ODS MANAGEMENT INC.
8860 Main Street, Suite 201A, Williamsville, NY 14221
Phone: 716-542-3030 / FAX: 716-542-2111 / TOLL FREE: 1-888-542-3031
TDD-NYS RELAY SERVICE ONLY: 1-800-662-1220

This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

For Office Use Only:
Date Rec'd: _____
Time Rec'd: _____
AMI Level:
50% VL:___ 80% Low:___ MOD:___
Bdrm:___ Downstairs:___ Upstairs:___ HC:___

This is an application for housing at:	**Project: NORTH HAVEN APARTMENTS**
	Address: 125 Church St. Sherman, NY 14781
	Phone: 716-761-6505 Fax. 716-608-1508
Please complete this application and return to:	**Name: O.D.S. Management Inc.**
	Address: P.O. Box 45, Scio, NY 14880
	Phone: 585-296-3383 Fax. 585-296-3383

THIS APPLICATION MUST BE COMPLETED IN ALL SECTIONS. LEGAL NAMES OF EACH HOUSEHOLD MEMBER MUST BE USED. ALL INFORMATION IS CONFIDENTIAL.

(If you are unable to complete this application, someone may complete it with you. That person must sign at the H. AUTHORIZATION to acknowledge completing the application for you. If you need additional assistance, please contact our office).

A. GENERAL INFORMATION

Applicant Name(s): _____ _____

Address: _____
Street Apt # City State Zip code

Daytime Phone: ( )_____ Evening Phone: ( )_____

Email: _____

# of bedroom's in current unit: _____

Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: $_____

If owned, do you receive monthly rental income from property? ☐ YES or ☐ NO (check one)

Utilities paid by you: ☐ Heat or ☐ Electricity ☐ OTHER (specify) _____
(check all that apply, excluding phone or cable TV)

Approximate monthly cost of utilities paid by you: $_____ (excluding phone or cable TV)

Bedroom size requested: ☐ 1-bedroom ☐ Accessible features required

☐ 1st floor only ☐ 2nd floor only ☐ Either 1st or 2nd floor

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B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Male / Female (optional)	SS#	Student Yes/No
Head		Self				
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Have there been any changes in household composition in the last twelve months? ☐Yes ☐No
If yes, explain:
Do you anticipate any changes in household composition in the next twelve months? ☐Yes ☐No
If yes, explain:
Is there someone not listed above who would normally be living with the household? ☐Yes ☐No
If yes, explain:

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ☐Yes ☐No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	☐Yes ☐No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	☐Yes ☐No
Are any full-time student(s) a TANF or a title IV recipient?	☐Yes ☐No
Are any full-time student(s) a single parent living with his/her children who is not a Dependent on another's tax return and whose children are not dependents of anyone other than a parent?	☐Yes ☐No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	☐Yes ☐No

C. INCOME

List **ALL** sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Income
	Social Security benefits	$
	Social Security benefits	$
	Social Security benefits	$
	SSI benefits	$
	SSI benefits	$
	SSI benefits	$
	SSP -NYS benefits	$
	Pension (list source)	$
	Pension (list source)	$
	Veteran's Benefits (list claim #)	$
	Veteran's Benefits (list claim #)	$
	Unemployment Compensation	$
	Unemployment Compensation	$
	Title IV/TANF	$
	DSS cash assistance	$
	Contributions to the Household *(monetary or not)*	$
	Full-Time Student Income *(18 & Over Only)*	$
	Financial Aid (grants & scholarships	$
	exceeding of the amount of tuition may have to be included in total income)	
	Interest Income (source)	$
	Interest Income (source)	$
	Long Term Medical Care Insurance Payments in excess of $180/day	$
	Scheduled Payments from Investments	$
	Other:	$
	Other:	$

