



THE MILLS AT HIGH FALLS



Thank you for your interest in The Mills at High Falls.

The following documents must be returned with the completed application:

*(**Please answer all of the questions included on this application and provide photocopies of the information requested that applies to you and your household)*

- W-2's (Most recent year)
- 2 Forms of legal identification such as Drivers License, Passport, Social Security Cards
- A criminal background check and credit report will be processed for all applicants over 18 years of age and a \$15.00 fee will be collected from applicants to cover this cost.

All assets and incomes will need to be documented to verify household meets program criteria. You will need to provide this **at the time of your Interview:**

- Documentation of sources of income, assets, retirement accounts stock/bonds etc.

To ensure the safety of our residents and the success of the The Mills At High Falls a criminal background check and credit check will be run on all applicants over 18 years of age.

RETURN YOUR COMPLETED APPLICATION TO
ULREDC

Urban League of Rochester Economic Development Corporation

312 STATE STREET

ROCHESTER NY 14608



Date _____
Time _____
<i>For office use only</i>

The Mills at High Falls
Applicant Questionnaire

Return Completed application to: ULREDC, 312 State Street. Rochester, NY 14608

Household Information

List all household members that will be living in this apartment.

Name First, Middle, Last	Relationship Head of Household	M/F	Social Security Number	Birth Date Month, Date, Year

Current Address: _____

Daytime Phone: _____ **Evening Phone:** _____

Vehicle Information

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:	_____	_____	_____

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the following 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 authorize my consent to have management verify the information contained in this application for purposes of providing 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 Housing Credit Program requirements.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date

History

Yes

No

Have you or any one else named on this application filed for bankruptcy?

Explanation: _____

Do you or anyone else named on this application have a Police/Criminal record?

Explanation: _____

Have you or any one else named on this application been evicted from a rental unit?

Explanation: _____

Housing References

List the past Fifteen years of housing references. (If additional space is required, use the back of this page.)

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

Emergency Contact

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known _____

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	Employment / Self Employment wages or salaries?		
		<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	Unemployment benefits or workman's compensation?		
		<u>Household Member</u>	<u>Caseworker</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	Public Assistance, General Relief or Temporary Assistance for Needy Families (TANF)?		
		<u>Household Member</u>	<u>Caseworker</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	Social Security, SSI, SSD, Veterans Benefits, Pensions, Retirements, Annuities?		
		<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	Regular payments from a severance package, Settlements?		
		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	Regular payments from rental property or other types of real estate transaction?		
		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	Any other income sources or types not listed?		
		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

Asset Information

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	Checking or Savings account? <u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	CDs, money market accounts, Stocks, <u>Household Member</u>	Bonds or Treasury Bills, Trust Funds? <u>Financial Institute</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	Pensions, IRAs, Keogh, Life Insurance or other retirement accounts? <u>Household Member</u>	<u>Account</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	Do you or have you owned Real estate, rental property, land contracts/contract for deeds or other real estate holdings in the past 15 years? <u>Household Member</u>	<u>Item</u>	<u>Value</u>

<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years? <u>Household Member</u>	<u>Amount</u>	_____
		_____	_____	_____
		Explanation: _____		

Applicant Status

<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	Are you or any other household members (INCLUDING MINORS) currently a full time student or expect to be one in the next 12 months? <u>Household Member(s):</u> _____
<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	We have apartments for individual with disabilities; do you want to be considered for one of these units? Explain: _____
<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	Will household be receiving Section 8 rental assistance at time of move-in or within 12 months? <u>Name of Agency:</u> _____ <u>Contact Person:</u> _____
<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	Conflict of Interest: Are you an Employee of ULR/ULREDC or Related to an employee or Board Member? <u>Name of person/relationship:</u> _____