

Creek Bend Heights Senior Apartments

Leasing Information

Lease Terms

1 bedroom apartment \$615 per month

Rental rate includes gas, electric, water, sewer and trash

12 month lease term

Non-refundable application fee - \$75 per applicant

Security deposit is equal to 1 month of rent

Income Limits

Creek Bend Heights is operating under an affordable housing program administered by the State of New York. Therefore the maximum income and rent is established by governing authorities. At this time, the following maximum income limits apply to all prospective residents:

1 person household - \$32,340 annual gross income

2 person household - \$36,960 annual gross income

Additional Information

Creek Bend Heights accepts small pets. Additional deposit is required.

Residents pay for their own phone
and television cable connections/service.

Please call us at 648-5200 with any questions!
Visit our website at www.creekbendheights.com



FAQ for Creek Bend Heights

Who is eligible to live at Creek Bend Heights?

Creek Bend Heights offers 129 one bedroom apartments to those 62 years of age and older*

Because we operate under a government housing program, there are income restrictions that apply, based on the household size. We also have written leasing criteria with regards to criminal, credit, and rental history. Please check with our staff for complete information.

What do you offer at your apartment community?

Creek Bend Heights is a six story apartment community served by two elevators and three stairwells. Our community offers a lobby lounge, business center, lending library, hair salon, coin-operated laundry facility and gazebo garden area. We have inside trash disposal rooms as well as inside mail delivery.

Do you have medical or dining services? How about transportation?

Creek Bend Heights doesn't offer medical, dining or transportation services. However, the Town of Hamburg operates a lunch program in our Community Room, Monday through Friday, for a nominal charge. The Town also provides van service to our community.

Do you have social events for your residents?

Creek Bend Heights holds many activities in the Community Room, including card games, BINGO, exercise programs, and presentations on subjects of interest to the residents. We hold a Social Hour each month, where residents get together to enjoy refreshments and good conversation. Our lobby lounge is a favorite gathering place for residents to meet and discuss the latest topics. The library is another gathering place where residents may borrow books, and there is usually a puzzle in progress that residents can help put together.

What if I need something fixed in my apartment after the office is closed?

We take pride in providing friendly, professional management and maintenance services to our residents, with 24 hour service provided for maintenance emergencies, as listed in our Community Rules.

Is the building secure, and how do I know if I have visitors?

Creek Bend Heights is a controlled access building, with proximity cards used by residents. The proximity card is simply held in front of a sensor and the door is unlocked for that resident. Visitors make use of the telephone intercom system to contact residents and gain entry to the building.

Do you allow smoking?

Creek Bend Heights is a smoke-free community; smoking is not allowed anywhere on the property.

How do I contact staff at Creek Bend Heights?

Our phone number is 716-648-5200. Our regular office hours are 9am – 6pm, Monday through Friday; winter hours are 8:30 am – 5:30 pm. Our friendly staff is available to answer your questions or help with any other needs you may have. If you plan a visit, please call ahead so we can be sure to be available for you upon arrival.

Sounds great! How do I apply for an apartment?

Please complete the application in **black ink**; do not use white out to correct mistakes. All boxes must be completed, even if they don't apply to your household. Complete and sign all paperwork included in the application package. You may return the application to the following address by personal delivery or mail:

Creek Bend Heights Apartments
25 Buffalo Street
Hamburg, NY 14075

We look forward to providing a great place for you to call home!

*Please contact us for exceptions to this age requirement. Creek Bend Heights abides by all applicable Fair Housing laws.

Waitlist Process

Applicants that are approved for the waitlist are not guaranteed eligibility. A full eligibility determination through the application process will be completed at the time a unit is made available and applicant is selected. When a unit becomes available the next applicant on the waitlist will be offered the unit and the application process shall begin. All applicants on the waitlist will be placed by the date the application. Current residents approved to transfer will be placed on the waitlist if a unit is not available without preferential order. *Should an Accessible Unit become available the unit will be first offered to current residents then qualified applicants with a household member requiring accessibility features of the unit.

