2016 Maximum Annual Household Income for Federal Low Income Program Apartments

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<tr>
<td>1 Person</td>
<td>$37,700</td>
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<td>2 Person</td>
<td>$43,100</td>
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<td>3 Person</td>
<td>$48,500</td>
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<td>4 Person</td>
<td>$53,850</td>
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<td>5 Person</td>
<td>$58,200</td>
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<td>6 Person</td>
<td>$62,500</td>
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<tr>
<td>7 Person</td>
<td>$66,800</td>
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<tr>
<td>8 Person</td>
<td>$71,100</td>
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BMHA manages over 3900 subsidized public housing apartments spread throughout the City of Buffalo. There are apartments for seniors, families, disabled and accessible apartments for handicapped.

Applications are continuously accepted in person or by return mail at:

BMHA HOUSING ASSISTANCE OFFICE
245 Elmwood Avenue
Buffalo, New York 14222

Faxed applications are not acceptable.

Maximum Annual Household Income limits apply. All vacancies are filled from the waitlists after screening and verification of program eligibility.

For Additional information, Please Contact: (716) 855-6774

2016 Maximum Annual Household Income for Tax Credit Apartments at:

- AD Price Family
- AD Price Elderly
- Lower Westside Homes

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<tr>
<td>1 Person</td>
<td>$28,320</td>
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<tr>
<td>2 Person</td>
<td>$32,340</td>
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<tr>
<td>3 Person</td>
<td>$36,360</td>
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<td>4 Person</td>
<td>$40,380</td>
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<td>5 Person</td>
<td>$43,620</td>
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<td>6 Person</td>
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<td>7 Person</td>
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Our Program: The BMHA public housing program is a federally subsidized affordable housing program for families and individuals with low incomes (qualifying income charts are shown on the cover page). Rent charges are set at 30% or less of family income and most utilities are included. BMHA manages more than 3900 federally subsidized apartments located throughout the City of Buffalo. BMHA has apartments for families with children, single individuals, elderly, disabled, and handicapped (wheelchair accessible) families.

There are waiting lists for all of our rental properties. All placements in BMHA are made from the waitlists. **BMHA does not have an emergency housing program.**

You will receive a development offer letter after BMHA receives and processes this application. This offer letter will notify you of the developments that are available and the estimated wait list times for each site. You can place your name onto the development waitlist of your choice. When your name is reached on the list you have chosen, you will be contacted to come into our office to complete our screening process.

Waitlist preferences: A waitlist preference is a special circumstance that will allow for a higher placement on a waitlist. Applicants are allowed to claim a waitlist preference at anytime. The date of verified preference will replace the original application date for waitlist placement purposes. Please review the WAITLIST PREFERENCE INFORMATION SHEET to determine if you qualify for a preference. Proper verification of preference is required (as noted on the back of the form).

Reasonable Accommodations: The policy of the Buffalo Municipal Housing Authority is to provide for the reasonable accommodation of applicants with disabilities. If you or a family member is a handicapped or disabled person who needs accommodations during the application process or modified housing, please contact our Office to discuss your needs. BMHA maintains waitlists based on the type and size of our apartments. To avoid unnecessary delays, persons with limited mobility (an inability to climb stairs), and persons needing wheelchair accessible apartments are asked to state their need at the time of application.

If assistance is needed to complete this application please call (716)855-6774 or visit the BMHA Housing Assistance office during normal business hours.

Completion of this application does not ensure that you will be housed. The BMHA assumes no responsibility for housing any applicant until all the steps of our application process are completed and final approval is granted. Do not give your landlord notice or make arrangements to move until after you have been notified that your application is approved and you have signed a lease for a BMHA apartment.
PLEASE NOTE: Income verifications are not required at this time. Income verifications will be required when your name reaches the top of the waiting list and you are called in for an interview.

IMPORTANT NOTICE

Dear Applicant/Participant:

Federal regulations require that this office obtain from participants and potential participants evidence of citizenship or eligible immigration status. Rental assistance will not be provided for any person who is not a citizen or eligible immigrant.

Citizens are required to sign a written declaration. Eligible immigrants are required to sign a written declaration and verification consent form and show acceptable U.S. Immigration and Naturalization Service (INS) documents. The I.N.S./BCIS will be assisting this office in verifying current eligible immigrants’ status.

Declaration forms must be completed for each member of your household at the time of your interview in this office. For each minor under 18 years of age, the form must be completed and signed by the adult who is responsible for the child.

