



500 Seneca Street Suite 508  
Buffalo, New York 14204  
Phone: 716-332-5959  
SavarinoCompanies.com

## FRANCIS JOHN APARTMENTS HOUSING APPLICATION PACKET

Greetings,

Please find the enclosed rental application for Francis John Apartments, now managed by Savarino Properties LLC. We provide affordable one bedroom apartments to people with or without disabilities, ages 55 and up. **Please complete and sign the application and return to Francis John Apartments, Attn: Office, 1201 Broadway Street, Buffalo, NY 14212. In lieu of USPS delivery, you may email me a completed application and all necessary backup documents to: MichaelJ@SavarinoCompanies.com.**

**Please DO NOT mail or fax applications to Savarino Properties.**

Our very clean, affordable one bedroom, one bath apartments all possess unique, spacious layouts given the historic nature of the building. Many of the upper floor units have great views of lovely downtown Buffalo and/or the beautiful Central Terminal! Units are approximately 800 square feet. A full size refrigerator and stove are provided, and flooring is a mix of linoleum and carpet. Ample storage is provided in each unit. Gas, water and trash removal are included in the monthly rent amount of \$455 (plus security deposit of \$455). Residents pay their own electric. Laundry facilities and a large community room are onsite. Francis John Apartments is a secure building with fob access for tenants. Cameras provide security in the building. The entry vestibule is outfitted with an intercom system and camera allowing tenants to view who is requesting entry before letting them in via their phone. There is ample parking available in our well lit parking lot.

Please complete the application in its entirety. Failure to do so will result in the application being returned.

The above information is a requirement of the Low Income Housing Tax Credit (LIHTC) program and HUD guidelines. Based on the information you provide on the application we will conduct a background and credit/criminal check to determine your eligibility and you will be notified. State & federal regulations establish the income guidelines for this building. Thus, there are minimum and maximum income requirements. The current minimum annual income for one individual is \$14,150.

Thank you for your interest in housing at Francis John Apartments! Call or email me with questions.

Sincerely,

A handwritten signature in black ink that reads "Michael Jackson".

Michael Jackson

Asset Manager

716-332-5959 x116

MichaelJ@SavarinoCompanies.com



Please complete ALL requested information in this packet and return to: Francis John Apartments, Attn: Office, 1201 Broadway Street, Buffalo, NY 14212

# FRANCIS JOHN APARTMENTS

1201 Broadway Street, Buffalo, NY 14212



Rental Application



Do you need to give a 30 day notice?

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

Acceptance of this application does not guarantee rental of an apartment. All applicants must be 55 or older and meet screening criteria, including landlord, credit and criminal background checks. Changes in family income, size and address must be reported promptly in order to properly process your application. A security deposit and lease is required.

**PERSONAL INFORMATION – Must complete all fields or application will be returned**

Head of Household Name: First \_\_\_\_\_ Full Middle \_\_\_\_\_ Last \_\_\_\_\_

Current Address (City, State, Zip) \_\_\_\_\_

M \_\_\_ F \_\_\_ Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # & State \_\_\_\_\_  
(or government issued ID#)

Co-Applicant Name: First \_\_\_\_\_ Full Middle \_\_\_\_\_ Last \_\_\_\_\_

Current Address (City, State, Zip) \_\_\_\_\_

M \_\_\_ F \_\_\_ Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Head of Household \_\_\_\_\_ Driver's License # & State \_\_\_\_\_  
(or government issued ID#)

Email \_\_\_\_\_

**Property Preferences**

**Yes No**

Are you homeless (verification required from homeless shelter or social service agency)?		
Are you visually impaired or deaf?		
Are you physically disabled?		

The information below is requested by the Federal Government to monitor compliance with laws prohibiting discrimination against applicants of this program. You are not required to furnish this information but encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

**Ethnicity:**

- \_\_\_ Hispanic or Latino
- \_\_\_ Not Hispanic or Latino

**Race: (mark one or more)**

- \_\_\_ Caucasian
- \_\_\_ African American
- \_\_\_ American Indian/Alaska Native
- \_\_\_ Asian
- \_\_\_ Native Hawaiian or Other Pacific Islander
- \_\_\_ Other

**ELIGIBILITY INFORMATION**

Francis John Apartments is funded under the NYS Housing Trust Fund, the Federal Low Income Housing Tax Credit Programs, and the U.S. Department of Housing and Urban Development. Applicants may be admitted only if the household is income eligible. In some cases, households consisting entirely of full time students are not eligible for this housing. For purposes of this application, any individual is considered a student who has been or will be a full time student at an educational institution with regular facilities (not correspondence or exclusively at night school). A student is considered full time if enrolled at least five months in the calendar year, and the amount of hours taken are considered full time by the school attended. The following income and student status information is required to determine eligibility.