To be placed on the waitlist:

- Complete and submit application
- Management will conduct an interview to “prequalify” for the waiting list and to ensure that there are no obvious factors that would make applicant ineligible based on the current leasing criteria.
- If a preliminary screening indicates that a family may be eligible for tenancy, but units are not available, the application will be placed on the waitlist.
- Applicants who are obviously not eligible for tenancy will not be placed on the wait list.
- When a unit will be available in the near future, the “Community” will contact the first applicant on the waitlist for an interview. Notification will be made by mail or phone. If no response is received within 7 business days, applicant will be removed from the waitlist and the next applicant will be notified. If an applicant refuses the unit, they may remain on the waitlist for the next available qualifying unit. If an applicant refuses the second qualifying unit available, they may be removed from the waitlist and must complete the process from the beginning in order to be on the waitlist. At the point of acceptance, the applicant must move into the unit within 30-days.

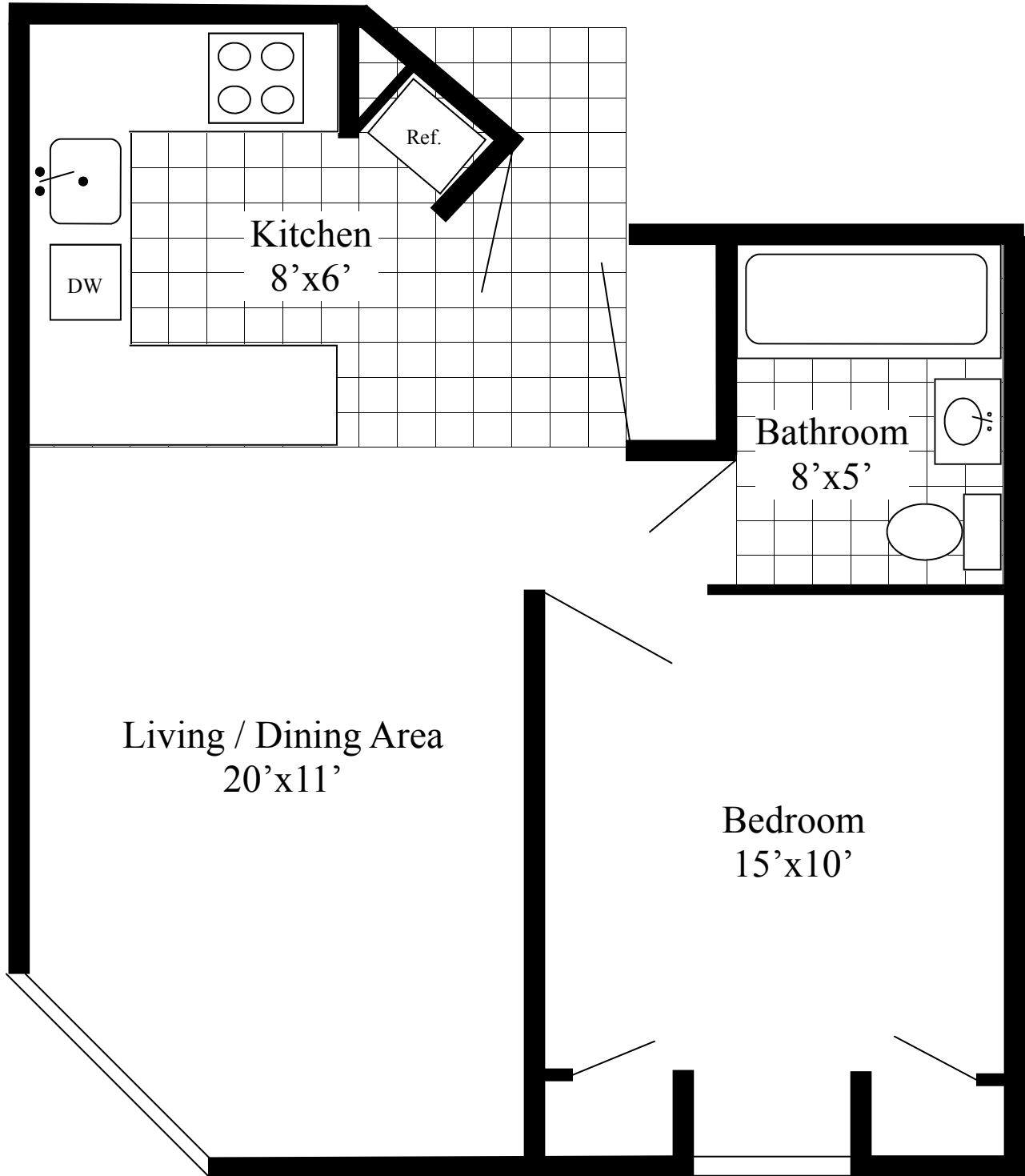
If contact information is no longer valid or applicants fail to respond to contact within 7 business days, applicant(s) will be removed from the waitlist. It is the applicants’ responsibility to notify the community with any contact changes.

