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| FOR OFFICE USE ONLY DATE RECEIVED _____ TIME RECEIVED _____ |
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SEPP INC. (OWNERS)
SEPP MANAGEMENT COMPANY INC. (MANAGING AGENTS)
53 FRONT STREET
BINGHAMTON, NY 13905

PLEASE RETURN THIS APPLICATION TO:
MARIAN APARTMENTS
701 HOOPER ROAD
ENDWELL, NY 13760
TELEPHONE: 607-785-5223 TDD # 607-723-0438

Please respond to questions on this form as appropriate. If application is for two (2) persons (a couple is considered two (2) persons), please be sure to complete both columns where answers are applicable. If you need assistance in filling out this application, please call our office.

Please review your application carefully. If any questions are not answered, the application may be deemed to be incomplete and could be returned to you.

APPLICANT #1

APPLICANT #2

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY/TOWN _____

CITY/TOWN _____

STATE _____ **ZIP CODE** _____

STATE _____ **ZIP CODE** _____

TELEPHONE NUMBER _____

TELEPHONE NUMBER _____

Age _____ **Date of Birth** ___/___/___

Age _____ **Date of Birth** ___/___/___

Social Security # _____

Social Security # _____

If two (2) persons are applying, what is your relationship, if any, to the other applicant?

Name of another person whom we can contact if you are not available:

Name _____

Address _____ **City** _____ **State & Zip Code** _____

Telephone Number _____

PRESENT INCOME

Applicant #1

Applicant #2

| | | |
|---------------------------------------|----------|----------|
| Gross Monthly Social Security Payment | \$ _____ | \$ _____ |
| Monthly Supplemental Security Payment | \$ _____ | \$ _____ |
| Monthly Pension Income | \$ _____ | \$ _____ |
| Gross Monthly Employment Income | \$ _____ | \$ _____ |
| Other Income | \$ _____ | \$ _____ |

PRESENT ASSETS

| | | |
|---|----------|----------|
| Full Value of Any Stocks | \$ _____ | \$ _____ |
| Full Value of Any Bonds | \$ _____ | \$ _____ |
| Full Value of Any Certificates of Deposit | \$ _____ | \$ _____ |
| Market Value of Any Owned Real Estate | \$ _____ | \$ _____ |
| Full Value of Any Other Assets | \$ _____ | \$ _____ |

CURRENT BANK ACCOUNT BALANCES

| | | |
|--------------|----------|----------|
| Checking | \$ _____ | \$ _____ |
| Savings | \$ _____ | \$ _____ |
| Money Market | \$ _____ | \$ _____ |
| Other | \$ _____ | \$ _____ |

PRESENT LIVING ACCOMMODATIONS

(please check as appropriate)

| | | |
|----------------------------------|-------|-------|
| Own House or Mobile Home | _____ | _____ |
| Rental Housing | _____ | _____ |
| Hotel | _____ | _____ |
| Boarding House | _____ | _____ |
| Living with a Friend | _____ | _____ |
| Living with a Relative | _____ | _____ |
| Licensed or Supervised Residence | _____ | _____ |

How long have you lived at current address? _____

What is your current monthly rent or lodging? \$ _____

Does your rent include utilities? Yes _____ No _____

If your rent does not include utilities, what is the approximate average cost per month for utilities, not including telephone or television cable? \$ _____

Are you presently receiving any form of rental assistance or rent subsidy? Yes _____ No _____

If Yes, What is the Source? _____ What is the amount? \$ _____

YOU MAY BE ELIGIBLE FOR AN “ELDERLY HOUSEHOLD” ALLOWANCE, IF YOU MEET THE DEFINITION OF “ELDERLY HOUSEHOLD.”

“AN ELDERLY HOUSEHOLD IS A HOUSEHOLD WHERE THE TENANT, CO-TENANT, MEMBER OR CO-MEMBER IS AT LEAST 62 YEARS OF AGE OR IS DISABLED OR HANDICAPPED ON ANY AGE”

DO YOU WISH TO CLAIM THIS ALLOWANCE? ___ YES ___ NO

IF YOU ANSWERED YES PLEASE ANSWER THE FOLLOWING:

DO YOU WISH A HANDICAP ACCESSIBLE UNIT? ___ YES ___ NO

IF YOU ANSWERED YES, YOU WILL BE REQUIRED TO PROVIDE EVIDENCE OF YOUR HANDICAP OR DISABILITY.

DO YOU DRIVE? ___ YES ___ NO DO YOU OWN A CAR? ___ YES ___ NO

DO YOU USE PUBLIC TRANSPORTATION? ___ YES ___ NO

**DO YOU PERFORM ANY VOLUNTEER OR COMMUNITY SERVICE ACTIVITIES?
___ YES ___ NO IF YES, PLEASE BRIEFLY DESCRIBE:**

SUPPORTIVE ASSISTANCE

IF YOU RECEIVE REGULAR INCOME, OTHER THAN THE INCOME LISTED ON PAGE 2 OF THIS APPLICATION FROM FAMILY MEMBERS OR ANYONE ELSE; PLEASE PROVIDE THE NAME; ADDRESS; TELEPHONE NUMBER OF SUCH INDIVIDUALS; THE RELATIONSHIP TO YOU AND THE DOLLAR AMOUNT RECEIVED. (REGULAR ASSISTANCE IS ANY MONEY YOU RECEIVE WEEKLY, MONTHLY, OR ANNUALLY FROM THESE INDIVIDUALS).

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

I CERTIFY THAT UPON OCCUPANCY I WILL MAINTAIN THE UNIT AS MY PERMANENT RESIDENCE AND WILL NOT AND DO NOT MAINTAIN ANOTHER RENTAL UNIT. ANY WILLFUL MISREPRESENTATION OR CONCEALMENT OF ANY MATERIAL FACT WHICH WOULD REFLECT ELIGIBILITY FOR ADMISSION WILL BE CONSIDERED GROUNDS FOR TERMINATION OF LEASE AND EVICTION. I, THEREFORE, DECLARE THE INFORMATION PROVIDED TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

Applicant #1 Signature

Applicant #2 Signature

Date ____ / ____ / ____

Date ____ / ____ / ____

IF ASSISTANCE WAS OBTAINED IN FILLING OUT THIS APPLICATION, PLEASE PROVIDE THE FOLLOWING INFORMATION ON THE ASSISTANT:

Name _____

Address _____

Telephone _____ Date ____ / ____ / ____

Signature _____

THE INFORMATION REGARDING RACE, NATIONAL ORIGIN AND SEX SOLICITED BELOW ON THIS APPLICATION IS REQUESTED BY THE APARTMENT OWNER IN ORDER TO ASSURE THE FEDERAL AND STATE GOVERNMENT THAT FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICATIONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE AND HANDICAP ARE COMPLIED WITH. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THE INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, THE OWNER OR ITS AGENT IS REQUIRED TO NOTE THE RACE, NATIONAL ORIGIN AND SEX OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OF SURNAME, AND PERSONAL INTERVIEWS. CONSEQUENTLY, WE WOULD APPRECIATE YOUR VOLUNTARY ANSWER TO THE FOLLOWING QUESTIONS:

Race: White ____ Black ____ Spanish American ____ Asian/Asian Pacific ____
American Indian ____ Other (name) _____

Sex: Female ____ Male _____

Why do you wish to move into this apartment facility? _____

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.

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| 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.

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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.