ACCEPTABLE I.N.S. DOCUMENTS ARE:

- Form 1-551, Alien Registration Receipt Card (for permanent resident aliens)
- Form 1-94, Arrival-Departure Record
- Form 1-688, Temporary Resident Card
- Form 1-688B, Employment Authorization Card
- A receipt issued by the I.N.S. Office showing an application for issuance of replacement of one of the above forms.

If you have any questions regarding this requirement, please contact the BMHA Housing Assistance Office at (716) 855-6774
Application for BMHA Public Housing Program

Please notify the BMHA of any change in your address or household.

HEAD OF HOUSEHOLD: (Yourself)  
First  
Middle  
Last  

Birthdate  
Age  
Sex  
Social Security #

ADDRESS:  
Number & Street  
City/Town  
State  
Zip  

MAILING ADDRESS: (If different from above)  
Number & Street  
City/Town  
State  
Zip  

TELEPHONE NUMBER:  
Phone number  
E-MAIL:  

List other persons who will reside in your BMHA apartment:

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Relationship</th>
<th>Birth Date</th>
<th>Age</th>
<th>Sex</th>
<th>Social Security #</th>
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Is anyone in your household pregnant?  

What is the due date?  

Male or Female?

Other Information

Have you or any family members been known by any other names?  

What name(s)?

Are you or your partner claiming status as a person with disabilities?  

Yes  

No  

(verification required)

Has anyone in your household ever lived in a BMHA property or received BMHA Section-8 assistance?  

Yes  

No  

who?  

when?

Do you or anyone in your household have any special housing requirements?  

Yes  

No

If yes, please specify:  

wheelchair accessible apartment  

An apartment with no stairs (limited mobility)  

Hearing Impairment  

Visual impairment  

Additional space needed for required medical equipment

Other, please specify

What is your Race:  

White  

Black  

Indian  

Asian  

(for statistical reporting purposes only)

What is your Ethnicity:  

Hispanic  

Non-Hispanic  

(for statistical reporting purposes only)

FOR BMHA INTERNAL USE ONLY

Type:  

Duplicate ck:  

Bedrooms:  

Del. Bal. ck:  

Preference:  

Amt Owed:  

Initials:  

Date/Site owed:  

Revised 02/2018
INCOME INFORMATION
Please enter ALL income sources for everyone in the household. Report the total Gross amount per month (Gross amount means before any taxes or deductions are taken out).

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<tr>
<td>Wages</td>
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<td>Child Support</td>
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<td>Social Security</td>
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<td>Pension</td>
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<td>SSI</td>
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<td>Asset Income</td>
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<td>Public Assistance (Welfare)</td>
<td>$</td>
<td>Other (please specify)</td>
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Do you own your own home or any other property?  □ Yes  □ No

Notes:
BMHA is committed to allowing reasonable accommodations for persons with disabilities in our processes and facilities. If you and/or a family member are a person with disabilities and you need a specially equipped apartment or a reasonable accommodation in the way your application is processed, please contact our office to obtain a Request for a Reasonable Accommodation form and submit it along with this application.

After your completed application is received you will receive an offer letter that allows you to choose which development waitlist you want to place your name onto. When your name comes to the top of the waiting list you have chosen, you will be contacted to come into our office to complete the application qualification process. Included in our process is a police check for all members of the household over age 16, and landlord verifications for current and former residences.

CERTIFICATION:
I hereby certify that all the information on this application is true and accurate to the best of my knowledge and that the income for all household members has been reported.

I authorize the BMHA and its staff to contact any individual, agency, office, group, or organization to obtain any information or materials, which are deemed necessary to complete my application.

I understand that I am responsible to notify the BMHA of any change of information provided on this application. If I fail to respond to BMHA correspondence, or BMHA is unable to contact me because I have moved without notifying them, I understand that my name will be removed from the waiting list.

Signature of Head of Household/Applicant  
Date

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the U.S. as to any matters within its jurisdiction.

The Buffalo Municipal Housing Authority does not discriminate on the basis of race, color, sex, religion, familial status, age, disability, national origin or sexual orientation.

RETURN YOUR COMPLETED APPLICATION TO:

Buffalo Municipal Housing Authority
Housing Assistance Office
245 Elmwood Avenue, Buffalo, NY 14222

Phone: (716) 855-6774, New York State Relay for Hearing-Impaired: 1-800-622-1220.
Residence History

BUFFALO MUNICIPAL HOUSING AUTHORITY
HOUSING ASSISTANCE OFFICE
245 ELMWOOD AVE., BUFFALO, NY 14222

Dear Applicant:

The BMHA requires that you provide an address history. Completing this form will help process your application faster. Please provide an accurate record of all your residences for the past three years. Sign and date this form and return it along with your application.