*Accessible units will be offered to those qualified in order of first, current tenants with disabilities currently residing in a non-accessible unit who has requested and requires the features of the unit. If no current tenants require the special features of the accessible unit, then the offer of the unit will be made to the next qualified applicant on the waiting list with a family member who needs the features of the accessible unit. If neither a current tenant nor a qualified applicant requires the features of the available accessible unit, then the unit will be offered to next qualified applicant on the waiting list.

Creek Bend Heights

One Bedroom ♦ One Bath

588 sq. ft.



Floor plan not drawn to scale. All square footage dimensions are approximate.

LEASING CRITERIA Creek Bend Heights Apartments

This community utilizes a third-party service that conducts credit, rental history and criminal background investigations. Community management team members conduct all employer/income verifications. The investigation is conducted on all adult (18 years of age or older) occupants. The investigations are based on information provided by the applicant and information that may be retrieved from credit agencies, employers, previous landlords and Federal, State and Local agencies and other associated parties. In the event the application is rejected, the applicant will be notified verbally and in writing as to the reasons and the sources(s) of the information that resulted in the rejection. However, if the rejection is a result of the information provided by the applicant, we will only provide the results verbally unless the applicant makes a formal written request for information pertaining to the denial. In the case of roommates, information that we have obtained resulting in a rejection can only be released to the party whose investigation causes the rejection. **A security deposit will be required from all applicants and multiple adult applicants will require additional application fees.**

Criteria:

