bases apply to all programs.) "This institution is an equal opportunity provider and employer. , If you believe your civil rights have been violated and you wish to file a Civil Rights program complaint of discrimination, you can file your fair housing complaint online at http://portal.hud.gov/hudportal/HUD?src=/topics/housing_discrimination or send a letter

to:

JOAN SPILMAN, Field Office Director **Buffalo Field Office**, Lafayette Court, 465 Main Street 2nd Floor, Buffalo, NY 14203-1780.

Your housing discrimination complaint will be reviewed by a fair housing specialist to determine if it alleges acts that might violate the Fair Housing Act. The specialist will contact you for any additional information needed to complete this review. If your complaint involves a possible violation of the Fair Housing Act, the specialist will assist you in filing an official housing discrimination complaint.

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