

EL CAMINO HOUSING I

ELIGIBILITY

El Camino Estates I is a government-sponsored housing development, supervised by Housing Finance Agency and New York State Homes and Community Renewal. It is subsidized by the U.S. Department of Housing and Urban Development and professionally managed by Ibero-American Development Corporation.

APPLICATIONS

There is no fee required to apply for an apartment. All applications must be completed and signed by all applicant(s) over the age of 18. **Incomplete applications will result in processing delays or declining the application.** Verification of all application information is performed, including a credit history, eviction or court judgments, criminal background and sex offender screening, all landlord references for the past 5 years, employment, and banking and income verification.

NOTE: Management reserves the right to deny an application if any of the above verifications and background checks reveal negative information.

If your application is accepted, you will be contacted for an interview and will be asked to bring the following required documents.

- Copies of Social Security cards for all occupants regardless of age
- Driver's license or state issued photo identification for applicants 18 years of age and older
- Proof of all income, such as pay stubs, Social Security benefit award letters, Section 8 voucher, SSI or DSS award letters, a printout of unemployment benefits or child support, and most current tax return
- Custody or child support court orders
- Proof of assets, such as the most current bank statement, life insurance policy statement, 401K, or other annuity statements

RENT AND OCCUPANCY

Current rental rates are as follows - utilities are not included:

<u>Size</u>	<u>Rent</u>	<u>Occupancy</u>
Three Bedroom House	\$636 + utilities	Maximum 6
Four Bedroom House	\$648 + utilities	Maximum 8

INCOME LIMITS

Your total household income must be less than the maximum income limits to be considered for rental. The maximum income limits for Monroe County are as follows:

1 person	\$25,900	5 persons	\$40,000
2 persons	\$29,600	6 persons	\$42,950
3 persons	\$33,300	7 persons	\$45,900
4 persons	\$37,000	8 persons	\$48,850

LEASE

All leases begin on the move-in date for a period of one year. If you move in on any day other than the first of the month, the rent is pro-rated for that month. Thereafter, your rent is due and payable on the first of each month. There is no subletting and no change in occupancy from the original application without management approval. Residents are required by HUD to re-certify income and other factors annually.

SECURITY DEPOSIT

A security deposit equal to one month's rent must be paid in full prior to the move in date.

PETS

Pets (domestic cats and dogs, or any caged birds, fish, animal) are not permitted at El Camino Housing I except service animals as allowed by law. Service animals must be approved by management prior to move in or acquiring one. This process includes specific applications and verifications. Snakes, lizards, reptiles, ferrets, and wild animals regardless of size are strictly prohibited.

FEATURES

All houses include carpeting, central air conditioning, electric range and refrigerator, cable TV ready, weekly trash pick-up, full time maintenance and grounds staff, and 24-hour emergency maintenance service. Washer/dryer hook-ups are available in the houses.

Rev 10/29/18

Income Limits Effective 4/10/2018

El Camino Estates

Application Number _____

Date and Time Stamp _____

PLEASE PRINT ALL INFORMATION

Name _____ Day Phone _____ Evening Phone _____

Address _____

Street City, State Zip

Name of your **Present** Landlord: _____ Phone: () _____

Address of your **Present** Landlord: _____

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 **Previous** Landlord: _____ Phone: () _____

Address of your **Previous** Landlord: _____

Use separate paper to list all landlords for a 5-year period

The following information is requested by the apartment owner to assure the Federal Government that Federal laws prohibiting discrimination against tenant applicants based on race, national origin, family 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 the individual applicants based on visual observation or surname.

Please check one (Optional): Caucasian _____ African-American _____ Asian _____ Hispanic _____ Other _____

List **ALL** persons living in the apartment. (Please list **Head of Household** first.)

Name	Relationship	Age	Date of Birth	Social Security Number
	Head of Household			

Driver's License Number/Issuing State _____

Is anyone in the household a Full-Time student? _____ Yes _____ No

Do you meet the qualifications under the HUD definition of disabled? (See attached) _____ Yes _____ No

Would you benefit from a reasonable accommodation? _____ Yes _____ No

If yes, you may request a copy of Ibero's Section 504 policy.

Preference applies for Disabled Veterans are you eligible? _____ Yes _____ No

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	\$	\$			

Have you or your co-applicant ever been convicted of the following: A felony? _____ Yes When? _____ No
Illegal use, possession, manufacturing or distribution of a controlled substance? _____ Yes _____ No
Sexual Offense? _____ Yes _____ No

Have you ever been terminated for non-payment of rent? _____ Yes _____ No
I'm on the Rochester Housing Authority Section 8 Wait List: _____ Yes _____ No

My/our signature(s) below serves as written permission for El Camino Estates 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 is approved, a security deposit must be paid 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, El Camino Estates may cancel and annul any lease given in reliance upon such information.

Your Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

How did you hear about El Camino Estates? _____

Please Return This Form to: El Camino Estates, 954 Clifford Ave Rochester, New York 14621



AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Applicant/Resident:

El Camino Estates II

Name of Community

Address of Applicant/Resident

218 Clifford Ave

Community Address

City, State, Zip

Rochester, NY 14621

City, State, Zip

CONSENT:

I authorize and direct any Federal, State or local agency, organization, business or individual to release to _____ El Camino Estates II any information or materials needed to compete and verify my application for participation, and/or to maintain my continued assistance under one of the following programs:

*Section 221 BMIR

*Rent Supplement

*Section 236

*DHCR

*LIHTC Program

*SLIHTC

*Rent Assistance Payments (RAP)

*Section 8 Housing Assistance
Payments Programs

*HFA

*Home Program

I give my consent for the release also for the minor children in my care who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by appropriate Federal, State or Local Agencies in administering and enforcing program rules and policies.

INFORMATION COVERED:

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

*Identity and Marital Status

*Employment, Income and Assets

*Credit and Criminal Activity

*Residences and Rental Activity

*Medical or Child Care Expenses

*Social Security Numbers

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program

*Utility Companies

*Realtors and Insurance Agencies

CONDITIONS:

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is correct.

Head of Household

Signature

Print Full Name

Date

Co-head of Household

Signature

Print Full Name

Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPERATELY.