



**SARANAC VALLEY HOUSING**  
**56 McCutcheon Lane, # 3**  
**Saranac, NY 12981**  
**(518) 293-8518**  
**TDD Relay 711**

(ALL BLANKS MUST BE FILLED IN OR THIS FORM WILL BE RETURNED TO YOU)

**OFFICE USE ONLY:** DATE RECEIVED \_\_\_\_\_ TIME RECEIVED \_\_\_\_\_  
MANAGER INITIALS \_\_\_\_\_

YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. LIST APPLICANT FIRST, CO-APPLICANT SECOND. ALL INFORMATION IS KEPT CONFIDENTIAL.

Please fill out this application yourself. If you are unable to fill out this application, someone will fill it out for you or you may choose someone to fill it out. That person must sign the last page as the person whose hand-writing appears on the form.

**Applications may be mailed to the above address or dropped off at the Project Office during posted office hours or placed in locked box located near the office door.**

**Our apartments are all one-bedroom.**

APPLICANT'(S) NAME \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

PHONE NUMBER(S). \_\_\_\_\_

RENT: \$\_\_\_\_\_ UTILITIES INCLUDED? \_\_\_\_\_

**MEDICAL/HANDICAP ASSISTANCE EXPENSES**

Do you have any unusual expenses related to employment, such as a care attendant or auxiliary apparatus for a disabled family member? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

Will any alterations to the apartment be necessary for you or a member of your family? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

Do you require an accessible unit or reasonable accommodation due to disability? \_\_\_Yes \_\_\_No

A deduction is allowed for households whose head or co-head is elderly, (62 or older), disabled (regardless of age).

Are you or anyone in your household seeking this deduction? Yes \_\_\_\_\_ No \_\_\_\_\_

ATTACHMENT: Things You Should Know About USDA Rural Rental Housing

**LIST ALL PERSONS WHO WILL BE LIVING IN YOUR HOME.**

NAME	DATE OF BIRTH	RELATION TO HEAD OF HOUSE	SOCIAL SECURITY # (FOR ALL)	FULL TIME STUDENT? (Y/N)
1)				
2)				

**INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW. ENTER ZERO (\$) FOR ANYTHING THAT DOES NOT APPLY.**

NAME OF FAMILY MEMBER

SOURCE OF INCOME

\_\_\_\_\_ a. Social Security Gross monthly amount \$ \_\_\_\_\_  
 \_\_\_\_\_ Social Security Gross monthly amount \$ \_\_\_\_\_  
 \_\_\_\_\_ b. Pension monthly amount \$ \_\_\_\_\_  
 \_\_\_\_\_ Pension monthly amount \$ \_\_\_\_\_  
 Source of Pension(s) \_\_\_\_\_

\_\_\_\_\_ c. SSI Benefits monthly amount \$ \_\_\_\_\_  
 \_\_\_\_\_ SSI Benefits monthly amount \$ \_\_\_\_\_  
 \_\_\_\_\_ d. Wages Gross monthly amount \$ \_\_\_\_\_

Employer's Name \_\_\_\_\_  
 Employer's Address \_\_\_\_\_

Wages Gross monthly amount \$ \_\_\_\_\_

Employer's Name \_\_\_\_\_  
 Employer's Address \_\_\_\_\_

\_\_\_\_\_ e. Unemployment Comp. monthly amt. \$ \_\_\_\_\_  
 \_\_\_\_\_ Unemployment Comp. monthly amt. \$ \_\_\_\_\_  
 \_\_\_\_\_ f. Social Services monthly amount \$ \_\_\_\_\_  
 \_\_\_\_\_ Social Services monthly amount \$ \_\_\_\_\_  
 \_\_\_\_\_ g. Full Time Student over 18 \$ \_\_\_\_\_  
 \_\_\_\_\_ Full Time Student over 18 \$ \_\_\_\_\_  
 \_\_\_\_\_ h. Alimony monthly amount \$ \_\_\_\_\_  
 \_\_\_\_\_ i. Child Support monthly amount \$ \_\_\_\_\_  
 \_\_\_\_\_ j. Earned Income  
 Tax Credit ANNUAL amount \$ \_\_\_\_\_  
 \_\_\_\_\_ k. Other Income monthly amount \$ \_\_\_\_\_  
 Source \_\_\_\_\_  
 Other Income monthly amount \$ \_\_\_\_\_  
 Source \_\_\_\_\_  
 \_\_\_\_\_ l. Income from investments monthly \$ \_\_\_\_\_  
 \_\_\_\_\_ Income from investments monthly \$ \_\_\_\_\_  
 \_\_\_\_\_ m. Interest income monthly amount \$ \_\_\_\_\_  
 \_\_\_\_\_ Interest income monthly amount \$ \_\_\_\_\_

Do you anticipate any changes in this income during the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

Does anyone in the household receive any regular contributions or gifts from non-household members?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Does anyone in the household receive any income from property? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

Do you expect anyone not listed on this application to be moving in with you in the future?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Is either the Head of Household or Co-head a full-time student or expected to be in the next 12 months?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE LIST ALL ASSETS FOR ALL HOUSEHOLD MEMBERS** (Bank checking, savings accounts, credit union accounts, C.D.'s, stock)

