



For Use By project Owner

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

Time: \_\_\_\_\_

Chronological I.D. #: \_\_\_\_\_

**FINIAN SULLIVAN TOWER**  
1 Father Finian Sullivan Drive, Yonkers, NY 10703  
(914) 965-1659 • www.hhmgmt.com/finian

Finian Sullivan Tower does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

## TENANT APPLICATION

IT IS IMPORTANT THAT ALL INFORMATION BE COMPLETED. MAIL ONLY ONE (1) APPLICATION PER FAMILY BY REGULAR MAIL TO:

**FINIAN SULLIVAN TOWER**  
1 Father Finian Sullivan Drive  
Yonkers, New York 10703  
Phone: (914) 965-1659

Head of Household: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

All Family members must complete the following:

Full Name:	Relationship (Head of Household, Spouse, etc):	Date of Birth:	Age:	Sex:	Social Security #:	Disability: (Yes or No)	Accessible Unit: (Yes or No)	Full-Time Student: (Yes or No)

Applicants must disclose and provide verification of the complete and accurate SSN assigned to each household member.

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### CITIZEN STATUS:

Head of Household:       United States Citizen       Eligible Non Citizen

Other Household Member:       United States Citizen       Eligible Non Citizen

**FUNCTIONAL STATUS:**

Does anyone live with you now who is not listed above?  Yes  No

If Yes, please explain: \_\_\_\_\_

Are you or any member of the household subject to a state lifetime sex offender registration in any state?  Yes  No

**APPLICANT SUBSIDY:**

Are you subsidized through Section 8?  Yes  No

If "Yes", is the Section 8 voucher in your name and transferable?  Yes  No

**INCOME AND ASSET INFORMATION:**

Please answer each of the following questions. For each Yes provide details in the charts below. Does any member of your household:

- Yes  No 1. Work full-time, part-time, or seasonally?
- Yes  No 2. Expect to work for any period during the next year?
- Yes  No 3. Work for someone who pays them cash?
- Yes  No 4. Expect a leave of absence from work due to layoff, medical, maternity, or military leave?
- Yes  No 5. Now receive or expect to receive unemployment benefits?
- Yes  No 6. Now receive or expect receive child support?
- Yes  No 7. Have an entitlement to child support that he/she is not now receiving?
- Yes  No 8. Now receive or expect to receive alimony?
- Yes  No 9. Have an entitlement to receive alimony that is not currently being received?
- Yes  No 10. Now receive or expect to receive public assistance (TANF/General Assistance)?
- Yes  No 11. Now receive or expect to receive Social Security or disability benefits?
- Yes  No 12. Now receive or expect to receive income from a pension or annuity?
- Yes  No 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- Yes  No 14. Receive income from assets including interest on checking or savings accounts; interest and dividends from certificates of deposit, stocks or bonds; or income rental property?
- Yes  No 15. Own real estate or any assets for which you receive no income (checking account, cash)?
- Yes  No 16. Have you sold or given away real property or other assets (including cash) in the past two years?

NAME	SOURCE OF INCOME/TYPE OF INCOME	GROSS ANNUAL INCOME

**ASSETS:**

List all checking accounts, savings accounts, IRAs, Keogh accounts, Certificates of Deposit, Mutual Funds and any other assets held by all household members:

NAME	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

List all stocks, bonds, trusts, real estate, life insurance, or other assets and their value owned by any household member:

TYPE	VALUE

TYPE	VALUE

Have you given away an asset or made any contributions?

Yes       No

If "Yes", please list the assets, value, and date of transaction: \_\_\_\_\_

**DISABILITY:**

A person with disabilities for purposes of program eligibility is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that:

Is expected to be a long-continued and indefinite duration

Substantially impedes his or her ability to live independently, and

Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

Do you qualify as disabled under the definition described above?     Yes       No

Do you require a Reasonable Accommodation?                             Yes       No

**LANDLORD INFORMATION:**

How long have you lived at your current residence? \_\_\_\_\_

If less than 5 years, provide prior landlord's name and phone number:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List of states all family members have resided: \_\_\_\_\_

**ELIGIBLE NON-CITIZEN CONSENT:**

For family members who declare eligible non-citizen status:

I, \_\_\_\_\_ hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a. HUD, as required by HUD; and
  - b. The DHS for purposes of verification of the immigration status of the individual

**PROGRAM INFORMATION:**

How did you hear about this development?

- |   |   |
|---|---|
| <input type="checkbox"/> Newspaper  | <input type="checkbox"/> Local organization or church |
| <input type="checkbox"/> Friend or family   | <input type="checkbox"/> Brochure or pamphlet         |
| <input type="checkbox"/> Other (example: Fair Housing Counseling Center, Office of the Aging, etc.) |   |

*The following information is required for statistical purposes so that the Department of HUD may determine the degree to which its programs are utilized. This information should be completed. It will not affect the processing of this application.*

**RACIAL GROUP IDENTIFICATION:** (Used for statistical purposes only). Please check one group which identifies the Head of Household. This information is required for statistical purposes so that the Department of HUD may determine the degree to which its programs are utilized. This information should be completed. It will not affect the processing of this application.

- |  |  |
|--|--|
| <input type="checkbox"/> White (Non Hispanic Origin) | <input type="checkbox"/> Black or African American (Non Hispanic Origin) |
| <input type="checkbox"/> Hispanic                    | <input type="checkbox"/> American Indian or Alaska Native                |
| <input type="checkbox"/> Asian                       | <input type="checkbox"/> Native Hawaiian or other Pacific Islander       |
|  | <input type="checkbox"/> Other   |

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION, FILING OR PROCESSING OF THIS APPLICATION FOR SUBSIDIZED HOUSING.

Each application received will be recorded. Since so many elderly need housing, this development will not be able to accommodate all who are eligible. As families can be reached, they will be called in for an interview.

Admission preference given to all veterans or their surviving spouses, who served on active duty in time of war, as defined in Section 85 of the Civil Service Law, and reside in New York state.

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

**PLEASE DO NOT MAIL MORE THAN ONE APPLICATION PER FAMILY. IF MORE THAN ONE APPLICATION IS RECEIVED, ONLY THE LATEST APPLICATION AS OF THE RECEIVED DATE WILL BE PROCESSED.**

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: (Check all that apply)</b>	
<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.

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

**Finian Sullivan Tower NY-01-10710 / 168**

† Father Finian Sullivan Drive, Yonkers, NY 10703

Name of Property

Project No.

Address of Property

**Finian Sullivan Tower**

**LIHTC / Section 236**

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.