1. A minimum of 6-month rental or ownership history. History must consist of no more than 1 late payment or 1 lease violation during a 6-month period. If a debt is owed to another rental community, the application will not be considered until adequate proof of satisfaction of that debt is provided. If renting from a Private Owner, applicant must provide a copy of a utility bill with the address and name of the applicant on the utility bill. Applicant(s) without rental or ownership history may be accepted with a security deposit equal to the monthly market rental rate for the apartment to be occupied. Evictions will constitute an automatic denial of the application.
2. No felony convictions, indictments, arraignments or deferred adjudications within the last 7 years. No misdemeanor criminal convictions, indictments, arraignments or deferred adjudications involving drugs, minors, arson, terrorism or theft (robbery & burglary) greater than \$500 within the last 7 years. Any conviction involved in the production of methamphetamine or requires a lifetime registrant on the sex offender registry will result in automatic denial of application. Each applicant with criminal convictions will be assessed on a case by case basis. Crimes for which the applicant has been convicted and recent pending arrest will be considered. Assessment will evaluate how much time has elapsed since criminal conviction, age at time of conviction, seriousness of conviction and any rehabilitative actions and good conduct since conviction. The standards to approving or denying eligibility will be: 1. is applicant a detriment to the health or safety of the residents and community; 2. a source of danger to the peaceful occupation of other residents, 3). a source of danger or cause of damage to residents, personnel, property or the premises. *The fact that we perform criminal background checks does not mean that our residents and occupants have no prior or current criminal histories. We cannot and do not guarantee that this community and its residents are free from crime. Verification of the accuracy of information supplied to or made available to us by applicants and credit reporting services is limited.*
3. † At least one member of the household must be at least 62 years of age, or physician-verified handicapped and not less than 55 years of age. No occupant under the age of 18 will be allowed. All applicants must provide one US government issued photo identification, birth certificate and one of the following: valid Social Security Number; Form I-94 Arrival-Departure Record with proper annotations; Temporary resident alien card verifying approved entry by US government (I-94W); I-551 Permanent Resident Card; Form I-668 Temporary Resident Card; or Form I-688A Employment Authorization Card.
4. 6 months verifiable employment history or verifiable income/assets. Applicants receiving SS, SSI, pension or disability are excluded from the employment requirement, but must provide documentation to verify these benefits. (Verifiable income source includes check stubs, W2s, verification from employer or government entity. If self-employed, applicant must produce Tax Return with Schedule C, financial statements from business, or profit/loss statement with back up.)
5. At least 50% of trades rated positively by the credit bureau (rating of 1, 2 or 3) for the past 3 years. Medical, student loans and 0 rated trades are excluded. Bankruptcy must be discharged and all trades (minimum of 3) since bankruptcy must be rated positively by the credit bureau (rating of 1, 2 or 3). The presence of utility collection accounts will require verification of balance paid in full before approval can be considered.



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6. Minimum monthly verifiable gross income must be at least 2 times the monthly rental rate. Applicants receiving approved and verifiable rental assistance will require a minimum monthly gross income of 2 times the resident portion of rent. Maximum gross income, which includes all income sources, cannot exceed LIHTC schedule, which is based on household size.
7. NYSHFA requires that all original applicants for residency must provide a copy of their latest 1040 Federal Income Tax Return when certifying their income. This requirement will be waived if the applicant is not required to file a tax return but must sign an affidavit stating that a tax return is not required to be filed and has not been filed for the most recent year.

Each applicant must satisfy all of the above criteria. No co-signers accepted.

***Maximum General Occupancy Standards**

1 bedroom - 2 persons

† Creek Bend Heights Apartments operates under the Housing for Older Persons Act of 1995 (Pub. L. 104-76, 109 Stat. 787 Approved December 28, 1995) (HOPA); and is intended for, and primarily occupied by, persons 62 years of age or older. This community complies with the requirements to qualify for such exemption of the protections under the Fair Housing Act.

Equal Housing: This community is an Equal Housing Opportunity Provider. We do business in accordance to the Federal Fair Housing Act and do not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin. Please contact our Corporate Office Manager at 713-932-0005 if you feel our representative has not acted in accordance with this policy.

If you believe you are subject to protections under the Violence Against Women's Act (VAWA) or need to request a reasonable accommodation, please contact the manager for more information.

ACKNOWLEDGEMENT

I understand the policies contained herein and have received a copy of this document.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____



CREEKBEND HEIGHTS APARTMENTS

Rental Application

The information you provide below will be used to determine if your household is eligible under this community's leasing criteria. Please complete the ENTIRE form and do not leave any questions blank or unanswered. Write N/A if a particular question is not applicable. We thank you in advance for your cooperation.

Property Information (For Office Use Only):			
Date & Time Received: _____			Initial Certification
Unit #: _____			Recertification
# of Bedrooms: _____			Interim
Desired Move-In Date _____			Other: _____

HOUSEHOLD COMPOSITION AND STUDENT STATUS							
List all persons who will be living in your home. List all members you anticipate to live with you at least 50% of the time in the next 12 months and include anyone who is not currently a household member but is anticipated to become one in the next 12 months.							
Household Members Full Name (first and last)	Relationship to Head S=Spouse O=Other Adult C=Minor Child F=Foster Adult/Child L=Live In Attendant	Date of Birth	Marital Status M=Married D=Divorced SP=Separated S=Single W=Widowed	Social Security Number	Driver's License Number	Student Y or N	*If "yes" Part-time (PT) or Full-time (FT)
	HEAD						

*For each household member listed above-List this member as a full-time student if he/she has attended school in the last 12 months, is currently attending, OR plans to attend school in the next 12 months. (The educational institution defines student status.) Please include all school-age children, even if home-schooled.

