

## St. Mark's Manor

www.echahousing.com

### A Smoke Free Facility

120 Albemarle Street

Buffalo, New York 14207

Telephone: (716) 871-0219

### Return Completed Application to:

**Episcopal Community Housing,  
Inc.**

**120 Albemarle Street  
Buffalo, New York 14207**

**Attn: Katherine Ross**

Please Print  
Complete all information.  
Do Not Leave Any Items  
Blank

St. Mark's Manor is funded under the United States Department of Housing and Urban Development (HUD) section 202/811. **The head of household is 62 years old or older and/or the head of household is physically handicap/disabled.**

Applicants may be admitted only if they meet all eligibility requirements.

### **St. Mark's Manor is a smoke free facility**

#### 1. HEAD OF HOUSEHOLD:

\_\_\_\_\_  
(LAST NAME)

\_\_\_\_\_  
(FIRST NAME)

\_\_\_\_\_  
(MI)

2. PHONE: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

3. BIRTH DATE: \_\_\_\_\_  
(REQUIRED FOR CREDIT CHECK)

EMAIL ADDRESS: \_\_\_\_\_

ALL REFERENCES MUST BE COMPLETE, INCLUDING FULL NAME, ADDRESS AND PHONE

#### 4. PRESENT ADDRESS:

\_\_\_\_\_  
(NO. AND STREET)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(STATE)

\_\_\_\_\_  
(ZIP)

LENGTH OF TIME THERE: FROM \_\_\_\_\_ TO \_\_\_\_\_ RENT \$ \_\_\_\_\_ /MO.

UTILITIES INCLUDED? (YES) \_\_\_\_\_ (NO) \_\_\_\_\_

#### PRESENT LANDLORD:

\_\_\_\_\_  
(FULL NAME)

\_\_\_\_\_  
(COMPLETE ADDRESS)

\_\_\_\_\_  
(PHONE)

**5. LAST PREVIOUS ADDRESS:**

(NO. AND STREET)	(CITY)	(STATE)	(ZIP)
LENGTH OF TIME THERE: FROM _____ TO _____ REASON FOR MOVING: _____			
LANDLORD:			
_____			
(FULL NAME)	(COMPLETE ADDRESS)	(PHONE)	

**6. 2ND LAST PREVIOUS ADDRESS:**

(NO. AND STREET)	(CITY)	(STATE)	(ZIP)
LENGTH OF TIME THERE: FROM _____ TO _____ REASON FOR MOVING: _____			
LANDLORD:			
_____			
(FULL NAME)	(COMPLETE ADDRESS)	(PHONE)	

**7. LIST ALL THE STATES YOU OR/AND ANY MEMBER OF YOU HOUSEHOLD HAVE RESIDED IN**


**8. IF YOU DO NOT HAVE A PREVIOUS RENTAL HISTORY, LIST A THIRD PARTY THAT COULD VERIFY YOUR ABILITY TO LIVE BY THE CONDITIONS OF A LEASE. (EXAMPLE: CLERGY, EMPLOYER)**

(NAME)	(COMPLETE ADDRESS)	(PHONE)
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**9. LIST ALL PERSONS, INCLUDING YOURSELF, WHO WILL LIVE WITH YOU IN THE APARTMENT**

Full Name	Social Security #
1.	
2.	

**10. IS THE HEAD OF HOUSEHOLD 62 OR OLDER?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**11. IS THE HEAD OF HOUSEHOLD PHYSICALLY HANDICAP / DISABLED?**

YES \_\_\_\_\_ NO \_\_\_\_\_

12. ARE YOU A MILITARY VETERAN      YES \_\_\_\_\_ NO \_\_\_\_\_

13. ARE YOU CURRENTLY RESIDING IN A HUD SUBSIDIZED HOUSING?

YES \_\_\_\_\_ NO \_\_\_\_\_

14. ARE YOU CURRENTLY RECEIVING A SECTION 8 RENT SUBSIDY?      YES \_\_\_\_\_ NO \_\_\_\_\_

15. **HOUSING:** IS YOUR PRESENT HOUSING IN GOOD CONDITION?      YES \_\_\_\_\_ NO \_\_\_\_\_  
IF NOT, BRIEFLY DESCRIBE:

\_\_\_\_\_

\_\_\_\_\_

16. ARE YOU CURRENTLY PAYING MORE THAN 50% OF YOUR FAMILY INCOME TOWARD RENT?

YES \_\_\_\_\_ NO \_\_\_\_\_

17. **HOUSEHOLD INCOME:** DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD RECEIVE THE FOLLOWING INCOME OR BENEFITS?