YES	NO	
		Are you or is anyone in your household currently a full time student or planning to be within the next 12 months? If so, who? _____
		If yes, continue with the following questions (you will need to provide verification of all items to which you answer <i>yes</i> ):
		Are you married AND currently filing a joint tax return (if yes, please attach copy)?
		Are you receiving AFDC (Aid to Families with Dependent Children)?
		Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local, county or state program? Contact name & phone number _____
		Are you a single parent with child(ren) and neither you nor the child(ren) are dependent on anyone else's tax return (attach copy)?

**INCOME INFORMATION:** In the spaces provided below, list the income and benefits received by all members of your household including anyone who is living with you but is not related to you.

Income/Benefit	Amount	weekly, monthly, annually	Member Name
Employment wages (before deductions): include overtime, tips, bonuses, commissions and/or payment in cash			
Self-employment (attach federal tax return or profit & loss statements)			
Regular pay as a member of the armed forces			
Unemployment benefits			
NYS Disability/ Workmen's Compensation			
Social Security/ SSI			
Veteran's Benefits			
Retirement Pensions/ Annuities			
Social Services (Public Assistance) <u>Do not Include Food Stamps</u>			
Child Support / Alimony (any awarded amount collected or uncollected)			
Severance Payments			
Disability, death benefits or life insurance dividends			
Regular Gifts or payments from anyone outside of the household (this includes anyone supplementing your income or paying any of your bills)			
Educational grants, scholarships or other student benefits			
Lottery winnings or inheritances			
Payments from rental property, land contracts or other forms of real estate			
Other (Please Specify)			

\_\_\_ Yes      \_\_\_ No      Are you or is any other adult member of your household claiming zero income?  
If so, who? \_\_\_\_\_

**ASSET INFORMATION:** Include all assets held and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

ASSETS	Source	Amount	Account #
Checking or Savings accounts, Direct Express Card			
CD's, Money market accounts or treasury bills			
Stocks, bonds, or securities			
Trust funds			
Pensions, IRA's KEOGH or other retirement accounts			
Cash on Hand over \$500 (monies not currently held in bank account)			
Real Estate, rental property, land contracts/ contracts for deeds or other real estate holdings (including personal residence, mobile homes, vacant land, farms, vacation homes, etc.)			
Personal property as an investment (attach appraisal) (This includes paintings, coin or stamp collections, artwork, collector or show cars and antiques)			
A safe deposit box			
Has any member of your household disposed of assets for less than fair market value in the past 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			

All questions that were answered *yes* will be verified through the appropriate third party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, address, phone number, email address, and account numbers where applicable and any other information required to expedite this process.

**SECTION 8 RENTAL ASSISTANCE:**

Yes       No

1. We welcome applicants with Rental Assistance. Are you currently participating in the Section 8 Certificate or Voucher Program (do not check yes if only on the wait list)?

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Yes       No

2. Will your household be eligible or are you applying to receive section 8 rental assistance in the next 12 months?

When did you apply? \_\_\_\_\_

Name of agency: \_\_\_\_\_

**ALTERNATE HOUSING ASSISTANCE?** If yes, please specify. \_\_\_\_\_

**LIVE-IN CARE ATTENDANT:**

Yes       No

Will you or anyone in your household require a live-in care attendant? (attach doctor verification)

Name of live-in care attendant: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

**Additional information:**

Yes  No Do you expect any additions to the household within the next twelve months?  
Name & Relationship: \_\_\_\_\_  
Explanation: \_\_\_\_\_

Yes  No Do you have full custody of child(ren)?  
Explanation of custody arrangements: \_\_\_\_\_  
\_\_\_\_\_

Do you have a pet?  Yes  No If yes, list type of pet (including breed and weight)  
\_\_\_\_\_

**Pet Guidelines (full pet policy in lease)**

**One** pet shall be allowed. Pets shall be warm blooded and weigh no more than 30 pounds and stand no more than 18 inches at the shoulders at the time of maturity. Dogs acquired as puppies shall be understood to mature at a height and weight not to exceed these restrictions. American Kennel Club’s standards shall be used to determine these figures after maturity of the breed. A non-documented animal will be assumed to mature to that which has been determined by a veterinarian acceptable to Management. The pet owner is responsible for providing this veterinarian evidence to Management in the form of a signed letter.

