



# The SEPP Group

HOUSING MANAGEMENT DEVELOPMENT

SEPP Housing & Management  
53 Front Street  
Binghamton, NY 13905  
Phone: 607.723.8989  
Fax: 607.723.8980  
TDD: 607.677.0080

Dear Applicant,

Thank you for your interest in our properties.

Before returning your application, please be sure that all blanks are filled in as accurately as possible and all boxes are checked. If an incomplete application is received by management, it will be sent back to the applicant and delay the process.

Once all of the forms are completed, please mail them back to the specific building you are applying for. The address to the building can be found on the top of each page of the application.

Please be sure to include your signature and the date in which you signed the application.

All applications received are dated and placed on the appropriate waiting list according to eligibility criteria. Should you have any questions regarding any of the enclosed material, please feel free to contact the building manager(s). The phone number for each property can be found on the application as well.

Sincerely,

*The SEPP Group*

Cardinal Cove  
Creamery Hills Apartments  
Hamilton House Apartments  
Harry L. Apartments  
Kime Apartments  
Marian Apartments  
Nichols Notch Apartments  
Watkins Glen Apartments  
Wells Apartments  
Whitney Point Apartments  
Windsor Woods Apartments



SEPP Management Co., Inc.  
 Kime Apartments  
 299 Main Street  
 Great Bend, PA 18821

Date: \_\_\_\_\_

Property Name:	Kime Apartments	Telephone:	570-879-4944
Address:	299 Main Street	Fax:	570-879-4370
Address 2:	Great Bend, PA 18821	TTD/TTY:	711 National Voice Relay or 607-677-0080
Property Web Site	www.seppinc.com	Email	housing@seppmanagement.com
<b>For Office Use Only:</b>			
Date application received _____	Time application received _____	By _____	

Applicant Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		
Current Address			
Address Line 2			
City, State, Zip			
Home Phone			
Cell Phone			
Email address			
Work Phone			
May we contact you at work?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth date			
Social Security Number			
If you have no Social Security Number, you claim you are exempt because:			
<input type="checkbox"/> You are an ineligible non-citizen			
<input type="checkbox"/> You were 62 as of 1/31/2010 <b>and</b> receiving HUD housing assistance as of 1/31/2010			



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How did you hear about us?	
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<b>If the head-of household or co-head/spouse is not 62 or older, do you claim eligibility because the head-of-household or co-head/spouse is disabled and requires the features of an accessible unit?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a student enrolled in an institute of higher education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving housing assistance from HUD or a PHA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know that this property is a smoke free building? This means that smoking is prohibited in the unit, on unit balconies and porches and in all indoor and outdoor common areas.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when?		

**RENTAL HISTORY:**

Are you currently homeless? <i>If yes, please skip questions about your current landlord and answer questions related to your most recent landlord.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Current Landlord	
Address	
City, State, Zip	
Contact Name (if known)	
Phone Number	
How long did you live at this address?	



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Reason for leaving?		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving housing assistance from HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given this landlord notice that you will be moving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been evicted or is this landlord attempting to evict you or another person living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** List the Head of Household and all other people who will be living in the unit. You must indicate one of the HUD approved relationship codes for each household member. Because residents who live on this property are subject to citizen/non-citizen eligibility requirements, please indicate the citizen/non-citizen eligibility status. Please provide a complete list of states where each member has lived. This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed. Failure to provide a complete and accurate list will result in the rejection of the application.

HOUSEHOLD MEMBER #	HOUSEHOLD MEMBER'S FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTH DATE
1		<b>Head of Household</b>	
SSN			
Please indicate each state where this person has lived:			
2		<input type="checkbox"/> <i>Co-head/Spouse</i> <input type="checkbox"/> <i>Child,</i> <input type="checkbox"/> <i>Other adult,</i> <input type="checkbox"/> <i>Foster adult/child</i> <input type="checkbox"/> <i>Live-in Aide</i> <input type="checkbox"/> <i>None of the Above</i>	
SSN			
Please indicate each state where this person has lived			



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**PETS & ASSISTANCE/COMPANION ANIMALS:** Please review the property pet/assistance animal rules. The presence of any animal must be approved before the animal is allowed to be kept in the unit.

Do you plan to house an animal in the unit?  Yes  No

If No, please move on to the next section. If yes, please provide the following information.

ANIMAL TYPE <i>(I.E. DOG, CAT, TURTLE, ETC.)</i>	BREED <i>(IF APPLICABLE)</i>	HEIGHT <i>(MEASURED AT WITHERS IF APPLICABLE)</i>	WEIGHT

Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?  Yes  No

**UNIT SIZE:** The owner/agent will take your unit preferences/requirements into consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. If you request a unit size different from these standards, the owner/agent is required to verify the need for a larger or smaller unit in accordance with HUD Handbook 4350.3 Revision 1. Please indicate unit size preferences below. If you require special unit features, the owner/agent may verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate any necessary special features below.