Source of Income/Benefits	Yes/No	Head of Household	Other Household Member	Frequency i.e. per week, month, year	Received By: Name(s)
Social Security/SSI		\$	\$		
Disability		\$	\$		
Employment		\$	\$		
Unemployment		\$	\$		
TANF/Public Assistance		\$	\$		
Alimony		\$	\$		
Military Pay		\$	\$		
Veterans Benefits		\$	\$		
Insurance Benefits		\$	\$		
Retirement Benefits		\$	\$		
Mortgage Payments		\$	\$		
Net Income from Business		\$	\$		
Contributions from friends or relatives		\$	\$		

18. DO YOU RECEIVE ANY OTHER INCOME NOT LISTED ABOVE?      YES \_\_\_\_\_ NO \_\_\_\_\_



**19. ASSETS: DO YOU OR A HOUSEHOLD MEMBER HAVE ANY OF THE FOLLOWING ASSETS?**

Checking Account	Yes	No
Savings Account	Yes	No
Certificates of Deposit	Yes	No
IRA	Yes	No
Other Retirement Funds	Yes	No

Stocks or Bonds	Yes	No
Mutual Funds	Yes	No
Trust Accounts	Yes	No
Life Insurance	Yes	No
Real Estate	Yes	No

**20. HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE DURING THE TWO YEARS PRECEDING THE EFFECTIVE DATE OF THIS APPLICATION?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**21. DO YOU REGULARLY RECEIVE MONETARY GIFTS OR NON-CASH CONTRIBUTION (E.G. FOOD, CLOTHING) FROM FRIENDS OR RELATIVES OR OTHER SOURCES? (DO NOT INCLUDE FOOD STAMPS)**

YES \_\_\_\_\_ NO \_\_\_\_\_

**22. ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD A MILITARY VETERAN (not someone currently serving in the arm forces)** YES \_\_\_\_\_ NO \_\_\_\_\_

**23. ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD A VICTIM OF A VAWA CRIME**

YES \_\_\_\_\_ NO \_\_\_\_\_

**24. ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD CURRENTLY USING AN ILLEGAL SUBSTANCE?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**25. HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CONVICTED OF A FELONY?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**26. ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD SUBJECT TO A LIFETIME SEX OFFENDER REGISTRATION REQUIREMENT IN ANY STATE?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**27. ARE ANY INDIVIDUALS WHO WILL LIVE IN THE UNIT FULL TIME STUDENTS?** YES \_\_\_\_\_ NO \_\_\_\_\_

**28. DO YOU ANTICIPATE ANY ADDITIONS TO THE HOUSEHOLD IN THE NEXT TWELVE MONTHS?**

YES \_\_\_\_\_ NO \_\_\_\_\_

29. CERTIFICATION:

I/we certify that this will be my/our permanent residence. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we understand that the security deposit will be equal to one month's rent. I/we further understand that failure to give a proper 30 day notice will result in loss of security deposit. I/we understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/we certify that all information in this application is true to the best of my/our knowledge and I/we understand that providing false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign this application. I/we hereby give permission for Episcopal Community Housing, Inc. to verify all of the above information and references, and to obtain my/our consumer credit report and criminal background reports.

_____	_____
(SIGNATURE)	(DATE)
_____	_____
(SIGNATURE)	(DATE)

Acceptance of this application does not guarantee rental of an apartment. All applicants must meet screening criteria, including landlord, sex offender, criminal and credit checks which is authorized by the above signed parties. Changes in family income, size, and address must be reported promptly to management. A one year's lease is required.



**Race and Ethnic Data  
Reporting Form**U.S. Department of Housing  
and Urban Development  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 4/30/2009)**St. Mark's Manor****014EH261****120 Albemarle St., Buffalo NY 14207**

Name of Property

Project No.

Address of Property

**Episcopal Community Housing, Inc.****HUD 202/8**

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 format 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.



## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
<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.



## H. VEHICLE INFORMATION

List any cars, trucks, or other vehicles owned.

1. Type of Vehicle:		License Plate #
Year/Make:		Color:
2. Type of Vehicle		License Plate #
Year/Make:		Color:

## CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and 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. All adult applicants, 18 or older, must sign application. I hereby give permission for Episcopal Community Housing, Inc. to verify all of the above information and references. I understand that in lieu of a credit check I may provide proof of 12 months on-time and in-full rent payment in the past 12 consecutive months or receipt of subsidy or subsidies that pay the full rent.

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date

**Visit our Website at:**  
**[www.echahousing.com](http://www.echahousing.com)**