Contact Information	
Home Phone _____	Email address: _____
Cell Phone-1 _____	_____
Cell Phone -2 _____	_____

- | | Yes | No |
|--|-----------------------|-----------------------|
| 1. Is every household member listed above a full-time (FT) student? | <input type="radio"/> | <input type="radio"/> |
| 2. Will your household be receiving rental assistance? | <input type="radio"/> | <input type="radio"/> |
| 3. Do you expect any changes in the household in the next 12 months?
If yes, please describe change and date expected _____ | <input type="radio"/> | <input type="radio"/> |
| 4. If you are divorced or separated, please provide date effective: _____ | | |
| 5. Is each household member a U.S. Citizen?
If no, does everyone have an eligible immigration status? | <input type="radio"/> | <input type="radio"/> |
| 6. Is any household member a Veteran of the US Military? | <input type="radio"/> | <input type="radio"/> |

EMPLOYMENT INFORMATION

Current Employment Information: HEAD of HOUSEHOLD

Company Name: _____	Position: _____
Address: _____	Date of Hire: _____
City/State/Zip: _____	Monthly Gross Wage: \$ _____
Phone: _____ Fax: _____	Supervisor: _____

Do you currently or expect to earn Overtime, Commission, Tips, Bonuses in the next 12 months? **Yes** **No**

If Yes, list all that apply and expected amount?

Additional Employment Information: Name:

Company Name: _____	Position: _____
Address: _____	Date of Hire: _____
City/State/Zip: _____	Monthly Gross Wage: \$ _____
Phone: _____ Fax: _____	Supervisor: _____

Do you currently or expect to earn Overtime, Commission, Tips, Bonuses in the next 12 months? **Yes** **No**

If Yes, list all that apply and expected amount?

Current Employment Information: Name:

Company Name: _____	Position: _____
Address: _____	Date of Hire: _____
City/State/Zip: _____	Monthly Gross Wage: \$ _____
Phone: _____ Fax: _____	Supervisor: _____

Do you currently or expect to earn Overtime, Commission, Tips, Bonuses in the next 12 months? **Yes** **No**

If Yes, list all that apply and expected amount?

OTHER INCOME INFORMATION

Identify each source of income currently received or anticipated to be received in the next 12 Months. (Y=Yes, N=No)	Head of Household				Monthly Gross Income
1. Employed	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	\$ _____
2. Self-Employed	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	\$ _____
3. Unemployment Compensation	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	\$ _____
4. Social Security/SSI/SS Disability	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	\$ _____
5. Disability/Worker's Compensation	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	\$ _____
6. Severance Pay	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	\$ _____
7. VA Benefits	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	\$ _____
8. Pension/Annuity	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	\$ _____
9. Military Pay	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	\$ _____
10. AFDC/TANF	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	\$ _____
11. Child Support/Alimony	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	\$ _____
12. Recurring Gift/Contribution	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	\$ _____
13. Rental Income	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	\$ _____
14. Adoption Assistance	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	\$ _____
15. Trust Income	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	\$ _____
16. Other Income:	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	\$ _____
17. Zero Income	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	\$ _____

ASSET INFORMATION

List all assets for each Household Member	Head of Household		Financial Institution	Annual Interest/Earnings	Asset Value
1. Checking	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
2. Savings	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
3. Pre-Paid Debit	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
4. Cash On Hand	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
5. Stocks/Mutual Funds	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
6. CD/Money Markets	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
7. Treasury Bill	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
8. Bonds	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
9. IRA/KEOGH	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
10. 401K/401(b)	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
11. Pension/Annuity	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
12. Whole Life Insurance	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
13. Land Contract/Deed of Trust	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
14. Real Estate	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
15. Safe Deposit Box	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
16. Personal Property as Investment	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
17. Trust	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
18. Lump Sum Receipts	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
19. Other _____	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$

