The Roosevelt Apartments

921 Main Street, Buffalo, NY 14203
(716) 883 - 1705 (Ph) ◆ (716) 433-8880 (Fax)

Office hours are Mon-Fri ◆10:00 to 5:00 pm ◆ closed between 12:30 pm and 1:30 pm

Roosevelt Apartments eligibility requirements are 62+ years of age and/or disabled.

Roosevelt Apartments consists of one hundred fourteen one bedroom and one bathroom apartments. All apartments are carpeted and come with an electric stove and refrigerator. Roosevelt Apartments is an all-electric apartment complex and all tenants are responsible for their electric bill. We also offer a parking lot, two elevators, laundry facility on the first floor, and a community room and lounge for tenant activities. We also have an intercom system at the main entrance.

APPLICANT CRITERIA

THE FOLLOWING CRITERIA MUST BE FOLLOWED FOR EACH FAMILY WISHING TO APPLY FOR RESIDENCY IN THE ROOSEVELT APARTMENTS.

Attached please find an application and information for the Roosevelt Apartments. The Section 8 Program is funded by the U.S. Department of Housing and Urban Development (HUD). The household income may not exceed the applicable income limit to be eligible.

Applicants must complete our application and present it either in person or by mail. Any application submitted incomplete will be rejected. Applicants must submit a government issued photo ID for anyone 18 and over.

Upon acceptance, you will be added to our waitlist based on the date and time received. You will receive an acceptance or denial letter via U.S. Mail. As long as you meet the eligibility requirements, your application will remain on file. If your address and/or phone number changes, please contact our office immediately. If your application is denied you will receive written notification including the reason for denial.

*Per HUD mandate, preferences are given to US Veterans, their surviving spouses, victims of Presidentially Declared Disasters (PDD) and applicants displaced by a government action.

We update the waiting list periodically and if you do not respond to our update, we will assume that you are no longer interested and your name will be removed from the waitlist.

Roosevelt Apartments is a non-smoking complex. Smoking is prohibited in any apartment or building.

Our Tenant Selection Plan, detailing our admissions policies, is available for review.

If you have a disability and need a reasonable accommodation in order to participate in this application process or to make effective use of the housing program, you have the right to request a reasonable accommodation.

Thank you again for choosing Roosevelt Apartments as your future residence. If you have any questions please contact the rental office.

OFFICE USE ONLY

Date/Time/Initials/Received:_____

ROOSEVELT APARTMENTS
APPLICATION FOR ADMISSION

ROOSEVELT APARTMENTS ELIGIBILITY REQUIREMENTS ARE 62+ YEARS OF AGE AND/OR DISABLED.

(PLEASE COMPLETE ALL SECTIONS. INCOMPLETE APPLICATIONS WILL BE REJECTED)

Head of Household Name
_____

Current Address
_____

City, State, Zip Code
_____

Cell Phone _____ Home Phone _____ Email:
_____

1. **LIST ALL PERSONS WHO WILL RESIDE IN THE UNIT INCLUDING YOURSELF**:

Member No.	Applicant's Full Name	Relationship	Birth Date	Age	Sex optional	Social Security No.	Student? YES OR NO
1		Head					

2. Are **all** members of your household U.S. Citizens? (circle one) YES or NO
3. Does anyone live with you now who is not listed above? Yes No
4. Do you expect a change in your household composition? Yes No

Explain if you answered yes to either question:
_____

5. Veteran Status: (check one) 1. Veteran _____ 2. Non-Veteran _____ 3. Active duty_____ 4. Reserve Unit_____
6. Do you currently have any form of rental assistance? If so, please specify the agency:
_____.

