



Dear Veteran,

Thank you for your interest in Nassau County Veteran Housing Community at Mitchel Field. As you know our first order of business is to provide living quarters for homeless veterans and their families. Our next priority is to provide homes for other veterans.

Attached with this letter you will find the necessary documents to complete the application process. See Application Checklist to make sure you have all required documents. Forward all materials by mail or email to [jbalestrieri@sdneyrealty.com](mailto:jbalestrieri@sdneyrealty.com).

If you wish to set up an appointment to tour the Nassau County Veteran Housing Community at Mitchel Field, please call our Property Manager Warren Schein at 516-660-2088 and he will gladly accommodate your schedule.

Thank you,

*Marty Schackner*

Martin Schackner  
Director  
Smith & DeGroat Real Estate

New Applicant Check List

Please be sure to include the following:

- Completed Request for Tenancy Application
- Completed Application with signed Permission to Access Credit
- Copy of DD-214 form
- Proof of Income
- Signed Agency Disclosure
- Signed Background Check
- Completed Request for Rental History

Notes:

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**PLEASE MAIL OR EMAIL TO [JBALESTRIERI@SDNYREALTY.COM](mailto:JBALESTRIERI@SDNYREALTY.COM)**

Smith & DeGroat Real Estate  
Property Management

27 E. Jericho Tpke., Mineola, NY 11501  
516-248-6905

APPLICATION

Location: MITCHEL FIELD

Date Occupancy Desired: \_\_\_\_\_

Name:(Permittee): \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Military Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Areas Served While in Active Duty: \_\_\_\_\_

Spouse: \_\_\_\_\_ Children & Ages: \_\_\_\_\_

Present Address: \_\_\_\_\_

Contact: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Zip-Code

How Long There: \_\_\_\_\_ Why Moving: \_\_\_\_\_

Current Landlord: \_\_\_\_\_ Tel#: \_\_\_\_\_

Mail Address-Landlord: \_\_\_\_\_ Fax#: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ # Years on Job: \_\_\_\_\_

Position: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax#: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Bank & Location: \_\_\_\_\_

Phone #: \_\_\_\_\_ Type of Account: \_\_\_\_\_ Account #: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

I give my permission to S & D Real Estate to access my full credit report including public records.

\_\_\_\_\_  
Permittee Signature

\_\_\_\_\_  
Date

# Request for Tenancy Approval Housing Choice Voucher Program

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

OMB Approval No. 2577-0169  
(exp. 09/30/2017)

Public reporting burden for this collection of information is estimated to average .08 hours 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 agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. The Department of Housing and Urban Development (HUD) is authorized to collect information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the data on the family's selected unit is mandatory. The information is used to determine if the unit is eligible for rental assistance. HUD may disclose this information to Federal, State, and local agencies when relevant civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher assistance.

<b>1. Name of Public Housing Agency (PHA)</b> Community Development Corporation of Long Island 2100 Middle Country Road, Suite 300 Centereach, NY 11720	<b>2. Address of Unit</b> (street address, apartment number, city, State & zip code)
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<b>3. Requested Beginning Date of Lease</b>	<b>4. Number of Bedrooms</b> 3	<b>5. Year Constructed</b> 1951	<b>6. Proposed Rent</b> \$2,150.00	<b>7. Security Deposit Amt.</b> \$0.00	<b>8. Date Unit Available for Inspection</b>
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**9. Type of House/Apartment**

Single Family Detached  
  Semi-Detached / Row House  
  Manufactured Home  
  Garden / Walkup  
  Elevator / High-Rise

**10. If this unit is subsidized, indicate type of subsidy**

Section 202  
  Section 221(d)(3)(BMIR)  
  Section 236 (Insured or noninsured)  
  Section 515 Rural Development