	ACCOUNT NUMBER	BANK	BALANCE	INTEREST RATE
Checking Account	# _____	_____	_____	_____
	# _____	_____	_____	_____
Cash On Hand	_____	_____	_____	_____
Savings Account	# _____	_____	_____	_____
	# _____	_____	_____	_____
Credit Union	# _____	_____	_____	_____
	# _____	_____	_____	_____
C.D.'s	# _____	_____	_____	_____
	# _____	_____	_____	_____
Savings Bonds	# _____	_____	_____	_____
	# _____	_____	_____	_____
Other (property held as an investment or life insurance cash value)	# _____	_____	_____	_____
	# _____	_____	_____	_____

Real Property: Do you own any property? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, type of property \_\_\_\_\_  
Where is property located \_\_\_\_\_  
Appraised Market Value \$ \_\_\_\_\_

Have you sold/dispensed of any property in the last 2 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, type of property \_\_\_\_\_  
Market Value when sold/dispensed \$ \_\_\_\_\_  
Date of transaction \_\_\_\_\_

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up irrevocable trust accounts)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe asset \_\_\_\_\_  
Date of Disposition \_\_\_\_\_  
Amount disposed \$ \_\_\_\_\_



CRIMINAL HISTORY:

1. Are you a current illegal user of controlled substance or have you ever been convicted of using a controlled substance? \_\_\_Yes \_\_\_No. If yes, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? \_\_\_Yes \_\_\_No
2. Have you or any member of your household ever been convicted or pleaded "guilty" or "no contest" to a crime (whether or not resulting in a conviction)? \_\_\_Yes \_\_\_No  
If yes, what State/County? \_\_\_\_\_ When? \_\_\_\_\_
3. Are you or any member of your family a drug dealer or have you of any family member ever been a drug dealer? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you or any household member ever been convicted of or pleaded guilty or "no contest" to a crime involving sexual misconduct (whether or not resulting in a conviction)? \_\_\_ Yes \_\_\_ No  
If yes, what State/County? \_\_\_\_\_ When? \_\_\_\_\_
5. Are you or any household member a Registered or Unregistered Sex Offender? \_\_\_Yes \_\_\_No  
If yes, list State(s): \_\_\_\_\_
6. Please list all States you have lived in: \_\_\_\_\_

CREDIT REFERENCES:

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

PERSONAL REFERENCES (NO RELATIVES)

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_

LIST YEAR, MAKE, COLOR AND LICENSE PLATE # FOR ALL VEHICLES IN YOUR HOUSEHOLD

YEAR/MAKE	COLOR	LICENSE PLATE #
_____	_____	_____
_____	_____	_____

Do you own any pets: Yes \_\_\_ No \_\_\_ If yes, describe \_\_\_\_\_

Acceptance of this application does not guarantee rental of an apartment. All applicants must meet screening criteria, including landlord and credit checks. Changes in family income, size and address and phone number must be reported promptly to management in order to properly process your application.

A security deposit (that may be made in scheduled payments) and a one year lease are required. Copies of birth certificates will be required for all household members.

I/We certify that all information in this application is true to the best of my/our knowledge and that I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We certify that if accepted for tenancy, this unit will be my/our primary residence and I/we will not maintain a separate subsidized rental unit in a different location.

**SIGNATURES:**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

**AUTHORIZATION**

I/WE DO HEREBY AUTHORIZE RURAL PRESERVATION COMPANY OF CLINTON COUNTY, INC. AND ITS STAFF OR AUTHORIZED REPRESENTATIVES TO CONTACT ANY AGENCIES, OFFICES, GROUPS OR ORGANIZATIONS TO OBTAIN AND VERIFY ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY/OUR APPLICATION FOR HOUSING IN THIS PROPERTY MANAGED BY RURAL PRESERVATION COMPANY OF CLINTON COUNTY, INC.

**SIGNATURES:**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Person Filling Out  
Form for Tenant

## \*RACE/NATIONAL ORIGIN: COMPLETION OF THIS SECTION IS OPTIONAL

\*The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Services, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This 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 is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

**APPLICANT #1**Ethnicity:

- Hispanic or Latino  
 Not Hispanic or Latino

Race: (Mark one or more)

- American Indian/Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White

Gender:

- Male  Female

**APPLICANT #2**Ethnicity:

- Hispanic or Latino  
 Not Hispanic or Latino

Race: (Mark one or more)

- American Indian/Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White

Gender:

- Male  Female

**Unlawful discrimination.** "This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)."



# Rural Housing and Community Programs

## Things You Should Know About USDA Rural Rental Housing

***Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification***

### ***Penalties for Committing Fraud***

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

### ***How To Complete Your Application***

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
  - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
  - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
  - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
  - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
  - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
  - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

### ***Ask for Help if You Need It***

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

### ***Before You Sign the Application***

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

### ***Tenant Recertification***

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;



- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

## Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

**Report Abuse:** If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

## If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

### Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

### Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

### When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

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The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.