

Starwood Apartments

Professionally Managed by Landsman

845 Starbuck Avenue
Watertown, New York 13601
Tel 315-779-1717
Fax 315-779-1718
starwood1717@gmail.com

Thank you for applying to Starwood Apartments by Norstar. We would like to take this opportunity to welcome you to our community. Starwood Apartments is operated under the Affordable Housing program, within Section 42 of the Internal Revenue Code. This program is designated to facilitate the housing needs of moderate and middle income individuals and families. Residence at Starwood Apartments requires that applicants meet certain qualifying standards established by the IRS. The program is not connected with Section 8, though applicants with Section 8 Vouchers or certificates may apply for residency.

Maximum income limits are provided by HUD. Minimum income requirements are based upon the affordability of rents.

Maximum occupancy by household are set at two people per bedroom.

Credit, criminal and landlord verification are conducted. Third party verifications of income and assets must be performed to ensure household meets income requirements. These verifications must be done prior to time of move in and annually while residing at the property.

No Pets Allowed without prior Management approval and proper documentation on file. Breed restrictions and weight restrictions are enforced.

Security deposits are equal to one months rent.

Applications will be processed in order of the date received.

Applicants must provide picture ID and Social Security Card at return of application.

90% Income Limits (Applicants must be below)

<u>1 Person</u>	<u>2 Person</u>	<u>3Person</u>	<u>4Person</u>	<u>5Person</u>	<u>6Person</u>
\$35,910	\$41,040	\$46,170	\$51,210	\$55,350	\$59,490

	<u>1Bedroom</u>	<u>2Bedroom</u>	<u>3Bedroom</u>	<u>4Bedroom</u>
90%	\$749	\$887	\$995	\$1105
MKT	\$910	\$1035	\$1140	\$1240

We look forward to the opportunity to provide you housing at Starwood Apartments.

Starwood Management



3 Townline Circle, Rochester, New York 14623
585-427-7570 • fax 585-427-7815
<http://www.landsman.com>



AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Applicant/Resident:	Starwood Apartments Name of Community
Address of Applicant/Resident	845 Starbuck Ave Community Address
City, State, Zip	NY, Watertown 13601 City, State, Zip

CONSENT:

I authorize and direct any Federal, State or local agency, organization, business or individual to release to Starwood Apartments any information or materials needed to compete and verify my application for participation, and/or to maintain my continued assistance under one of the following programs:

- | | |
|-------------------|--|
| *Section 221 BMIR | *Rent Assistance Payments (RAP) |
| *Rent Supplement | *Section 8 Housing Assistance
Payments Programs |
| *Section 236 | *HFA |
| *DHCR | *Home Program |
| *LIHTC Program | |
| *SLIHTC | |

I give my consent for the release also for the minor children in my care who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by appropriate Federal, State or Local Agencies in administering and enforcing program rules and policies.

INFORMATION COVERED:

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

- | | |
|--------------------------------|---------------------------------|
| *Identity and Marital Status | *Residences and Rental Activity |
| *Employment, Income and Assets | *Medical or Child Care Expenses |
| *Credit and Criminal Activity | *Social Security Numbers |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- | | |
|----------------------------------|-----------------------------------|
| *Previous Landlords | *Past and Present Employers |
| *Public Housing Agencies | *Veterans Administration |
| *Welfare Agencies | *Retirement Systems |
| *Post Offices | *State Unemployment Agencies |
| *Bank and Financial Institutions | *Schools and Colleges |
| *Support and Alimony Providers | *Medical and Child Care Providers |
| *Utility Companies | *Realtors and Insurance Agencies |

CONDITIONS:

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is correct.

Head of Household

Signature

Print Full Name

Date

Co-head of Household

Signature

Print Full Name

Date

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 TAX FORM" MUST BE PREPARED AND SIGNED SEPERATELY.

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

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 may mark one or more.

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.