Current Address
Address ________________________________

Landlord: Name, Address, Phone # __________________________________________

Date you Moved In __________
was this apartment rented in your name? _________
If not, who rented the apartment? __________

Previous Address
Address ________________________________

Landlord: Name, Address, Phone # __________________________________________

Date Moved In __________ Moved Out __________
was this apartment rented in your name? _________
If not, who rented the apartment? __________

Previous Address
Address ________________________________

Landlord: Name, Address, Phone # __________________________________________

Date Moved In __________ Moved Out __________
was this apartment rented in your name? _________
If not, who rented the apartment? __________

Please use other side to report additional addresses if needed

I do hereby swear and attest that all of the information provided on this form is true and complete to the best of my knowledge.

Signature: ____________________________ Date: ____________________________
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<tr>
<th>Previous Address</th>
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CONSENT FOR RELEASE OF INFORMATION
TO
THE BUFFALO MUNICIPAL HOUSING AUTHORITY

I ______________________ hereby authorize you: 

(Applicant) 

For BMHA Use Only – Please Leave Blank

To release to the Buffalo Municipal Housing Authority any and all information about me, my 
family, and/or my minor children that may be material to a determination of eligibility for BMHA 
housing and may demonstrate my ability to uphold the BMHA lease.

Such information includes but is not limited to reports on income, employment, and other financial 
data; reports on past history of paying bills, taking care of property, housekeeping abilities; and 
reports on involvement in criminal activity and/or behaviors related to substance abuse. Reports on 
any events/incidents/activities that reflect on my ability or my family’s ability to respect the rights of 
other tenants, maintain an apartment, and meet the terms of the BMHA lease are permitted by this 
release.

I understand that any information released to the BMHA will be kept in my applicant file, which is 
confidential under New York Public Housing Law.

I have read the above and I agree to authorize the release of this information to the Buffalo 
Municipal Housing Authority. This release shall remain in effect until a final determination on the 
eligibility of my application for housing is made.

_________________________
Signature of Applicant

_________________________
Date

Rev. 2/2016
WAITLIST PREFERENCE INFORMATION SHEET

Your current situation may qualify you to claim one of the preferences listed below. Please provide verification to the BMHA Housing Assistance Office if you believe you qualify for a preference. Once a preference is verified your application could move to a better position on the wait list. **Preferences are not cumulative; only one preference category will apply at any time.** Preferences do not apply for tax credit assisted sites (AD Price and Lower West Side Homes).

**VETERANS (1 point):**

Persons serving in the military or discharged under honorable or general conditions from the US armed forces. Submit your DD-214 or a letter from Veteran’s Administration.

**FAMILIES DISPLACED BY GOVERNMENT ACTION (2 points):**

If you are displaced from your residence due to direct government action such as property condemnation or eminent domain seizure, or your home is extensively damaged as a result of a federally declared natural disaster.

**SUCCESSFUL COMPLETION OF A RESIDENTIAL TRANSITIONAL HOUSING PROGRAM (1 point):**

If you are within 90 days of completing a **Residential Transitional Housing Program** or you have successfully completed a program within the last 90 days. Provide a letter from the Transitional Housing Program administrator.

**BMHA EMPLOYEE (1 point):**

Current or former employees in good standing

**RELOCATION FROM A NON- FEDERAL BMHA PARTNERSHIP (1 point):**

Residents in good standing living at Frederick Douglass Associates, Marine Drive, Walden Park, Hertel Park and Trinity Towers who wish to relocate to other BMHA sites. Submit a letter from your Management office verifying your current tenancy.

**WORKING FAMILIES (1 point):**

The Head of household, spouse, co head, or sole member is employed at least 20 hours a week. Families where the head, spouse or sole member is 62 years of age and older or a person with disabilities also qualify.
PREFERENCE VERIFICATION CHECKSHEET

Veterans—attach DD 214 or letter from VA

For office use only:
Received by: _______________________

Families Displaced by Government Action—attach letter from Government Agency

For office use only:
Received by: _______________________

Residential Transitional Homeless Housing Program—attached letter from Shelter Program

For office use only:
Received by: _______________________

Relocation from Non-Federal BMHA Partnership—attached letter from current Management Office

For office use only:
Received by: _______________________

BMHA Employee—attach pay stub or letter from Human Resource

For office use only:
Received by: _______________________

Working Families—attach four (4) most recent pay stubs or a letter from your Employer. Elderly families—attach proof of age. Disabled families—attach proof of disability

For office use only:
Received by: _______________________

Rev 7/14