GENERAL INFORMATION: (IF NONE, WRITE, **"NONE"**)

A. **Automobile:** (Make)
_____(Model)_____(Year)_____(License)_____

B. **Child Daycare Expenses:** (circle one): **Yes** or **No** Amount: $ _____per_____ Age(s):
_____

Child Care Provider Name:
_____
Address: _____ Zip _____ Phone:
_____

C. **Medical Expenses** not covered or reimbursed by Insurance **(for families with an elderly or disabled Head or Spouse only)**
Dental, doctor bills, glasses, medicines, etc. $_____ annually
Private Medical Insurance Company Name: _____ Monthly Premium
$_____

D. **Disability Expenses:** Do you have to pay for the care of a disabled person, special equipment for them or yourself, if disabled, in order to work? Describe what and amounts
_____

INCOME (Please list all sources of income)- Employment, public assistance, child support, alimony, social security, SSI, disability, unemployment benefits, workers compensation, pensions, annuities, veterans benefits, student financial assistance and any other income for all household members:

Member No.	Source of Income	Monthly or Annual Income

EMPLOYMENT HISTORY
Name and address of Your Current Employer:
_____ Telephone No.
_____
_____ Telephone No.
_____
_____ Supervisor's Name
_____

Name and address of Your Previous Employer:
_____ Telephone No.
_____
_____ Telephone No.
_____
_____ Supervisor's Name
_____

ASSETS (Please list all asset sources; if none write "NONE")

List all checking, savings accounts, retirement accounts, certificates of deposits, mutual funds, stocks, bonds, trusts, real estate, life insurance or other assets owned for all household members:

Member No.	Bank/Financial Institution Name	Type of Asset

STUDENT STATUS INFORMATION Are any household members listed on this application currently enrolled as a student in an institute of higher education (Institutes of higher education include post-secondary vocational institutions, proprietary institutions of higher education which prepare students for gainful employment in a recognized occupation, and accredited post-secondary colleges and universities)? _____ Yes _____ No

ADDITIONAL INFORMATION

Are you or any member of your household subject to a lifetime registration requirement under a state sex offender registration program? ____ Yes ____ No
Have you or any member of your household ever been convicted of a felony? ____ Yes ____ No
If yes, please describe; _____
Have you or any member of your household ever been evicted from any housing? ____ Yes ____ No
If yes, please describe; _____
Please list all states that you have lived in: _____

OPTIONAL The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, sex, religion, age, and disability, marital or familial status. USDA, Rural Development applicants may file any complaints of discrimination to USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD). Section 8 applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC2041.
Ethnicity of Head of Household (Select one) ____Hispanic or Latino ____Not-Hispanic or Latino
Race of Head of Household (Select all that apply) ____American Indian or Alaska Native ____Asian ____Black or African American ____Native Hawaiian or Other Pacific Islander ____White ____Other

REASONABLE ACCOMMODATION INFORMATION
If a member of a household needs reasonable accommodations in order to participate in the application process or to make effective use of the housing program, the applicant has the right to request such an accommodation. The owner and management do not discriminate against applicants on the basis of limited access or any other reason.

Do you or any member of your household need any specific unit designs, such as wheelchair accessibility, visual aids (Braille) or apparatus for hearing assistance? ____Yes ____No

Will you or any *adult* household member require a live-in care attendant to live independently? ____Yes ____No

MARKETING How did you hear about us?
❑ Newspaper ❑ Internet ❑ Friends/Family Referral ❑ Other: _____.

ALL APPLICANTS

I authorize MJ Peterson to obtain an investigative credit report and/or a criminal background report in connection with this application. I understand that I may request the name of the reporting agency providing this information. I understand that the above information is being collected to determine my eligibility. I authorize the owner/agent 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 further certify that if the

result of this verification process allows me to receive rental assistance, the unit I/we occupy will be my/our only residence.

I have read this application and hereby state that the information provided by me on this application is accurate and complete, and I acknowledge that in the event I enter into a lease with MJ Peterson that lease may be canceled by the lessor in the event any information provided by me in this application or any other document furnished by me is materially inaccurate or incomplete.

I understand that if approved for residency all applicants 18 or older must sign the lease and its attachments as well as the HUD-50059 and HUD 9887/9887-A Consent Forms.

Signature of Applicant_____ Date

_____

Signature of Co-Applicant_____ Date

_____

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 and any owner (or any employee of HUD 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 willingly 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 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. Section **408 (a) (6), (7) and (8).**