



Jefferson Village Apartments  
222 East 2nd Street  
Watkins Glen, NY 14891

**Mission Statement:** Jefferson Village is dedicated to creating a stimulating environment that fosters new beginnings for tenants so they can enjoy life in a relaxing and comfortable atmosphere. Jefferson Village holds the tenant's safety and happiness as their highest priority.

Dear Applicant:

Thank you for your interest in Jefferson Village! Jefferson Village Apartments is a Section 8 Senior Housing Complex for those 62 years of age and older and/or those who are disabled. We offer 48 one-bedroom units with a few select that are ADA compliant. We give preference to seniors, US Veterans and those who are displaced.

Enclosed is the application for residency at Jefferson Village Apartments. In order for you to be placed on the waiting list or for you to be considered for an apartment at Jefferson Village, it is necessary for you to complete an application and return it to the office at the address written above.

Please make sure that:

- All items are filled in to the best of your ability.
- The items that do not apply to you write N/A next to that item so we know that you have read the entire application.
- You answer every question on the application or risk your application being returned.
- The application is returned to our office, and if there are changes in your household income, composition or contact information, you must notify us in writing within two weeks of any changes.
- **Include a copy of your photo ID and Social Security Card.**
- **If you are a veteran include a copy of your DoD ID card or form DD214.**
- *Without this your application will be considered incomplete.*

Sincerely,

*Jennifer Tanner*

Jennifer Tanner  
Executive Director | Property Manager  
(t) 607-535-2640 | (f) 607-535-2089  
J.Tanner@WatkinsGlenHA.org

"The Village of Watkins Glen Housing Authority does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Fair Housing Statement: "We are pledged to the letter and spirit of U. S. policy for achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, or national origin."







Jefferson Village Apartments  
222 East 2nd Street  
Watkins Glen, NY 14891  
(t) 607-535-2640 | (f) 607-535-2089  
[Info@WatkinsGlenHA.org](mailto:Info@WatkinsGlenHA.org) | [www.WatkinsGlenHA.org](http://www.WatkinsGlenHA.org)

**OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_

TIME RECEIVED \_\_\_\_\_

INITIALS \_\_\_\_\_

Please note that this is only an application and does not give lease or rental rights.

**ALL questions must be answered for the application to be considered complete. Use N/A if a question does not apply to you. Return completed applications along with a copy of your social security card and photo ID to the address listed above.**

Name of Applicant: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**A. APPLICANT INFORMATION**

Do you currently use Marijuana for Medicinal Purposes? Yes | No

Is any member of your household a Veteran of the Armed Forces? Yes | No

Are you currently displaced or homeless or will be? Yes | No

Will you or anyone in your household benefit from the special design features of a handicap unit or reasonable accommodation due to a disability? Yes | No

Are you or a member of your household registered as a Lifetime Sex Offender? Yes | No

Are you 62 years or older? Yes | No

In order to be considered eligible for our housing program, an applicant who is under the age of 62 must meet the definitions of disabled/handicapped person. Are applying for eligibility under this provision? Yes | No

*A statement by a qualified individual will be required as proof of handicap or disability. The nature of the handicap/disability does not need to be disclosed.*

Are you currently enrolled in an educational facility? Yes | No

Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes | No If yes, explain below:

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Have you or another member of your household ever been convicted of a violent crime or drug related activity? Yes | No If yes, please explain below:

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Have you or any member of your household lived in any assisted housing including Section 8 or Public Housing? Yes | No If yes, please indicate where and the length of time below:

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Have you or another member of your household ever committed fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information in a housing program? Yes | No If yes, please explain below:

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**Race:** *Select all that apply*

White      Black/African American      American Indian/Alaskan Native  
Native Hawaiian/Pacific Islander      Asian      Other      Prefer not to answer

**Ethnicity:**

Hispanic/Latino      Not Hispanic/Latino      Prefer not to answer

## HOUSING HISTORY

Have you or another member of your household ever been evicted? Yes | No

If yes, please explain below:

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List up to two (2) landlord references or a rental history for the past five (5) years. These landlords must not be related to you or any member of your household.

Tenancy Dates: \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

Current Landlord: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Is this federally assisted housing? Yes | No

Tenancy Dates: \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

If you do not have at least two (2) landlord references or five (5) years of rental history, you must provide at least two (2) personal references that you have known for at least five (5) years. These references must not be related to you or any member of your household.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name all other states that you have lived in besides New York.