1. Do all combined assets of the entire household total less than \$5,000? Y N

2. In the past two (2) years, have you or anyone in your household sold or gifted assets for less than than fair market value? Y N

If yes, complete the following:

Asset Disposed: _____

Date Disposed: _____

Amount Disposed: _____

Was the disposal of asset due to: (Select One)

Bankruptcy Y N

Foreclosure Y N

Marital Separation/Divorce Y N

3. Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? Y N

If yes, complete the following:

Gifted to: _____

Date: _____

Amount Gifted: _____

Residential History Please provide 2 years of rental/housing history

Current Address: _____	
City/State/Zip: _____	
Landlord Name/Mortgage: _____	
Phone: _____	Reason for Leaving: _____
Date Moved In: _____	Date Moved Out: _____
Rent/Mortgage: \$ _____	Rent <input type="radio"/> Own <input type="radio"/>
Previous Address: _____	
City/State/Zip: _____	
Landlord Name/Mortgage: _____	
Phone: _____	Reason for Leaving: _____
Date Moved In: _____	Date Moved Out: _____
Rent/Mortgage: \$ _____	Rent <input type="radio"/> Own <input type="radio"/>

1. Have you ever been evicted from tenancy, broken a lease, or sued for rent? Yes No
If yes, please list date: _____

2. Have you ever filed for bankruptcy? Yes No
If yes, is bankruptcy discharged? Y N Date Discharged: _____

3. Has any household member plead guilty or received probation, deferred adjudication, court-ordered supervision, or pre-trial diversion for a felony, sex-related crime or misdemeanor assault?
4. Do you own any pets that would be moving with you into the community?
If yes, please list types: _____

Other Information

Type of Vehicle:	_____	License Plate #	_____
Make/Model:	_____	Year	_____ Color _____
Type of Vehicle:	_____	License Plate #	_____
Make/Model:	_____	Year	_____ Color _____

Emergency Contact *In case of emergency, notify...*

Name:	_____	Phone #1	_____
Address:	_____	Phone #2	_____
	_____	Relationship:	_____

CERTIFICATION OF ACCURACY AND COMPLETENESS

I/We certify that all information provided in this rental application is true and accurate to the best of my knowledge and understand that this information will be used to verify income eligibility for community which I/We applied. I/We have been advised and understand residency at this community requires certain income restrictions and that residency is subject to qualification. I agree that in addition to execution of a Lease Agreement, I will execute a Tenant Income Certification certifying the information contained herein and that such certification will be made under penalty of perjury. I further understand and agree that the owner/management agent will use this information to investigate my/our credit worthiness through credit bureau, criminal checks, income and landlord verification. I/We further understand that any applicant who purposefully falsifies, misrepresents or withholds information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing.

Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/we understand that we may be subject to eviction or punishable by law.

Head of Household

Date

Applicant

Date

Applicant

Date

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

--	--

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.

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding credit, criminal, employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed below and/or the State and Local Agencies/Department's service provider.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administrations
Support and Alimony Providers	Educational Institutions	Retirement Systems
State Unemployment Agencies	Social Security Administration	Medical and Child Care
Banks and other Financial	Previous Landlords (including	Providers
Institutions	Public Housing Agencies)	Credit & Criminal Agencies

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect. **Everyone 18 years or age and older must sign this form.**

SIGNATURES

Signature of Applicant/Resident	Printed Applicant/Resident Name	Date
Signature of CO/Applicant Resident	Printed Co/Applicant/Resident Name	Date
Signature of Adult Member	Printed Adult Member Name	Date
Signature of Adult Member	Printed Adult Member Name	Date
Creek Bend Heights Apartments	Gayle Kenney	(716) 648-5200
Apartment Community Name	Contact	Phone

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.