Home  
  Tax Credit

Other (Describe Other Subsidy, Including Any State or Local Subsidy) \_\_\_\_\_

**11. Utilities and Appliances**

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
Heating	<input checked="" type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other	O	T
Cooking	<input checked="" type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other	O	T
Water Heating	<input checked="" type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other	O	T
Other Electric		O	T
Water		O	O
Sewer		O	O
Trash Collection		O	O
Air Conditioning		T	T
Refrigerator		O	O
Range/Microwave		O	O
Other (specify)	Landscaping & Snow Removal	O	O

12. Owner's Certifications.

a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. **Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.**

Address and unit number	Date Rented	Rental Amount
1. 224 East Wheeler Avenue East Garden City, NY 11530	02/15/2017	\$2,150.00
2. 221 West Wheeler Ave East Garden City, NY 11530	03/01/2017	\$2,150.00
3. 236 West Miller Ave East Garden City, NY 11530	12/31/2016	\$1,950.00

b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.

The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.

A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. **The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.**

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Signature		Signature (Household Head)	
Business Address		Present Address of Family (street address, apartment no., city, State, & zip code)	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

Social Security # \_\_\_\_\_ or TIN# \_\_\_\_\_  
 \_\_\_\_\_ 11-6000463 \_\_\_\_\_

Address checks and correspondence should be mailed to if different from above:  
 Smith & DeGroat Real Estate  
 27 E. Jericho Tpke., Suite 2  
 Mineola, NY 11501



**LEASE ADDENDUM**  
**VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005**

TENANT	LANDLORD	UNIT NO. & ADDRESS
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This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

**Purpose of the Addendum**

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

**Conflicts with Other Provisions of the Lease**

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

**Term of the Lease Addendum**

The effective date of this Lease Addendum is \_\_\_\_\_. This Lease Addendum shall continue to be in effect until the Lease is terminated.

**VAWA Protections**

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Date

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>County of Nassau</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Municipal Corporation</b>	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) <b>1550 Franklin Avenue</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Mineola, NY 11501</b>	
	7 List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]	
OR	
Employer identification number	
1 1 - 6 0 0 0 4 6 3	

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
  - Certify that you are not subject to backup withholding, or
  - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
  - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

**Lead Warning Statement**

*Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.*

**Lessor's Disclosure**

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) \_\_\_\_\_ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Lessee's Acknowledgment (initial)**

(c) \_\_\_\_\_ Lessee has received copies of all information listed above.

(d) \_\_\_\_\_ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

**Agent's Acknowledgment (initial)**

(e) \_\_\_\_\_ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____ Lessor	_____ Date	_____ Lessor	_____ Date
_____ Lessee	_____ Date	_____ Lessee	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date





Community Development Corporation of Long Island  
 2100 Middle Country Road, Suite 300, Centereach, NY 11720  
 631.471.1215 • www.cdcli.org



The Department of Housing & Urban Development (HUD) has conveyed to the Community Development Corporation of Long Island (CDC) Housing Choice Voucher Program its concerns over violations of the Housing Choice Voucher Program Requirements across the nation.

For the Community Development Corporation of Long Island to provide Section 8 Housing Assistance to as many needy families as possible, all participants in the HUD sponsored program must properly utilize government funds and follow policy requirements. Incidences of fraud, willful misrepresentation, or intent to deceive with regard to the Housing Choice Voucher Program are criminal acts. If a participating landlord is suspected of committing any fraudulent action, then the Community Development Corporation of Long Island is required to refer the matter to the proper officials for appropriate action. This may lead to an investigation of the allegation and could result in landlords being accused of a federal crime as well as being terminated for participating in the program.

Some examples of fraud involving landlords identified by the investigation include:

1. Requiring side payments in excess of family share of rent including tenant paying for utilities that are not specified on the Housing Assistance contract (HAP) or sharing utilities with others.
2. Subdividing units after inspection (basement/attic)
3. Collecting rental payments for units not occupied by Section 8 tenants.
4. Bribing Housing Choice Voucher Program Employees to certify substandard unit as safe and standard.