Household Member Name	Source of Income	Gross Monthly Income
	Employment amount	$
	Employer:	
	Position Held:	
	How long employed:	
	Employment amount	$
	Employer:	
	Position Held:	
	How long employed:	
	Employment amount	$
	Employer:	
	Position Held:	
	How long employed:	
	Employment amount	$
	Employer:	
	Position Held:	
	How long employed:	
	Alimony	
	Are you ***legally entitled*** to receive alimony?	☐Yes ☐No
	If yes, list the amount you are ***entitled*** to receive.	$
	Do you receive alimony?	☐Yes ☐No
	If yes list amount you receive.	$
	Child Support	
	Are you ***legally entitled*** to receive child support?	☐Yes ☐No
	If yes list the amount you are ***entitled*** to receive.	$
	Do you receive child support?	☐Yes ☐No
	If yes, list the amount you receive.	$
	Other Income	$
	Other Income	$
	Other Income	$
TOTAL GROSS ANNUAL INCOME *(Based on the monthly amounts listed above x 12)*		$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		$
Do you anticipate any changes in this income in the next 12 months?		☐Yes ☐No
Is any member of the household legally entitled to receive income assistance?		☐Yes ☐No
Is any member of the household likely to receive income or assistance ***(monetary or not)*** from someone who is not a member of the household as listed on Page 2 etc.)?		☐Yes ☐No
If yes to any of the above, explain:		
Is the income received?		☐Yes ☐No

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D. ASSETS

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write NA.

Checking Accounts	Bank		Balance $
	Bank		Balance $
	Bank		Balance $
Savings Accounts	Bank		Balance $
	Bank		Balance $
	Bank		Balance $
Trust Account	Bank		Balance $
Certificates	Bank		Balance $
	Bank		Balance $
	Bank		Balance $
	Bank		Balance $
Credit Union	Bank		Balance $
	Bank		Balance $
Savings Bonds		Maturity Date	Value $
		Maturity Date	Value $
		Maturity Date	Value $
Life Insurance Policy			Cash Value $
Life Insurance Policy			Cash Value $

Mutual Funds	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
Stocks	Name:	#Shares:	Dividend Paid $	Value $
	Name:	#Shares:	Dividend Paid $	Value $
	Name:	#Shares:	Dividend Paid $	Value $
Bonds	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
Investment Property	Address:			Appraised Value $

Real Estate Property: ***Do you own any property?*** ☐Yes ☐No

If yes, *circle* type of property: Residential Home / Commercial / Land / Mobil Home / Other:

Location of property:	
Appraised Market Value	$
Mortgage or outstanding loans balance due	$
Amount of annual insurance premium	$
Amount of most recent tax bill	$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	☐Yes ☐No
If yes, describe:	
Do they have access to the asset(s)?	☐Yes ☐No

Have you sold/disposed of any property in the last 2 years?	☐Yes ☐No
If yes, type of property:	
Market value when sold/disposed	$
Amount sold/disposed for	$
Date of transaction:	

Have you disposed of any other assets in the last 2 years *(Example: Given away money to relatives, set up Irrevocable Trust Accounts)?*	☐Yes ☐No
If yes, describe the asset:	
Date of disposition:	
Amount disposed	$

Do you have any other assets not listed above (excluding personal property)?	☐Yes ☐No
If yes, please list:	

E. MEDICAL EXPENSES – Complete this section **ONLY** if the head of household or the co-tenant is 62 years or older OR disabled regardless of age.

Do you pay monthly Medicare Premiums? ☐Yes ☐No If Yes, Monthly Amount $

Do you pay monthly Medical Insurance Premiums? ☐Yes ☐No If Yes, Monthly Amount $

If Yes, Name of Supplemental Insurer:

Anticipated annual out-of-pocket Medical Expenses Not Covered by Insurance or Reimbursed list below:

Physician Expense Amount $ Prescription Expense Amount $

Other Medical Expenses Amount $

Describe the Expense:

F. CHILD CARE EXPENSES – Complete this section **ONLY** if you have children 12 years or younger and your child care expense allows you to work or to attend school.
Monthly Child Care Expense $ Reason for The Expense:
Name(s) of Children Receiving Child Care:
Name & Address of Child Care Provider:

G. DISABILITY ASSISTANCE EXPENSES – Complete only if these expenses are necessary to enable Any family member 18 years of age or older who may or may not be the member who is a person with Disabilities to be employed.
Auxiliary Apparatus Expense $ Reason for The Expense:
Monthly Attendant Care Expense $ Reason for The Expense:

