If you have a disability and need assistance with the application process, please contact Erin at(518) 459-4910

Whitehall Management

ST. SOPHIA APARTMENTS ** HOLY WISDOM APARTMENTS

The Project consists of 140 one-bedroom units of Section 8 Subsidized Housing. Section 8 subsidy is a federally funded program under the direction of the U.S. Department of Housing and Urban Development. (HUD)

WHO IS ELIGIBLE:

HUD has established the eligibility requirements for this type of housing. The Applicant must be:

1. **Any single person who is 62 years of age or over, or any non-elderly mobility-impaired person between the ages of 18 - 62 or a family of two persons, one of whom is 62 years of age or over or is mobility-impaired.**

AND

2. **The Income Requirements listed below must also be met:**

For One Person: Maximum Annual Income: $43,100
For Two Persons: Maximum Annual Income: $49,250
INCOME LIMITS ARE SUBJECT TO PERIODIC CHANGE.

PRIORITY FOR ADMISSION: 40% of vacancies each year will be given to households whose incomes do not exceed the following limits:

For One Person: $25,900
For Two Persons: $29,600

If you qualify, you will pay 30% of your gross income. There is no dollar amount asset limitation. HUD requires us, however, to consider assets when determining eligibility. If you have assets of less than $5,000, the actual income from these assets are counted as income. If you have assets of $5,000. or more, then the greater of actual income from assets or .06% of assets is included in annual income.

FACILITIES AND SERVICES:
Unit consists of a kitchen, living-dining room combination, closets, bathroom and one bedroom. Eight of these one-bedroom units are designed for persons with mobility impairments. Each apartment is approx. 540 square feet.

To qualify for admission to one of the units specifically designed for the mobility impaired, the head or spouse must have a mobility impairment requiring the special design features of the unit.

Utilities, with the exception of water, are not included in the rent. A Utility Allowance will be deducted from your 30% of income rent payments, since you will pay your utility costs direct to National Grid. Telephone is the responsibility of the resident.

A refrigerator and electric range are provided in all units. Each apartment also has two Emergency Cords to summon help in case of accident, illness or other emergency.

Coin-operated washers and dryers are provided. A spacious Community Room is available to all residents and is equipped with tables, chairs and kitchen. There is a patio with lawn furniture, picnic tables and gas grill. We provide computers & internet on site, parking, trash removal, exterminating services, site maintenance, repairs and 24-hour security.

VERIFICATION REQUIREMENTS:
Owners must verify all income, expenses, assets, household characteristics and circumstances that affect eligibility or tenant rent.

Verification directly from the source must be obtained.

NO SMOKING

SMOKING IS PROHIBITED IN APARTMENTS & COMMON AREAS

DIRECTIONS FOR COMPLETING THE APPLICATION PACKET

Please do not take the application packet apart, and return ALL pages

Please be sure to fill out the application **COMPLETELY** as well as **ALL** of the forms that are included with the application packet. Each of the following must be completed by EVERY applicant:

- ☐ Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants (Applicant's information on the top 3 lines, a contact person in the next section, and the form must be signed and dated at the bottom.)

- ☐ Rental Assistance Application

- ☐ Family Summary Sheet (The person/people that will be living in the apartment should be listed on this form. The applicant's information should be listed on line 1. If a couple is applying, the spouse should be listed on line 2. No other names should be on this form.)

- ☐ Citizenship Declaration (This must be filled out even if you are a United States citizen. If you are a citizen, fill out the top portion stopping at "Alien registration number", then on the second half of the page, under declaration, print your name in both spots, check #1, and sign and date at the bottom. Pages 2 and 3 are only used if you are NOT a U.S. citizen.)

If any of the above is not returned, or if any information is missing, the application will be returned to you.

OMB Control # 2502-0581
Exp. (02/28/2019)

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.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: 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.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: 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.

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.

WHITEHALL MANAGEMENT
ST. SOPHIA APARTMENTS, 426 Whitehall Rd, Albany, NY 12208
HOLY WISDOM APARTMENTS, 428 Whitehall Rd, Albany, NY 12208
Phone (518) 459-4910
TTY (800) 662-1220

RENTAL ASSISTANCE APPLICATION

PLEASE PRINT **COMPLETE ALL INFORMATION AND RETURN**

APPLICANT NAME: (Head of household)_____

Current Address:_____

City, State, ZIP Code:_____

Home Phone #: _____ Work Phone #:_____

Date of Birth: _____ Age _____ Social Security #_____

Race of Head of Household: [ ] WHITE [ ] BLACK [ ] AMERICAN INDIAN [ ] ASIAN

Ethnicity of Head of Household: [ ] HISPANIC [ ] NON-HISPANIC

NAME OF ANY PERSON WHO WILL OCCUPY THIS APARTMENT WITH YOU:

NAME _____ Date of Birth: _____Age_____

Relationship _____Social Security #_____

Are You Claiming Eligibility Based on Handicap? [ ] YES or [ ] NO

What type of specific reasonable accommodations are you requesting to accommodate your handicap?_____

_____

INCOME-List GROSS Amounts:	**Head of Household**		**2nd APPLICANT**	
	Monthly	**Annual**	**Monthly**	**Annual**
Social Security				
S S I				
Pension				
Earned Income-Employment,etc				
Annuity				
Alimony				
Interest				
Dividends				
Other				
TOTALS				

ASSETS:

List all checking and savings accounts (including IRA's, Keogh Accounts, Certificate of Deposit) of all household members, including amounts disposed of During the past two years.