Participating tenants are urged to immediately report any violations of the Housing Choice Voucher Program.

This agency will take any action warranted to ensure that cases of fraud are and/or prosecuted and we are working with HUD to accomplish this task.

**I HAVE READ THE ABOVE AND UNDERSTAND MY RESPONSIBILITIES AS A LANDLORD AND/OR AS A HOUSING CHOICE VOUCHER PARTICIPANT (TENANT).**

\_\_\_\_\_  
 Landlord Signature

  
 \_\_\_\_\_  
 Tenant Signature

\_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Date



New York State  
DEPARTMENT OF STATE  
Division of Licensing Services  
P.O. Box 22001  
Albany, NY 12201-2001

Customer Service: (518) 474-4429  
www.dos.state.ny.us

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## **New York State Disclosure Form for Landlord and Tenant**

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### **THIS IS NOT A CONTRACT**

*New York State law requires real estate licensees who are acting as agents of landlords and tenants of real property to advise the potential landlords and tenants with whom they work of the nature of their agency relationship and the rights and obligations it creates. This disclosure will help you to make informed choices about your relationship with the real estate broker and its sales agents.*

*Throughout the transaction you may receive more than one disclosure form. The law may require each agent assisting in the transaction to present you with this disclosure form. A real estate agent is a person qualified to advise about real estate.*

*If you need legal, tax or other advice, consult with a professional in that field.*

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### **Disclosure Regarding Real Estate Agency Relationships**

#### **Landlord's Agent**

A landlord's agent is an agent who is engaged by a landlord to represent the landlord's interest. The landlord's agent does this by securing a tenant for the landlord's apartment or house at a rent and on terms acceptable to the landlord. A landlord's agent has, without limitation, the following fiduciary duties to the landlord: reasonable care, undivided loyalty, confidentiality, full disclosure, obedience and duty to account. A landlord's agent does not represent the interests of the tenant. The obligations of a landlord's agent are also subject to any specific provisions set forth in an agreement between the agent and the landlord. In dealings with the tenant, a landlord's agent should (a) exercise reasonable skill and care in performance of the agent's duties; (b) deal honestly, fairly and in good faith; and (c) disclose all facts known to the agent materially affecting the value or desirability of property, except as otherwise provided by law.

#### **Tenant's Agent**

A tenant's agent is an agent who is engaged by a tenant to represent the tenant's interest. The tenant's agent does this by negotiating the rental or lease of an apartment or house at a rent and on terms acceptable to the tenant. A tenant's agent has, without limitation, the following fiduciary duties to the tenant: reasonable care, undivided loyalty, confidentiality, full disclosure, obedience and duty to account. A tenant's agent does not represent the interest of the landlord. The obligations of a tenant's agent are also subject to any specific provisions set forth in an agreement between the agent and the tenant. In dealings with the landlord, a tenant's agent should (a) exercise reasonable skill and care in performance of the agent's duties; (b) deal honestly, fairly and in good faith; and (c) disclose all facts known to the tenant's ability and/or willingness to perform a contract to rent or lease landlord's property that are not consistent with the agent's fiduciary duties to the buyer.

#### **Broker's Agents**

A broker's agent is an agent that cooperates or is engaged by a listing agent or a tenant's agent (but does not work for the same firm as the listing agent or tenant's agent) to assist the listing agent or tenant's agent in locating a property to rent or lease for the listing agent's landlord or the tenant agent's tenant. The broker's agent does not have a direct relationship with the tenant or landlord and the tenant or landlord can not provide instructions or direction directly to the broker's agent. The tenant and the landlord therefore do not have vicarious liability for the acts of the broker's agent. The listing agent or tenant's agent do provide direction and instruction to the broker's agent and therefore the listing agent or tenant's agent will have liability for the acts of the broker's agent.