E. ADDITIONAL INFORMATION

Are you or any member of your household currently using an illegal substance?	☐Yes ☐No
Have you or any member of your household ever been convicted of a felony?	☐Yes ☐No
If yes, describe:	
Have you or any member of your household been convicted of methamphetamine production?	☐Yes ☐No
If yes, describe:	
Are you or any member of your household a lifetime registrant on a state or federal sex offender database?	☐Yes ☐No
If yes, indicate level & state or federal:	
Have you or any member of your family ever been evicted from any housing?	☐Yes ☐No
If yes, describe:	
Have you or any member of your family ever filed for bankruptcy?	☐Yes ☐No
If yes, describe:	
Do you or any member of your family require a reasonable accommodation?	☐Yes ☐No
If yes, describe:	
Will you take an apartment when one is available?	☐Yes ☐No
Briefly describe your reasons for applying:	

F. MISC. INFORMATION

Credit Reference #1: (Example: car loan, credit card, etc.)	
Address:	
	Phone #:
Credit Reference #2: (Example: car loan, credit card, etc.)	
Address:	
	Phone #:

I/We do hereby opt NOT to have my/our credit run by the staff of ODS Management Inc.
☐Initials:_____ ☐Initials:_____ ☐Initials:_____

**Please note: If opting out of credit check you MUST supply:

Proof of 12 consecutive months of on-time in-full rent payments

OR Receipt of a subsidy or subsidies that pay the FULL amount of rent

In case of emergency notify: Must include full mailing address	
Name:	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION

(if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for ONE vehicle. Arrangements with Management will be necessary for more than one vehicle.

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

Do you own any pets?	☐Yes ☐No
If yes, describe:	
Do you have a service or companion animal?	☐Yes ☐No
Do you have proper documentation stating that the animal is a service or companion?	☐Yes ☐No
If yes, describe:	

H. AUTHORIZATION: (please read carefully and sign below this statement.)

I/We do hereby authorize the staff of ODS Management Inc. to contact any person, agency, office, group or organization to obtain and verify any information deemed necessary to complete my/our application for housing in the property managed by O.D.S. Management Inc. I/We agree to hold harmless O.D.S. Management Inc. and any landlord or person listed above from any all claims I/we may have for the contents of the information disclosed and for the disclosure and use of this information.

Signature of Applicant	Date signed
Signature of Co-Tenant	Date signed
Signature of Co-Tenant	Date signed
**Signature of person completing application for applicant	Date signed

Please note that you have the right to review /contest / have explained the results of background and/or credit checks

Verifications Needed:

A photocopy must be attached to your completed application.

1. Elderly Status (62 or older)
    a. Copy of social security letter
2. Disabled Status
    a. Copy of social security, SSI or SSD award letter, or statement by qualified person.
    b. The nature of the disability does not have to be disclosed.
3. ALL household members
    a. Copy of birth certificate or driver's license and social security card

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CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

I/we hereby certify that attached to this application are "Things you should know about USDA rural rental housing" information, "Notice of occupancy rights under the violence against women act" including HUD form 5382.

All adult applicants, 18 or older, must sign application.

Signature of Applicant _____ Date signed _____

Signature of Co-Tenant _____ Date signed _____

Signature of Co-Tenant _____ Date signed _____

**Signature of person completing application for applicant _____ Date signed _____

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, nation origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information. This information will not be used in evaluating your application or to discriminate against you in any way.

Head Tenant Ethnicity:
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race *(mark one or more)*
☐ American Indian/Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

Gender:
☐ Female ☐ Male ☐ Other

Co-Tenant Ethnicity:
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race *(mark one or more)*
☐ American Indian/Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

Gender:
☐ Female ☐ Male ☐ Other

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APPLICANT INCOME OR UNEMPLOYED CERTIFICATION

Check the appropriate blocks and account for all adult household members by listing their or your name under the applicable statement:

☐ I hereby certify that the following adult household members are not presently employed and do not intend to resume employment in the foreseeable future.

_____ _____

_____ _____

☐ I hereby certify that the following adult household members are not presently employed but are actively seeking employment. I agree to notify O.D.S. Management immediately when they become reemployed.

_____ _____

_____ _____

☐ I hereby certify that the following adult household members are currently employed. I agree to notify O.D.S. Management should their employment status change.

_____ _____

_____ _____

_____ _____
Signature of Applicant Date signed

_____ _____
Signature of Co-Tenant Date signed

_____ _____
Signature of Co-Tenant Date signed

_____ _____
**Signature of person completing application for applicant Date signed

SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME, OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UNDER THIS TITLE OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH."