



Victory Ridge Apartments
55 Melroy Ave.
Lackawanna, NY 14218
716-828-0180
FAX 716-828-0182



Information Sheet

Victory Ridge Apartments were renovated as part of the former OLV Hospital in Lackawanna, NY. Conveniently located on several main bus routes and within walking distance from the Basilica, Victoria Square and the Botanical Gardens. Access to on site laundry, community room, parking and secure electronic entry.

The **Victory Ridge Apartments** offers the following types of apartments:

Apartment Type	Minimum Income	Maximum Income	Rent	Eligibility
One Bedroom (50% of AMI*)	\$6,875	\$11,000	\$275	Maximum Two Occpuants
One Bedroom (60% of AMI)	\$11,250	\$18,000	\$450	Maximum Two Occpuants
One Bedroom (80% of AMI)	\$12,925	\$20,680	\$517	Maximum Two Occpuants
Two Bedroom (50% of AMI)	\$8,125	\$13,000	\$325	Maximum Four Occupants
Two Bedroom (60% of AMI)	\$13,125	\$21,000	\$525	Maximum Four Occupants
Two Bedroom (80% of AMI)	\$15,600	\$24,690	\$624	Maximum Four Occupants

Income Limits as of 2/13/08



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Application for Admission

For office use only

Date: _____ Time: _____ Applicant No. _____

How did you hear about this building? Specify Person/Organization

- Newspaper Case Manager Radio TV Ad
 Referral Sign Phone Book Other

I. HOUSEHOLD COMPOSITION/CHARACTERISTICS (List everyone who **will** be living in the unit.)

#	Members Full Name(Including Self)	Birth Date	Social Security #
1. Head Of Household			
2.			
3.			
4.			
5.			
6.			

Current Address (Head of Household)	Apt. #	City	State	Zip
Home Phone		(____) _____ - _____		
Other Phone (Specify) _____		(____) _____ - _____		

II. INCOME INFORMATION

Please answer each of the following questions. [Place a \checkmark in the Yes or No Column]		YES	NO
1	Is any member of your household employed, full time, part time, or seasonally?		
2	Does any member of your household expect to work for any period during the next twelve months?		
3	Does any member of your household work for someone who pays them in cash?		
4	Does any member of your household receive or expect to receive unemployment benefits?		
5	Does any member of your household receive or expect to receive public assistance?		
6	Does any member of your family receive or expect to receive Social Security Benefits?		
7	Does any member of your family receive or expect to receive Supplemental Security Income (SSI) Benefits?		
8	Does any member of your household receive or expect to receive income from a pension or annuity?		
9	Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?		
10	Does any member of your household receive income from assets including <u>interest</u> on checking or savings accounts, interest and dividends from Certificates of Deposit, stocks or bonds, or income from the rental of property?		
11	Do you have any other sources of income not listed above?		
12	Does anyone on this application have any insurance policies (whole life or otherwise) that have any current cash value?		

For **each** type of **income** that your household receives, give the source of the income and the amount of income that can be expected from that source during the next twelve (12) months. [Do not list income from assets here]

Family Member	Source of Income /Type of Income	Monthly Income	Annual Income

III. ASSETS AND PERSONAL PROPERTY INFORMATION

List **all** checking and savings accounts (including IRA'S, Keogh Accounts, and Certificates of Deposit, stocks, bonds, trusts) for all household members, **including** amounts disposed of during the past **two** years.

Family Member	Bank Name Account Type	Account #	Current Value	Income from Asset

Family Member	Bank Name Account Type	Account #	Current Value	Income from Asset	
Do you own a home or other real estate? Value \$ <input type="text"/>		Address		Yes	No

IV. HOUSING HISTORY (Minimum of Five Years Required)

Address	Owner/Landlord	Landlord Phone	How Long?
1. (Current)			
2. (Previous)			
3. (Previous)			

V. CREDIT/PROFESSIONAL REFERENCES

Please list individual(s) or organization(s) that can verify that you can be reasonably expected to make timely payments and fulfill lease obligations.

Name	Address	Telephone	Type of Relation

VI. HOUSING STATUS

Please answer each of the following questions. [Place a \checkmark in the Yes or No Column]		Yes	No
1	Has anyone listed on this application been involved in any criminal activity? <i>Examples of criminal activity might include but are not limited to illegal drug manufacturing, distributing, assault, harassment, fraud, domestic violence, child abuse, murder, rape, child molesting, destruction vandalism, theft, larceny, prostitution, or disorderly conduct.</i>		
2	Is any member of your household a full time student?		

