



**BETHEL ESTATES**  
AFFORDABLE SENIOR HOUSING

4647 Southwestern Blvd. Hamburg, New York, 14075  
Phone (716) 648-6444 | Fax (716) 648-1460  
www.BethelEstatesOnline.com

RENEWAL HOUSING CORPORATION



Dear Applicant,

***Our office is currently conducting all business via telephone, e-mail, and US Mail.  
Please enjoy a “Virtual Tour” on our website: [www.BethelEstatesOnline.com](http://www.BethelEstatesOnline.com).  
The website has our application, resident selection plan, and resident newsletter.***

Thank you for considering Bethel Estates Apartments for your housing needs. Attached please find our Application. Follow the steps below to submit the application. Once your application is approved and we have an apartment available that meets your needs you will be asked to complete additional forms. These forms will help us verify and certify the information you have supplied. These forms will be sent separately to you by US MAIL.

- 1)** Each household member over the age of 18 is required by Housing and Urban Development (HUD) to complete a separate application.
- 2)** You are required to complete and then sign three (3) documents listed below:
  - The Application
  - Income/Asset Certification Form
  - Supplement to Application for Federally Assisted Housing, Form 92006.
- 3)** The Application section titled “Assets” must match the form called Income and Assets Certification.
- 4)** Please mail your application to:  
**Bethel Estates Leasing Office, 4647 Southwestern Blvd., Hamburg, NY, 14075.**

**Office staff is available Monday through Friday, 11:00am-4:30pm.  
If you have any questions or require assistance completing the application,  
please feel free to call our office at (716) 648-6444.**

**We are happy to help and look forward to hearing from you soon!**

**Bethel Estates**  
 4647 Southwestern Blvd.  
 Hamburg, NY 14075  
 Phone: (716) 648-6444  
**Application**

OFFICE USE ONLY <b>Applicant Number</b> _____
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**ALL INDIVIDUALS 18 YEARS OF AGE AND OLDER MUST COMPLETE A SEPARATE APPLICATION**

*Unit Type Desired*     1 Bedroom     2 Bedroom     Handicapped Accessible

*Bethel Estates is a smoke free property as of July 1, 2014.*

Head of Household Name \_\_\_\_\_

Your Name (if different from Head of Household) \_\_\_\_\_

Current Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**LIST ALL PERSONS WHO WILL RESIDE IN THE UNIT STARTING WITH THE HEAD OF HOUSEHOLD:**

Full Name	Relationship To Head	Birth Date	Age	Sex	Social Security No.
	Head				

Does anyone live with you now who is not listed above?  Yes     No

Do you expect a change in your household composition?  Yes     No

Explain if you answered yes to either question: \_\_\_\_\_

Is the Head of Household, Spouse and/or Co-Head 62 years of age or older?  Yes     No

If not, is the Head of Household, Spouse and/or Co-Head mobility impaired?  Yes     No

Do you currently have any form of rental assistance and/or have you applied for assistance?  Yes     No

If so, please specify the subsidizing agency: \_\_\_\_\_

Are you or any member of your household displaced due to a federally declared disaster?  Yes     No

Are you or any member of your household a Disabled Veteran?  Yes     No

Are you or any member of your household a full time student?  Yes     No

Were you ever a resident in another state other than New York State?  Yes     No

If yes, please list the other states: \_\_\_\_\_

Have you ever registered as a sex offender?  Yes     No

**GENERAL INFORMATION**

Do you have a pet?  Yes  No    If yes, Weight \_\_\_\_\_ Description \_\_\_\_\_

**MARKETING**

How did you hear about us?

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**INCOME (Please list all sources of income for all family members)**

List all income from all types of employment, public assistance, child support, alimony, social security, SSI, disability, unemployment benefits, workers compensation, pensions, annuities, veterans' benefits, student financial assistance and any other income:

Name	Source of Income/Type of Income	Annual Income

**EMPLOYMENT HISTORY**

Name and address of Your Current Employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Fax No. \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
How long have you worked there? \_\_\_\_\_

**ASSETS (Please list all asset sources for all family members)**

List all checking, savings accounts (including IRAs, Keogh accounts, and Certificates of Deposits, Mutual funds, etc.) and all stocks, bonds, trusts, real estate, life insurance or other assets and their value for all household members:

Name	Bank Name	Type of Account	Balance

Within the past two (2) years, have you sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value.  Yes  No If yes, please list the assets, value and date of transaction:

**EXPENSES (Please list all medical and child care expenses for all family members)**

\*\*Use Medical Expense Affidavit for more than 4 expenses\*\*

Name	Service Provider	Type of Expense	Annual Amount

**ALL APPLICANTS**

I authorize Bethel Estates to obtain an investigative Credit Report and/or a Criminal Background Report, and check registered sex offender status in connection with this application. This report may include information as to my character, general reputation, personal characteristics and/or mode of living and credit standing. I understand that I may request the name of the reporting agency providing this information. I understand that the above information is being collected to determine my eligibility. I authorize the owner/manager/PHA to verify all information provided on this application and to contact sources of credit and verification information, which may be released to appropriate Federal, State, or local agencies. I further certify that if the result of this verification process allows me to receive rental assistance, the unit I/we occupy will be my/our only residence.

I have read this application and hereby state that the information provided by me on this application is accurate and complete, and I acknowledge that in the event I enter into a lease with Bethel Estates that lease may be canceled by the lessor in the event any information provided by me in this application or any other document furnished by me is materially inaccurate or incomplete.