Starwood Apartments Rental Application

PLEASE PRINT ALL INFORMATION

Name _____ Day Phone _____ Evening Phone _____

Address _____
Street City State Zip

How long have you resided here? (From) _____ to _____ Reason for moving? _____

Previous Address: _____

How long did you reside there? (From) _____ to _____ Reason for moving? _____

Name of your **Present** Landlord: _____ Phone: () _____

Address of your **Present** Landlord: _____

Name of your **Previous** Landlord: _____ Phone: () _____

Address of your **Previous** Landlord: _____

The following information is requested by the apartment owner in order to assure the Federal Government that Federal laws prohibiting discrimination against tenant applicants on the basis of race, national origin, family status, handicap/disability and sex are complied with. You are not required to furnish this information, but are encouraged to do so. This 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 is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

Please check one (Optional): Caucasian _____ African-American _____ Asian _____ Hispanic _____ Other _____

List **ALL** persons living in the apartment. (Please list **Head of Household** first.)

Name	Relationship	Age	Date of Birth	Social Security Number
	Head of Household			

Driver's License Number/Issuing State _____

Is anyone in the household a Full-Time student? _____ Yes _____ No

Would you benefit from a reasonable accommodation? _____ Yes _____ No

If yes, please request a copy of Landsman's Section 504 policy.

INCOME & ASSET INFORMATION

Type of Income	Gross Monthly Amounts		Type of Asset	Total Value	
	Head	Co-Head		Head	Co-Head
Wages	\$	\$	Savings Account	\$	\$
Pensions/ Annuity	\$	\$	Checking Account(s)	\$	\$
Unemployment	\$	\$	Certificates of Deposits (CD's)	\$	\$
Social Security	\$	\$	Stocks & Bonds	\$	\$
Public Assistance	\$	\$	Real Property	\$	\$
Disability/ SSI	\$	\$	Cash (Safe deposit box, etc.)	\$	\$
Child Support/ Alimony	\$	\$	Any other	\$	\$
Other	\$	\$			

Have you or your co-applicant ever been convicted of the following:

A felony? _____ Yes _____ No

Illegal use, possession, manufacturing or distribution of a controlled substance? _____ Yes _____ No

Sexual Offense? _____ Yes _____ No

Have you ever been terminated for non-payment of rent? _____ Yes _____ No

My/our signature(s) below serves as written permission for Starwood Apartments to obtain a Consumer Report (credit history), previous landlord references and other references deemed necessary. We may obtain credit information from other sources and may exchange credit information with consumer reporting agencies. The applicant(s) also affirm that all information in this application is true and complete. The applicants also understand that a personal interview must be held, assets and income verified before approval. All information received is confidential. After the application is approved, a security deposit must be made and a lease agreement signed by all applicants. If accepted, I/we certify this apartment will be my/our sole residence. The undersigned makes the foregoing representation knowing that if any of such proves false, Starwood Apartments may cancel and annul any lease given in reliance upon such information.

Your Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

How did you hear about Starwood Apartments? _____

Please Return This Form to:

Starwood Apartments
 845 Starbuck Ave
 Watertown, NY 13601





Starwood Apartments
845 Starbuck Avenue
Watertown, NY 13601
 Phone (315) 779-1717
 Fax (315) 779-1718



Date: _____

Applicant: _____ Co-Applicant: _____

Please complete the below information. Be sure to put next to each income or asset source the person that has the income or asset.

EMPLOYER NAME & ADDRESSES:

PHONE & FAX

OTHER INCOME ADDRESSES:

PHONE & FAX

BANK NAMES & ADDRESSES:

PHONE & FAX

OTHER ASSETS NAMES & ADDRESSES:

PHONE & FAX

(ex. Life Insurance Co., Company for IRA, 401k, Mutual funds, Funeral Accts., Stocks, Bonds)

PET INFO:

Pet's Name	Type	Breed	Age	License or ID number	Sex