FAMILY MEMBER NAME	**BANK NAME**	**ACCOUNT NUMBER**	**CURRENT BALANCE**

LIST VALUE OF ALL STOCKS/BONDS/TRUSTS/PENSION CONTRIBUTIONS OR OTHER ASSETS:

_____

_____

_____

DO YOU OWN A HOME OR OTHER REAL ESTATE? [ ] Yes [ ] No

State Current Value $ _____

HAVE YOU SOLD OR GIVEN AWAY REAL PROPERTY OR OTHER ASSETS IN PAST TWO YEARS?
[ ] Yes [ ] No If YES, what was market value of the Asset? _____

CURRENT LANDLORD'S NAME & ADDRESS:_____

_____PHONE#_____

PREVIOUS LANDLORD'S NAME & ADDRESS:_____

_____PHONE#_____

PERSONAL REFERENCES (Other than Relative):

1. Name _____Phone #_____

   Address _____

2. Name _____Phone #_____

   Address _____

Do You Own a Motor Vehicle? [ ]Yes [ ]No Yr/Model _____ Plate #_____

HOUSING STATUS:

What is your current Rent? _____ What is your monthly cost for all utilities except telephone? _____.

Are you now living in a Government subsidized unit [e.g., Sections 8 or 236 or 221(D)(3)] subsidized projects? [ ]Yes [ ]No

Has your assistance or tenancy in a subsidized housing program ever been terminated for fraud, nonpayment of rent or failure to cooperate with recertification procedures? [ ]Yes [ ]No

LIST STATES YOU HAVE RESIDED IN: _____

DRUG ABUSE AND OTHER CRIMINAL ACTIVITY:

1. Have you been evicted from a federally-assisted site for drug-related criminal activity within the past three years? [ ] Yes [ ] No
2. Do you currently use illegal drugs or abuse alcohol? [ ] Yes [ ] No
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? [ ] Yes [ ] No
4. Have you been convicted of any drug-related crime within the past five years? [ ] Yes [ ] No
5. Have you been convicted of any felony within the past five years? [ ] Yes [ ] No
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? [ ] Yes [ ] No
7. Have you been convicted of any crime involving violence within the past five years? [ ] Yes [ ] No
8. Are you currently charged with any of the above criminal activities? [ ] Yes [ ] No

APPLICANT CERTIFICATION:

I/We certify that if selected to receive assistance, the Unit I/We occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility for Section 8 Assistance. I/We authorize Whitehall Management, on behalf of St. Sophia Apartments and Holy Wisdom Apartments, to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or local agencies. I/We certify that the statements made in this Application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. 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).

SIGNATURE OF HEAD:_____Date_____

SIGNATURE OF 2ND APPLICANT:_____Date_____

Owners Notice No. 1

Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. Citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

a. Section 8 Housing Assistance Payments programs;

b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and

c. Section 101/Rent Supplement Program

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format to list all family members who will reside in the assisted unit.

2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration. If there are 2 people listed on the Family Summary Sheet, you should have 2 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.

3. Submit the Family Summary Sheet, the Citizenship Declaration(s), and any other forms and/or evidence to the name and address listed below when you submit your application:

Whitehall Management
Office
426 Whitehall Road
Albany, NY 12208

This section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact Erin Rohl at 518-459-4910. She will be happy to assist you. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					

Citizenship Declaration

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: _____

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Form

AND

b. One of the following documents:

(1) Form I-551, **Permanent Resident Card**

(2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:

(a) "Admitted as Refugee Pursuant to section 207";

(b) "Section 208" or "Asylum";

(c) "Section 243(h)" or "Deportation stayed by Attorney General"; or

(d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."

(3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:

(a) A final court decision granting asylum (but only if no appeal is taken);

(b) A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS district director granting asylum (if application was filed before October 1, 1990);

(c) A court decision granting withholding or deportation; or

(d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(5) *Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.*

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent form to the name and address specified in the attached notification. 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.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available; complete the Request for Extension block below.

_____ _____

Signature Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

_____

Signature Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

_____ _____

Signature Date

Check here if adult signed for a child: _____