#### **Dual Agent**

A real estate broker may represent both the tenant and the landlord if both the tenant and landlord give their informed consent in writing. In such a dual agency situa-



New York State  
Housing Trust Fund Corporation

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM  
ACH/DIRECT DEPOSIT AUTHORIZATION

NOTE: Please type or clearly print all requested information

PART 1: Payee Identification

Payee name <b>Smith &amp; DeGroat Real Estate As Agent of Nassau County</b>		Payee Type <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Property Manager/Agent	
Payee Email Address <b>dmarder@sd-cre.com</b>		Payee Phone Number (with area code) Type <b>516-248-6905</b> <input checked="" type="checkbox"/> Work <input type="checkbox"/> Home	
Street Address <b>27 East Jericho Turnpike, Suite 2</b>		City <b>Mineola</b>	State <b>New York</b>
		Zip Code <b>11501</b>	

WARNING: Federal law prohibits HTFC from processing international ACH transactions (IAT). If any payment to you from HTFC will result in an IAT under the National Automated Clearing House Association's operating rules or if you are unsure if the rules apply to you, DO NOT COMPLETE THIS FORM.

Please initial in the box to the right to indicate you have read the above warning.  
If you fail to initial here, direct deposit will not be approved.

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PART 2: Financial Institution Information

Name of Financial Institution <b>Capital One Bank</b>	Account Number <b>7047726810</b>									
Name on Account <b>Nassau County Treasurer Smith &amp; DeGroat Real Estate</b>	Account Type <input type="checkbox"/> Individual/Consumer <input checked="" type="checkbox"/> Commercial (Corporation, Partnership, etc.)									
Nine Digit Routing Number										
<table border="1" style="margin: auto;"> <tr> <td style="width: 30px; text-align: center;">0</td> <td style="width: 30px; text-align: center;">2</td> <td style="width: 30px; text-align: center;">1</td> <td style="width: 30px; text-align: center;">4</td> <td style="width: 30px; text-align: center;">0</td> <td style="width: 30px; text-align: center;">7</td> <td style="width: 30px; text-align: center;">9</td> <td style="width: 30px; text-align: center;">1</td> <td style="width: 30px; text-align: center;">2</td> </tr> </table>		0	2	1	4	0	7	9	1	2
0	2	1	4	0	7	9	1	2		

PART 3: Authorization

I authorize HTFC to deposit Section 8 Voucher housing assistance payments by electronic funds transfer (ACH) into the above reference account. I acknowledge that if I fail to provide complete and accurate information on this authorization form, processing of this form and payments may be delayed.

This authorization will remain in effect until written notice to terminate is received.

Authorized Signatory	Title	Date

**NOTE: YOU MUST SUBMIT A VOIDED CHECK FOR ACCOUNT VERIFICATION**  
Submit this Form as instructed by the Program Administrator with which you are working.



tion, the agent will not be able to provide the full range of fiduciary duties to the landlord and the tenant. The obligations of an agent are also subject to any specific provisions set forth in an agreement between the agent, and the tenant and landlord. An agent acting as a dual agent must explain carefully to both the landlord and tenant that the agent is acting for the other party as well. The agent should also explain the possible effects of dual representation, including that by consenting to the dual agency relationship the landlord and tenant are giving up their right to undivided loyalty. A landlord and tenant should carefully consider the possible consequences of a dual agency relationship before agreeing to such representation. A landlord or tenant may provide advance informed consent to dual agency by indicating the same on this form.

### Dual Agent with Designated Sales Agents

If the tenant and the landlord provide their informed consent in writing, the principals and the real estate broker who represents both parties as a dual agent may designate

a sales agent to represent the tenant and another sales agent to represent the landlord. A sales agent works under the supervision of the real estate broker. With the informed consent in writing of the tenant and the landlord, the designated sales agent for the tenant will function as the tenant's agent representing the interests of and advocating on behalf of the tenant and the designated sales agent for the landlord will function as the landlord's agent representing the interests of and advocating on behalf of the landlord in the negotiations between the tenant and the landlord. A designated sales agent cannot provide the full range of fiduciary duties to the landlord or tenant. The designated sales agent must explain that like the dual agent under whose supervision they function, they cannot provide undivided loyalty. A landlord or tenant should carefully consider the possible consequences of a dual agency relationship with designated sales agents before agreeing to such representation. A landlord or tenant may provide advance informed consent to dual agency with designated sales agents by indicating the same on this form.