**CREDIT/CRIMINAL BACKGROUND**

Have you or any member of the household ever been evicted from rental housing for lease violations?  Yes  No  
Have you or your co-applicant ever broken a Rental Agreement or Lease?  Yes  No  
Have you or your co-applicant ever been sued for damage to rental Property?  Yes  No  
Have you or your co-applicant ever engaged in criminal activity?  Yes  No  
Have you or any member of the household ever filed for bankruptcy?  Yes  No  
Have you ever been convicted of a felony?  Yes  No

If you answered “yes” to any of these questions, Please explain. \_\_\_\_\_  
\_\_\_\_\_

Are you or any member of your household required to register as a member of the federal or state lifetime sex offender registry?  Yes  No

**Please provide a complete list of states where you have lived.** This disclosure is mandatory under HUD rules. Failure to provide this list will result is cause to deny your application. \_\_\_\_\_  
\_\_\_\_\_

How did you hear about our properties (be specific)? \_\_\_\_\_

Vehicle Identification:

1. License #: \_\_\_\_\_ State issued: \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_
2. License #: \_\_\_\_\_ State issued: \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_

**RESIDENCE HISTORY**

Professional property managers look for tenants who will pay rent on time, take care not to damage an apartment and be a considerate neighbor. The following information is requested to help us determine if you have demonstrated these qualities in the past.

**ALL REFERNCES MUST BE COMPLETE  
INCLUDING FULL NAME, STREET, CITY/TOWN, STATE, ZIP AND PHONE**

**Present Address**

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_

Rent \$ \_\_\_\_\_/month Utilities Included? \_\_\_\_ Yes \_\_\_\_ No

Reason for Moving \_\_\_\_\_

Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

Landlord Address \_\_\_\_\_

**Previous Address**

\_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_

Rent \$ \_\_\_\_\_/month Utilities Included? \_\_\_\_ Yes \_\_\_\_ No

Reason for Moving \_\_\_\_\_

Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

Landlord Address \_\_\_\_\_

If you do not have a previous rental history, list at least two individuals that could verify your ability to live by the conditions of a lease (for example, an employer or case worker).

Name	Address	Phone

**Utility Providers:** You may not live in the unit unless you can establish utilities in the unit.

Do you currently have any outstanding balances owed to any providers? \_\_\_\_ Yes \_\_\_\_ No

Will you be able to establish utilities in your unit?

Electric \_\_\_\_ Yes \_\_\_\_ No

**APPLICATION CERTIFICATION**

**Certification:** I certify that all the information set forth herein is completely true to the best of my knowledge. I further certify that the apartment will be my permanent place of residence, and I do / will not maintain a separate subsidized rental unit in a different location. I understand that deliberate submission of false information could result in the rejection of my application or other penalties.

I hereby authorize a review and full disclosure of all records concerning myself to Francis John Apartments and Savarino Companies and its agents. The intent of the authorization is to give my consent for full and complete disclosure of records of financial or credit institutions, criminal screening, prior landlords, personal references or any other screening necessary for eligibility.

I understand that any information obtained by personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for tenancy. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving information, and I do hereby release said person(s) from any liability which may be incurred as a result of furnishing such information. I further release Francis John Apartments and Savarino Companies and its agents from any and all liability which may be incurred as a result of collecting such information.

A PHOTOCOPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL THERE OF, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

I have read and fully understand the contents of this authorization for release of personal information.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Francis John Apartments and Savarino Companies do not discriminate against applicants or residents on the basis of race, color, creed, sex, national origin, age, familial status, sexual orientation, disability or socio-economic class.

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 use 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 a social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).