*Please refer to the Resident Selection Criteria for program eligibility and reasons for possible rejection. I have received a copy of the Resident Selection Criteria from the leasing office and copies will be available upon request.*

*Applicants being placed on a waiting list will be subject to policies, resident selection and approval, and rejection requirements in effect at the time that a unit becomes available. **I will contact the office if there are any changes to my address, phone number, household composition or income.***

I acknowledge that I must also complete and sign the attached Income/Asset Certification.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Owner/Manager \_\_\_\_\_ Date \_\_\_\_\_

Title 18, Section 1001 of the U.S. 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, the PHA and any owner (or an employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes 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 \$5,000. 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, the PHA 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 42 u.s.c. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 u.s.c. 408 f, g and h.

**RENEWAL HOUSING CORPORATION**



**EQUAL HOUSING OPPORTUNITY**

# INCOME/ASSET CERTIFICATION

(To be completed by all household members, 18 yrs or older)

**NAME** \_\_\_\_\_ **UNIT #** \_\_\_\_\_

I certify that I **HAVE** or **DO NOT HAVE** any of the following:

<b>INCOME</b>	<b><u>HAVE</u></b>	<b><u>DO NOT</u></b> <b><u>HAVE</u></b>	<b>ASSETS</b>	<b><u>HAVE</u></b>	<b><u>DO NOT</u></b> <b><u>HAVE</u></b>
<b>Employment Income</b> <small>(wages, salaries, overtime pay, commissions, fees, tips, bonuses)</small>	_____	_____	<b>Checking Account</b>	_____	_____
			<b>Savings Account</b>	_____	_____
			<b>Safety Deposit Box</b>	_____	_____
<b>Income, Salary or Distribution from a Business</b> <small>(self employed or as owner of a business)</small>	_____	_____	<b>Cash On Hand</b>	_____	_____
			<b>Certificates of Deposit</b>	_____	_____
			<b>Trust Fund</b>	_____	_____
<b>Income from Net Family Assets</b>	_____	_____	<b>Stocks, Bonds or Treasury Bills</b>	_____	_____
			<b>Money Market Account</b>	_____	_____
<b>Military Pay</b>	_____	_____	<b>Mutual Fund</b>	_____	_____
			<b>IRA (Individual Retirement Account)</b>	_____	_____
			<b>401K Account</b>	_____	_____
			<b>Annuities</b>	_____	_____
<b>Payments in Lieu of Earnings:</b>			<b>Keogh Fund</b>	_____	_____
<b>Unemployment</b>	_____	_____	<b>Retirement Fund (not paying you)</b>	_____	_____
<b>Disability</b>	_____	_____	<b>Pension Fund (not paying you)</b>	_____	_____
<b>Worker's Compensation</b>	_____	_____	<b>Life Insurance (excluding Term)</b>	_____	_____
<b>Severance Pay</b>	_____	_____	<b>Land Contract</b>	_____	_____
<b>Social Security or SSI for self or household members</b>	_____	_____	<b>Mortgage or Deed of Trust</b>	_____	_____
			<b>Real Estate or</b>	_____	_____
			<b>Other Capital Investments</b>	_____	_____
<b>Veterans Administration Benefits</b>	_____	_____	<b>Lump Sum Receipts</b> <small>(Inheritance, Insurance Settlement, Capital Gains, Lottery Winnings)</small>	_____	_____
<b>Welfare (excluding Food Stamps)</b>	_____	_____			
<b>Child Support or Alimony</b>	_____	_____	<b>Personal Property held as an Investment:</b> <small>(e.g. Jewelry, Coins, Antique Cars)</small>	_____	_____
<b>Payments from:</b>			<b>EXPENSES</b>		
<b>Insurance Policies</b>	_____	_____	<b>All medical bills including eye doctors, dentists, prescriptions, hearing aids, etc.</b>	_____	_____
<b>Retirement Fund</b>	_____	_____	<small>**For elderly or disabled households ONLY**</small>		
<b>Pension Fund</b>	_____	_____	<b>Bills for Medical Insurance</b>	_____	_____
<b>Death Benefits</b>	_____	_____	<small>**For elderly or disabled households ONLY**</small>		
<b>Annuities</b>	_____	_____	<b>Child Care Expenses</b>	_____	_____
<b>Income from Rental Property</b>	_____	_____	<b>Other Care Expenses</b>	_____	_____
<b>Student Financial Assistance</b>	_____	_____	<b>INCREASES &amp; CHANGES</b>		
			<b>Expected Income Increase in the next 15 months.</b>	_____	_____
<b>Lottery Winnings paid periodically</b>	_____	_____			
			<b>Expected Change in Family Composition in the next 15 months.</b>	_____	_____
<b>Recurring Monetary Gifts, Contributions or Payments</b> <small>(from persons not living in the unit)</small>	_____	_____			

I swear and attest that the above information about my income and assets is true and correct. I understand that increases in total family income may cause me to no longer qualify for residency.

\_\_\_\_\_  
Household Member (18 yrs or older)

\_\_\_\_\_  
Date

I have contacted the applicant/resident regarding the completion of this form and attest that to best of my ability I have explained the content of the form and answered any questions the applicant/resident had.

\_\_\_\_\_  
Signature of Agent/Owner

\_\_\_\_\_  
Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.