*Smith & Detroit  
Real Estate as  
Agents for Nassau  
County*

This form was provided to me by Martin Schackner (print name of licensee) of \_\_\_\_\_ (print name of company, firm or brokerage), a licensed real estate broker acting in the interest of the:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Landlord as a (check relationship below) | <input type="checkbox"/> Tenant as a (check relationship below) |
| <input checked="" type="checkbox"/> Landlord's agent                         | <input type="checkbox"/> Tenant's agent                         |
| <input type="checkbox"/> Broker's agent                                      | <input type="checkbox"/> Broker's agent                         |
| <input type="checkbox"/> Dual agent  |   |
| <input type="checkbox"/> Dual agent with designated sales agent              |   |

For advance informed consent to either dual agency or dual agency with designated sales agents complete section below:

- Advance informed consent dual agency  
 Advance informed consent to dual agency with designated sales agents

If dual agent with designated sales agents is indicated above: \_\_\_\_\_ is appointed to represent the tenant; and \_\_\_\_\_ is appointed to represent the seller in this transaction.

(I) (We) \_\_\_\_\_ acknowledge receipt of a copy of this disclosure

form: signature of { } Landlord(s) and/or {  } Tenant(s):

\_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_



### REQUEST FOR RENTAL HISTORY INFORMATION

#### Authorization

I hereby authorize \_\_\_\_\_ to release information regarding my rental history.  
(Current Landlord)

Landlord Telephone #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resident Address:  
Street: \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Move-In Date: \_\_\_\_\_ Lease Expiration Date: \_\_\_\_\_

Rental Amount: \$ \_\_\_\_\_ Additional Monthly Charges: YES NO

If YES: Amount \$ \_\_\_\_\_ Reason: \_\_\_\_\_

Have you ever been evicted? \_\_\_\_\_ When: \_\_\_\_\_

#### To be completed by Landlord

Is the account current? <input type="checkbox"/> YES <input type="checkbox"/> NO	Was sufficient notice given? <input type="checkbox"/> YES <input type="checkbox"/> NO
Does Resident Pay on Time? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, Please indicate number of late payments: _____
Any NSF's: <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of Returned Checks _____
Dispo's Filed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of Dispo's Filed _____
Pets? <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of Pets _____

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Completed By: \_\_\_\_\_ Title: \_\_\_\_\_ Contact Information: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION FORM

**Note: Submitting an incomplete or illegible form may delay the background check results.**

I hereby AUTHORIZE the request of my information to any law enforcement agency or third party organization, to furnish bearer with criminal history and identity check information in their possession regarding me in connection with my employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I understand this AUTHORIZATION is to be part of the written employment application which I sign.

I am authorize a background check for the purpose of evaluating me for employment, promotion, reassignment, reclassification, transfer, or retention as an employee. I also understand that any misrepresentation, falsification or omission of facts herein may be grounds for disqualification, release or dismissal.

**PRINT NAME:** \_\_\_\_\_

Last

First

Middle

**Current Address:** \_\_\_\_\_

Street Number & Name

City

State

Zip

How Long?

