



The SEPP Group

HOUSING MANAGEMENT DEVELOPMENT

Carolyn Arms
Apartments

For Office Use Only:

Date/Time received: _____

By: _____

Estimated Income: \$ _____

Qualifies for HAP Units? ☐ Yes ☐ No

Income Percentile:

☐ 30% ☐ 50% ☐ 60%

Property Name:	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

Number of Bedrooms You are Applying For:	☐ One Bedroom	☐ Two Bedroom
Are you aware and understand 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.	☐ Yes	☐ No

PLEASE PRINT CLEARLY

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List all other people who will be living in the unit.

Relationship to Applicant

☐ Co-head/Spouse ☐ Child,

☐ Foster adult/child ☐ Other

Applicant

Co-Applicant:

First Name→		
Last Name→		
Gender→	☐ Male ☐ Female ☐ Other ☐ Prefer not to Disclose	☐ Male ☐ Female ☐ Other ☐ Prefer not to Disclose
Current Address →		
City, State, Zip →		
Home Phone →		
Cell Phone →		
Email address →		
Work Phone →		
Birth date →		
Social Security # →		
Please indicate each state where you have lived →		

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<u>Alternate Contact Person:</u> Name of person we may contact in case we are unable to contact you.	<u>Name:</u> _____	<u>Phone Number:</u> _____
Have you or <u>any member</u> of the household ever been convicted of a felony?		☐ Yes ☐ No
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?		☐ Yes ☐ No
Are you or any member of the household a student enrolled in an institute of higher education?		☐ Yes ☐ No

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>	☐ Yes	☐ 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?	☐ Yes	☐ No
Have you or any member of household given this landlord notice that you will be moving?	☐ Yes	☐ No
Do you or co-applicant currently receive any rental subsidy? (Section 8 Voucher, Rental Assistance, etc.) Please indicate type of assistance: _____	☐ Yes	☐ No

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

Applicant		Co-Applicant	
Are you employed?	☐ Yes ☐ No	Are you employed?	☐ Yes ☐ No
If yes, please provide the name and address of your present employer below.		If yes, please provide the name and address of your present employer below.	
Employer #1			
Address			
City, State, Zip			
Phone			





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Income:

THE APPLICATION WILL NOT BE PROCESSED IF THESE FIELDS ARE NOT COMPLETE.

Please write in GROSS AMOUNTS or 0.00, NA or None if you will receive no income from these sources.	Applicant	Co-Applicant
Employment Income: Please note frequency, hours and rate of pay. \$ X (Hours)= (Weekly, Biweekly, Monthly)	\$	\$
Monthly Social Security before any deductions?	\$	\$
Monthly SSI?	\$	\$
Monthly SSP?	\$	\$
Monthly Retirement Benefits?	\$	\$
Monthly VA Benefits?	\$	\$
Monthly Unemployment Benefits?	\$	\$
Monthly Alimony Amount?	\$	\$
Monthly Public assistance?	\$	\$
Monthly Income from a pension or annuity or another asset?	\$	\$
Regular contributions from organizations or from individuals not living in the unit? Please specify frequency:	\$	\$
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits? Please specify frequency:	\$	\$
Contributions from family for rent, child care or other bills?	\$	\$
Do you or any member of household receive financial aid for education assistance?	☐ Yes ☐ No	☐ Yes ☐ No
Annual amount of education assistance.	\$	\$
Any other Monthly/ Quarterly/ Yearly income? Please explain-	\$	\$

Assets:

Please write in Current Balance or 0.00, NA or None if you will receive no income from these sources	Applicant	Co-Applicant
Do you have a savings account? ☐ Yes ☐ No	\$	\$
Do you have a Prepaid Card account? ☐ Yes ☐ No (Example Direct Express card)	\$	\$
Do you have a 401K or other employment savings account? ☐ Yes ☐ No	\$	\$
Do you own an IRA or other retirement account? ☐ Yes ☐ No	\$	\$
Do you own a home or other real property? ☐ Yes ☐ No If yes, list the estimated market value and amount owed on Mortgage	\$ _____ \$ _____	\$ _____ \$ _____
Do you own stocks/bonds/certificates of deposit (CD) ☐ Yes ☐ No	\$	\$
Do you own a life insurance policy? ☐ Yes ☐ No	\$	\$
Do you or any member of household own an annuity? ☐ Yes ☐ No	\$	\$

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UNIT PREFERENCES/REQUIREMENTS: The owner/agent will take your unit preferences/requirements into consideration. The owner/agent occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom.

☐ Communication Accessible Unit (Visual)	☐ Mobility Accessible Unit
☐ Communication Accessible Unit (Hearing)	☐ Other: _____

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: _____

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

Hamilton House 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**

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