3	Do you currently (select one) <i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/> <i>Other</i> <input type="checkbox"/> your current home?		
4	How soon do you wish to move?	Why?	
5	Are you being or have you ever been evicted? If Yes, explain below *		
6	If there isn't an apartment ready for you immediately, would you like to be placed on a waiting list		
7	What is your current monthly housing expense? (Rent/Mortgage Payment)	\$	
8	Have you paid your rent/mortgage/taxes on time?		
9	What are your monthly costs for all utilities (except telephone)	\$	
10	Have you kept your residence clean enough to avoid health or sanitation problems and conditions that contribute to insect/pest infestation. If No, explain below *		
11	Have you damaged/destroyed anything in your current residence? If Yes, explain below *		
12	Did you have any problems getting along with your neighbors, landlord, or landlord's staff? If Yes, explain below *		
13	Have there ever been instances when you have not complied with a lease or occupancy agreement or have had trouble doing so? If Yes, explain below *		
14	Are you receiving any <u>rental</u> assistance from a government program? (e.g. Section 236, Section 221(D)(3), Section 8 Subsidized Project, Voucher, Certificate)?		
15	If yes, has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to comply with re-certification procedures, or any lease violations?		
16	How many bedrooms would you prefer (if available)? Example, a 2 person household might prefer a 2 bedroom apartment but would accept a 1 bedroom apartment if that is all that is available.		
17	How many bedrooms do you need? (minimum of 1 person per bedroom and maximum of 2 persons per bedroom.) Example: a 1 person household would generally only be eligible for a 1 bedroom apartment, however a 2 person household could be eligible for a 1 or a 2 bedroom apartment.		
*Explanations			

Will you be parking a car in our lot?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Make	Model	Year	Plate #.	
Do you have any pets?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(Please specify)	

Do you have a legal right to be in the United States?		Yes	No
<input type="checkbox"/>	Yes, because I am a United States Citizen.		
<input type="checkbox"/>	Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Service (formerly the U.S. Department of Immigration and Naturalization).		
For non-Us Citizens, reason you are in U.S.		Visa Type	Visa Exp. Date

INFORMATION SOLICITED IN THIS SECTION IS REQUESTED BY THE APARTMENT OWNER IN ORDER TO ASSURE THE FEDERAL GOVERNMENT THAT FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICATIONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, MARITAL STATUS, AGE AND HANDICAP ARE COMPLIED WITH. THIS INFORMATION WILL NOT BE USED TO DISCRIMINATE AGAINST YOU. WE ARE AN EQUAL OPPORTUNITY HOUSING ORGANIZATION. WE WOULD APPRECIATE YOUR VOLUNTARY ANSWER TO THE FOLLOWING QUESTIONS:

- 1. Ethnicity of Head of Household:** Hispanic or Latino Not Hispanic or Latino
- 2. Race of Head of Household:** Native American/Alaska Native White
 Black/African American Asian
 Native Hawaiian/Pacific Islander

VII. REASONABLE ACCOMMODATIONS

The following question is voluntary and will not affect your eligibility for an apartment. This question is intended to determine if there are any reasonable accommodations that we can offer you in order to make you more comfortable in your apartment. Where necessary, we may require medical documentation to verify your stated need for an accommodation and how the accommodation will assist you. If you have any special needs that would allow you to be more comfortable in an apartment please describe below:

VIII. Comments Additional Information

I/We certify that if selected to move into this project, 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 assistance. I/We authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information. If this is a federally, state or locally subsidized project, I/We authorize this information to be released to the 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 law, and could result in this application being rejected.

Signature of Head of Household _____ Date _____

Signature of Co-Applicant _____ Date _____



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Notice and Authorization

I hereby declare and certify that the information provided by me in making this application is true, correct, and complete to the best of my knowledge. I understand and acknowledge that if granted residency, any misstatement or omission of fact on this application will be considered grounds for lease termination. I grant consent for all persons named in connection with this application to be contacted and further acknowledged and authorize my prospective landlord to utilize any investigative suppliers or sources it may deem necessary in determining my suitability for residency, which may include credit report agencies, public report agencies, public record repositories and investigative agencies for the purposes of a criminal records search. I also hereby indemnify Realpage, Inc. or any prospective landlords against all damages, potential or otherwise, stemming from the release of any negative information contained in the requested investigative report.

I have received a copy of this authorization

Date: _____ Signature: _____
 Print name: _____

Social Security Number _____ - _____ - _____

Date of Birth ____ / ____ / ____

Other names used: _____
 (maiden, alias, etc)

Address: _____

 City State Zip