**DATE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

**HOME PHONE #:** \_\_\_\_\_

**BUSINESS PHONE #:** \_\_\_\_\_

**OTHER NAMES YOU HAVE USED:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**SINCE YOUR 18<sup>TH</sup> BIRTHDAY, HAVE YOU BEEN CONVICTED OF A FELONY OR FELONY-REDUCED-TO MISDEMEANOR CONVICTION BY ANY COURT?**     YES     NO

*If yes, please indicate date, location and explanation:*

*Complete driver's license information only if this position requires that you drive a motor vehicle.*

**DRIVER'S LICENSE INFORMATION:** \_\_\_\_\_

License number

Expiration Date

State of Issue

**PRIVACY NOTICE**

The Information Practices Act of 1977 (effective July 1, 1978) requires you to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting the information on this form is to conduct background checks on individuals selected for available positions. The federal statute authorizes the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information shall result in a determination that the applicant is ineligible for employment or not appropriate for reassignment.

I hereby certify that all statements on this application are true and correct to the best of my knowledge and belief. I understand that the petition for this information is for companies to be informed of my current records, previous records and character. I understand that my employment depends upon successful completion of a background investigation, by first or third party organizations to verify information and obtain all records held by government or private entities. If employed, I understand that any falsification, misrepresentation or omission of facts of this record may be considered cause for release or dismissal.