**Special Features**

<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> Communication Accessible Unit (Hearing)
<input type="checkbox"/> Communication Accessible Unit (Visual)
<input type="checkbox"/> Special features: Please list below:



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**INCOME AND ASSET INFORMATION:** In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Are you employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.			
Employer #1			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?			\$
Employer #2			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?			\$
Employer #3			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?			\$



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How much do you expect to receive in other income in the next 12 months? <u>Please write in 0.00, NA or None if you will receive no income from these sources.</u> <b>THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.</b>	
Monthly Social Security?	\$
Monthly SSI?	\$
Monthly Retirement Benefits?	\$
Monthly VA Benefits?	\$
Monthly Unemployment Benefits?	\$
Are you entitled to Child Support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Child Support Amount?	\$
Are you entitled to Alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Alimony Amount?	\$
Monthly Public assistance?	\$
Income from a pension or annuity or other asset?	\$
Regular contributions from organizations or from individuals not living in the unit?	\$
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?	\$
Contributions from family for rent, child care or other bills?	\$
Any lump sum amounts from delay of payments for SSI or VA Disability?	\$
Do you receive financial aid for education assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual amount of education assistance.	\$
Other?	\$
Other?	\$
Other?	\$



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**Assets**

Do you have a checking account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If you answered yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.</i>		
Do you have a savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Balance - Please write in 0.00, NA or None if the account balance is zero.	\$	
Do you have a 401K or other employment savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an IRA or other retirement account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Amount	\$	
Do you own a home or other property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have business income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value of Business? - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own stocks/bonds/certificates of deposit (CD)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value? - Please write in 0.00, NA or None if the asset value is zero.	\$	





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Do you own a life insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value? - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an annuity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value? - Please write in 0.00, NA or None if the asset value is zero.	\$	
If yes, please provide a description of the asset(s) and the current asset value below:		

**DEDUCTIONS:** Household income can be reduced based on the amount of qualified monthly expenses. Please let us know if you have out-of-pocket expenses for the following:

**Medical Expenses:** Households in which the **head-of-household, co-head of household or spouse are disabled or at least 62 years old** qualify for deductions based on out-of-pocket medical expenses. Please let us know if you or any members of your household have out-of-pocket expenses for the following:

Health Insurance - 1 – annual premium	\$
Health Insurance - 1 – annual deductible	\$
Health Insurance - 2 – annual premium	\$
Health Insurance - 2 – annual deductible	\$
Dr. visit/medical treatments - annual out-of-pocket expense	\$
Prescription Drugs - annual out-of-pocket expense	\$



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The policy of SEPP Management Company, Inc. (managing agent) and SEPP Inc. (owner or affiliate of owner) is one of equal access to housing in HUD programs for prospective applicants regardless of race, color, religion, sex, handicap, familial status, national origin, sexual orientation, gender identity or marital status.

**THE INFORMATION REGARDING RACE, NATIONAL ORIGIN AND SEX SOLICITED BELOW ON THIS APPLICATION IS REQUESTED BY THE APARTMENT OWNER IN ORDER TO ASSURE THE FEDERAL AND STATE GOVERNMENT THAT FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICATIONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE AND HANDICAP ARE COMPLIED WITH. YOU ARE **NOT REQUIRED** TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THE 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 OR ITS AGENT IS REQUIRED TO NOTE THE RACE, NATIONAL ORIGIN AND SEX OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OF SURNAME, AND PERSONAL INTERVIEWS. CONSEQUENTLY, WE WOULD APPRECIATE YOUR VOLUNTARY ANSWER TO THE FOLLOWING QUESTIONS:**

**Race: White \_\_\_\_\_ Black \_\_\_\_\_ Spanish American \_\_\_\_\_ Asian/Asian Pacific  
American Indian \_\_\_\_\_ Other (name)**



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**PENALTIES FOR MISUSING THIS FORM**

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 any 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 willfully 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 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).

**APPLICANT CERTIFICATION**

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

Applicant Name (please print) \_\_\_\_\_

Co/Applicant (if applicable) \_\_\_\_\_

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

Co Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

*Kime Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.  
The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).*

Name **Brandy Jackson**  
Address **53 Front Street**  
City **Binghamton** State **NY** Zip **13905**  
Telephone – Voice: **607-723-8989 extension- 314**  
Telephone – TTY: **607-677-0080**  
Telephone- Fax: **607-723-8980**



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.