



PROGRAM INFORMATION SHEET
Woolworth Apartments
Watertown, New York 13601



WELCOME to Woolworth Apartments owned by Woolworth Watertown, LLC and professionally managed by Cornerstone Property Managers, LLC. Our community is operated under the Low Income Housing Tax Credit Program (LIHTC), within Section 42 of the Internal Revenue Code. This program is designated to facilitate the housing needs of moderate to low income individuals and families. This program is not connected with Section 8 although applicants with Section 8 travel vouchers or certificates may apply for residency.

Residency in all of the apartments at Woolworth Apartments is limited to those households having moderate to low incomes. In addition to standard wages, income includes monies received from many sources such as alimony, child support, pensions and social security etc.... The units at Woolworth Apartments will serve two income groups. Listed below are the current (2017) maximum allowable incomes (by household size) for Jefferson County:

50% Limits

Income Cannot Exceed:

1 Person	2 Person	3 Person	4 Person
\$22,350	\$25,550	\$28,750	\$31,900

Unit Size	# of Units	Rent
1 Bed	5	\$449-\$473
2 Bed 1 Bath	5	\$530-\$555

60% Limits

Income Cannot Exceed:

1 Person	2 Person	3 Person	4 Person
\$26,820	\$30,660	\$34,500	\$38,280

Unit Size	# of Units	Rent
1 Bed	29	\$556-\$585
2 Bed 1 Bath	10	\$680-\$695

- All information on income provided by applicants must be verified before occupancy. This qualification and certification process must also be completed annually upon renewal.
- **No Pets Allowed.**
- Standard security deposits have been established and are equal to one month's rent.
- Applications will be time and date stamped processed on a first-come, first-serve basis.
- We are a **SMOKE FREE** facility. There will be absolutely no smoking permitted in any part of the building.

Please return all completed applications personally to:

Woolworth Apartments
11 Public Square Suite 101
Watertown, New York 13601

Any questions, please call (315) 405-8740.

Woolworth Watertown Apartments
TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorized release of information without liability to the owner/manager of the apartment community listed below, and/or the state housing development agency or its' service provider.

INFORMATION COVERED

I/We understand that the previous or current information regarding we/us may be needed. Verifications and inquires that may be requested include but are not limited to: personal identity, student status, employment income, assets, and 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 Administration |
| Support and Alimony Providers | State Unemployment Agencies | Retirement Systems |
| Educational Institutions | Social Security Administration | Medical Providers |
| Banks/Financial Institutions | Previous Landlords | Child Care Providers |
| Public Housing Agencies | | |

CONDITIONS

I/We agree that a photocopy of the 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 that I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____ Applicant/Resident	_____ (Print Name)	_____ Date
_____ Co/Applicant/Resident	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date



Woolworth Apartments
11 Public Square, Suite 101
Watertown, NY 13601

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)



Citizenship Declaration Format

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____



Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 3/31/2014)

Woolworth Apartments **11 Public Square, Suite 101 Watertown, NY 13601**
Name of Property Project No. Address of Property

Cornerstone Property Managers, LLC **LIHTC**
Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to “self certify” during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household’s file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.



Date: _____

Applicant: _____

Co-Applicant: _____

Please complete the below information.

1. Are you homeless? _____ Y- Living with relatives/friends: _____ or _____
N
 - a. How long have you been homeless: _____ Months or Years
2. Are you on a waitlist for Public Housing? _____ Y or _____ N
 - a. Which One
(s): _____
 - b. How long have you been on the waiting list? _____ Months or Years
3. Do you receive Housing Assistance? _____ Y or _____ N
4. Are you on a waiting list for HUD? _____ Y or _____ N
 - a. How Long? _____ Months or Years
5. Will you be receiving any aid in paying for your security deposit or rent? _____ Y or _____ N
6. Do you have a source of income? _____ Yes or _____ No

Signature of Applicant: _____

Signature of Co-Applicant: _____



Woolworth Apartments Rental Application

PLEASE PRINT ALL INFORMATION-(All Applicants over 18 must sign at the bottom.)

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 Number () _____

ADDRESS OF YOUR PRESENT LANDLORD: _____

NAME OF YOUR PREVIOUS LANDLORD: _____ Phone Number () _____

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, familial 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 individual applicants on the basis of visual observation or surname.

Please check one: Caucasian _____ African American _____ Asian _____ Hispanic _____ Other _____

List ALL persons who will live in the apartment. List Head of Household first:

NAME	RELATIONSHIP	AGE	BIRTHDATE	SOCIAL SECURITY NUMBER
	Head of Household			

Is everyone in the household a full time student? Y or N (College/Elementary/Middle/High School)

Driver License Number/Issuing: _____ State: _____

Would you benefit from a reasonable accommodation? Y or N (Handicapped features)

If yes please request a copy of 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	\$	\$			

Housing Assist/ HUD: Yes or No

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

A felony? ___ Yes ___ No. Explain _____

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

Sexual offence? ___ Yes ___ No.

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

My/Our signature(s) below serves as written permission for Woolworth 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 process 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, Woolworth Apartments may cancel and annul any lease given in reliance upon such information.

Your Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Remarks: _____

How did you find out about us? _____

PLEASE RETURN THIS FORM TO:

Woolworth Apartments

11 Public Square, Suite 101

Watertown, NY 13601

PH: (315)-405-8740 FX: (315)-405-8741

Email: info@woolworthwatertown.com