**APPLICANT/EMPLOYEE SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



# Residential Homes Available

Mitchel Field East Garden City, NY 11530

**\$2,150 per Month plus Utilities**

**No Security or Commission Payments Required**

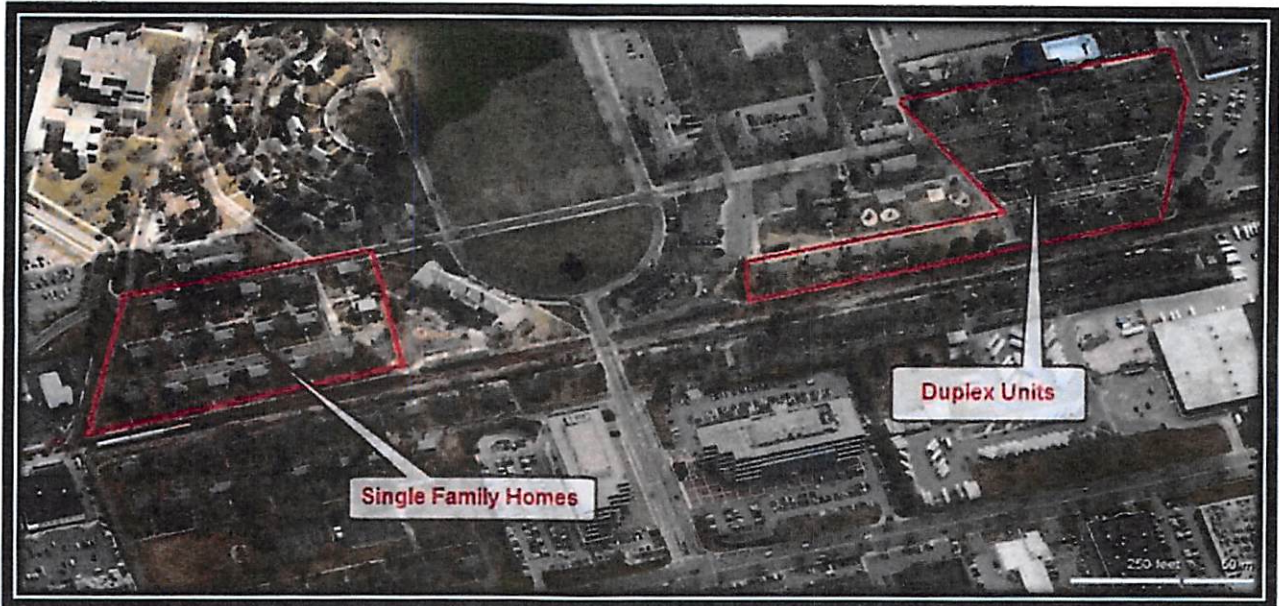


**Smith & DeGroat Real Estate**  
27 E. Jericho Turnpike  
Mineola, NY 11501  
516-248-6905

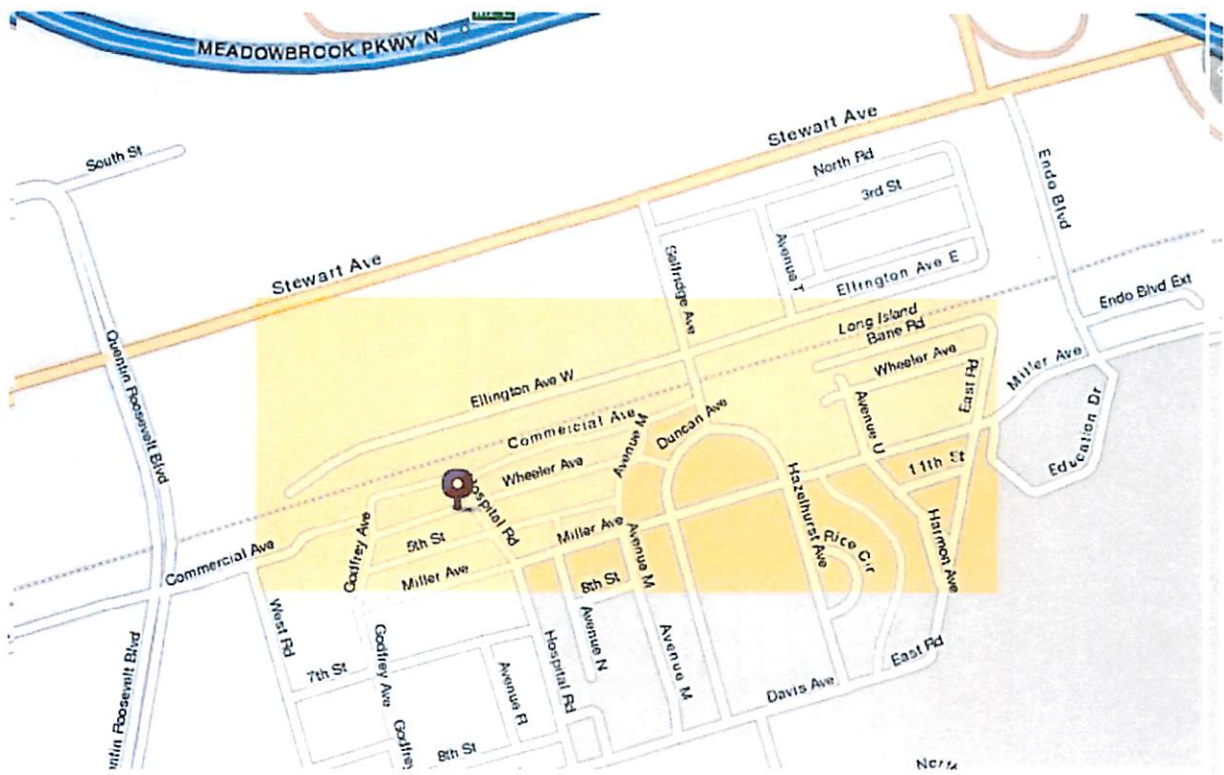


- ❖ 1,200 Square Feet
- ❖ 3 Bedrooms, DR, LR, Kitchen, Sunroom, Bathroom, Full Basement, Garage and Some With Fireplace
- ❖ Uniondale Schools
- ❖ Near Shopping and Major Roadways
- ❖ On-Site Management
- ❖ Work with VASH and Other Veteran Programs