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**INCOME**

List the monthly income for each applicant. *To be eligible for occupancy, a household's total income must be at or below the median income limit of very low (50%) for Schuyler County, New York. The current limits can be found on the HUD website, <https://www.huduser.gov/portal/datasets/il.html>.*

	<u>Applicant #1</u>	<u>Applicant #2</u>
Federal Wages	\$ _____	\$ _____
Pension Payment	\$ _____	\$ _____
IRA/Annuity Periodic Payments	\$ _____	\$ _____
VA Benefits	\$ _____	\$ _____
SSI Benefits	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____
Unemployment Benefit	\$ _____	\$ _____
Public Assistance/TANF	\$ _____	\$ _____
Alimony Received	\$ _____	\$ _____
Child Support Received	\$ _____	\$ _____
Regular Contribution/Gifts	\$ _____	\$ _____
Financial Aid	\$ _____	\$ _____
Interest/Investment Income	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
Source _____		
<u>Total Monthly Income</u>	\$ _____	\$ _____

Combined Monthly Income: \$ \_\_\_\_\_ Combined Total Annual Income: \$ \_\_\_\_\_

Do you anticipate any changes in this income during the next 12 months? Yes | No  
If yes, please explain below:

\_\_\_\_\_

**ASSETS**

Have you disposed of any assets valued over \$1000 for less than Fair Market Value (FMV) in the last two (2) years? Yes | No

If yes, answer the following **(use additional paper if needed)**:

Asset Type: \_\_\_\_\_ Date of transaction: \_\_\_\_\_

FMV: \$ \_\_\_\_\_ Sold for: \$ \_\_\_\_\_

Amount Disposed (FMV-Sold) \$ \_\_\_\_\_ (\*List this amount below)

Do you own real estate? Yes | No If yes, please answer the following:

Yes | No Is it jointly owned with another non-household member?

Yes | No Is it for sale?

Yes | No Is it suitable for occupancy?

FMV: \$ \_\_\_\_\_ Cost to Convert: \$ \_\_\_\_\_

Cash Value (FMV-Cost to Convert) \$ \_\_\_\_\_ (\*\*List this amount below)

Explain why you are not residing at this property: \_\_\_\_\_

List the total value of assets for each applicant. *To be considered eligible for occupancy, a household's total asset cash value must not exceed \$100,000*

	<u>Applicant #1</u>	<u>Applicant #2</u>
Checking Balance	\$ _____	\$ _____
Savings Balance	\$ _____	\$ _____
Direct Express Card Balance	\$ _____	\$ _____
Payment Apps (Venmo/PayPal/etc.)	\$ _____	\$ _____
Certificate of Deposit	\$ _____	\$ _____
Stocks/Bonds/Mutual Funds	\$ _____	\$ _____
Trust Account	\$ _____	\$ _____
Whole Life Insurance cash value	\$ _____	\$ _____
Real Estate Cash Value**	\$ _____	\$ _____
Lottery/Gambling Winnings	\$ _____	\$ _____
Disposed Asset Value*	\$ _____	\$ _____
Other Asset	\$ _____	\$ _____
Type _____		
<u>Total Asset Value</u>	\$ _____	\$ _____

**Combined Asset Value:** \_\_\_\_\_ **Is it less than \$50,000? Yes | No**

**APPLICANT STATEMENT**

Information solicited on this application is requested by the apartment owner to ensure compliance with Federal laws prohibiting discrimination against tenant applicants because of race, color, national origin, religion, sex, marital status, age, and disability. This information will not be used to discriminate against you. We are an Equal Housing Opportunity Organization.

By submitting this application, I am giving explicit consent to receive communications regarding my application and future tenancy via SMS texting.

**AUTHORIZATION TO RELEASE INFORMATION**

The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through the United States Department of Housing and Urban Development, the Federal Laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, marital status, age and handicap are complied with.

**RELEASE BY APPLICANT**

By execution of this release, I (We) do hereby authorize the Watkins Glen Housing Authority and its staff of authorized representatives to make such investigation into my credit, income, assets, employment, schooling, rental, utility, criminal history, and any other information necessary to determine my eligibility per the tenant selection criteria, and I release all parties from all liability for any damage that may result from their furnishing information. contact any agencies, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my (our) application for housing in this property managed by the Watkins Glen Housing Authority.

I (We) agree that photocopies of this authorization may be used for the purpose stated above.

I (We) the undersigned hereby submit an application to rent an apartment in the above apartment complex. I (we) declare that all of the information and representations contained herein are to the best of my (our) knowledge and I (we) believe to be true and correct. I (we) understand that any Lease Agreement I (we) enter into for an apartment may be canceled at any time without liability by the Owner or its Agent if any information I (we) relayed and indicated in this application is misleading, incorrect or untrue regardless of my (our) intent.

I (We) hereby agree to notify you in writing of any change of address or telephone number, which may occur before the notification of a vacancy.

This application will not be processed if you have not signed this Authorization.

\_\_\_\_\_  
(Signature of Head of Household)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Co-Head of Household)

\_\_\_\_\_  
(Date)



*The owner/agent does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.*

*The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).*

Name: Watkins Glen Housing Authority  
c/o Jefferson Village Apartments  
Address: 222 East Second Street  
City: Watkins Glen State: NY Zip:14891  
Telephone – 607-535-2640

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 purposed cited above. Any persons who knowingly or willingly requests, obtains or discloses any information under false pretense 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 and 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).

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:</b> (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	
<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.