


SEPP Management Co., Inc.
SEPP Carolyn Arms Apartments
405-407 West Main Street
Endicott, NY 13760

For Office Use Only:
Date received _____
Time received _____
By: _____

Property Name:	SEPP Carolyn Arms Apartments	Telephone:	607-754-7979
Address:	405-407 West Main Street	Fax:	1-877-200-5572
Address 2:	Endicott, NY 13760	TTD/TTY:	711 National Voice Relay or 607-677-0080
Property Web Site	www.seppinc.com	Email	housing@seppmanagement.com

HOUSEHOLD COMPOSITION AND CHARACTERISTICS List all other people who will be living in the unit

Please Print Clearly

Applicant Name: First _____ Last _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	Co-Applicant Name First _____ Last _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	<u>Relationship to Applicant</u> <input type="checkbox"/> Co-head/Spouse <input type="checkbox"/> Child, <input type="checkbox"/> Other adult, <input type="checkbox"/> Foster adult/child
Address	Applicant	Co-Applicant
Current Address →		
City, State, Zip →		
Home Phone →		
Cell Phone →		
Email address →		
Work Phone →		
Birth date →		
Social Security Number →		
Please indicate each state where this person has lived →		
Alternate Contact Person: Name of person we may contact in case we are unable to contact you.	Name: _____	Phone Number: _____



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Are you or any member of household enlisted in the U.S. Military or are you a veteran of the U.S. Military?	<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 or <u>any member</u> of the household 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 or any member of household 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:

	Applicant	Co-Applicant
Current Landlord		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long did you live at this address?		
Reason for leaving?		
Were you or any member of household 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 or any member of household 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
Have you or any member of household given this landlord notice that you will be moving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received any lease violation notices from your prior landlord? If so what was the alleged violations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or co-applicant currently receive any rental subsidy? (Section 8 Voucher, Rental Assistance, etc.) Please indicate type of assistance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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

Applicant- 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			
City, State, Zip			
Phone			
Co-Applicant- 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			
City, State, Zip			
Phone			



The policy of SEPP Management Company, Inc. (managing agent) and SEPP Inc. (owner or affiliate of owner) is one of equal access to housing 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) _____

How did you hear about us? _____



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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 Signature _____ Date _____

Co Applicant Signature _____ Date _____

SEPP Carolyn Arms 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**