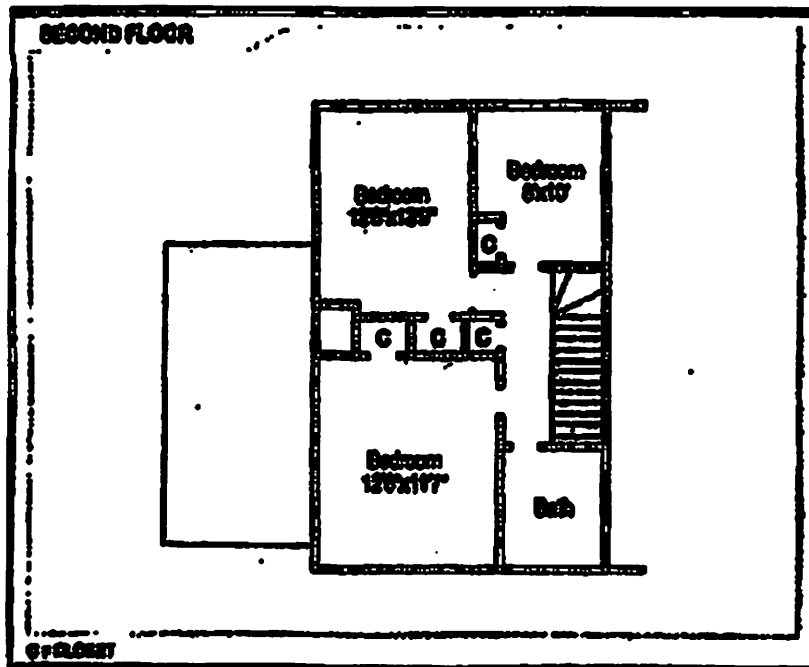
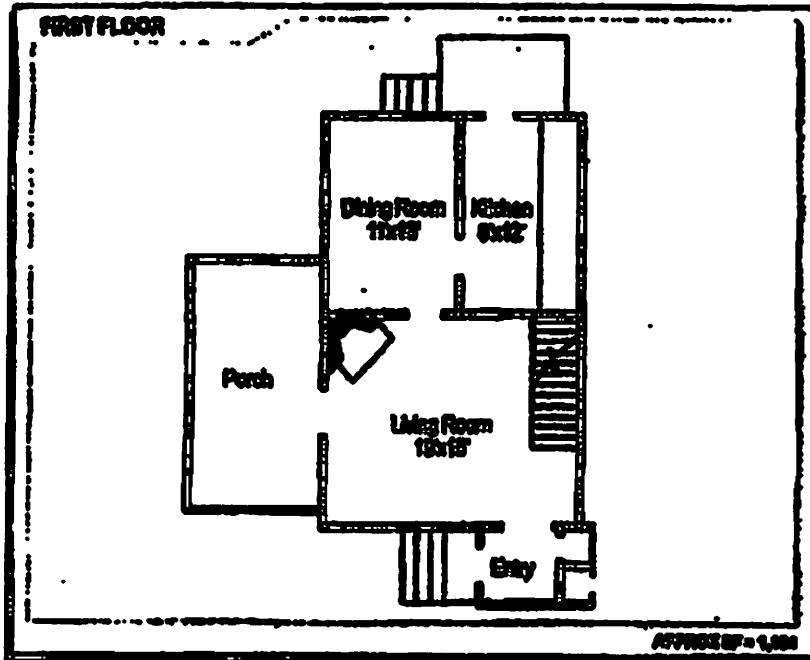
*Aerial View of Mitchel Field Housing*



*Street Map of Mitchel Field Housing*



# FLOOR PLAN 3 BEDROOM



***DIRECTIONS FROM THE NORTH***

Take Meadowbrook State Pkwy S toward Jones Beach. Take exit M3 W toward Stewart Ave. Turn right onto Stewart Ave. Take the first left onto Selfridge Ave. Go over the railroad tracks and make the first right onto Wheeler Ave. The model is 231W Wheeler.

***DIRECTIONS FROM THE SOUTH***

Take Meadowbrook State Pkwy N toward Mineola. Take exit M3 W toward Stewart Ave. Turn right onto Stewart Ave. Take the first left onto Selfridge Ave. Go over the railroad tracks and make the first right onto Wheeler Ave. The model is 231W Wheeler.