



TENANT APPLICATION

New Paltz Housing

MAIL ONLY ONE (1) APPLICATION FORM PER HOUSEHOLD TO:

**New Paltz Housing Apartments
914 Meadowbrook Circle, Mgmt. Office
New Paltz, New York 12561**

NO PAYMENTS OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION, FILING OR PROCESSING OF THIS APPLICATION FOR SECTION 8 HOUSING ASSISTANCE.

TO BE FILLED OUT BY APPLICANT:

Name _____

Address

Apt.# _____

City _____ State _____ Zip _____

Home Phone No. _____ Work Phone No. _____

Social Security No. _____ Age _____ Birth date _____

Do you or anyone in your household currently engage in or have you ever engaged in the use of controlled substances?

_____ YES _____ NO

Current Landlord _____ How long? _____

Landlords Phone No. _____ Monthly Rent \$ _____

Previous Landlord _____ How long? _____

Landlords Phone No. _____ Monthly Rent \$ _____

Number of persons in your household, including yourself. _____

Number of bedrooms required. _____

Do you expect any change in your household size? If yes, explain:

Do you have a car? _____ If "yes", how many? _____

(1)

FUNCTIONAL STATUS:

Does anyone in your household require special accommodations? _____

If "yes", enter name(s): _____

List requirement(s): _____

Do you live in Public, State, or Federal Housing? _____

If "yes", enter the name of the Development or Project.

Are you presently being subsidized through Section 8? _____

Check utilities paid by you: Enter amount you pay:

_____ Heat \$ _____/month

_____ Electric \$ _____/month

_____ Gas \$ _____/month

_____ Water \$ _____/month

List all persons, other than yourself, who will live with you in this development:

	<u>FULL NAME</u>	<u>RELATIONSHIP</u>	<u>BIRTH DATE</u>	<u>AGE</u>	<u>SEX</u>	<u>ATTENDING SCHOOL?</u>
(1)	_____	_____	_____	_____	_____	_____
	Occupation _____			S/S#:	_____	
(2)	_____	_____	_____	_____	_____	_____
	Occupation _____			S/S#:	_____	
(3)	_____	_____	_____	_____	_____	_____
	Occupation _____			S/S#:	_____	
(4)	_____	_____	_____	_____	_____	_____
	Occupation _____			S/S#:	_____	
(5)	_____	_____	_____	_____	_____	_____
	Occupation _____			S/S#:	_____	
(6)	_____	_____	_____	_____	_____	_____

Occupation _____ S/S#: _____

(2)

INCOME: List all full and/or part time employment for all household members. Include self-employed earnings.

<u>HOUSEHOLD MEMBER</u>	<u>EMPLOYER NAME & ADDR.</u>	<u>GROSS EARNINGS</u>	
		<u>CURRENT</u>	<u>ANTICIPATED</u>
(1) _____	_____	\$ _____	\$ _____
		Per _____	Per _____
(2) _____	_____	\$ _____	\$ _____
		Per _____	Per _____
(3) _____	_____	\$ _____	\$ _____
		Per _____	Per _____
(4) _____	_____	\$ _____	\$ _____
		Per _____	Per _____
(5) _____	_____	\$ _____	\$ _____
		Per _____	Per _____

OTHER SOURCES OF INCOME: (Examples: welfare, social security, SSI, pensions, disability compensation, unemployment compensation interest, baby sitting, caretaking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships, and/or grants)

<u>HOUSEHOLD MEMBER</u>	<u>SOURCE</u>	<u>AMOUNT</u>	
_____	_____	\$ _____	Per _____
_____	_____	\$ _____	Per _____
_____	_____	\$ _____	Per _____
_____	_____	\$ _____	Per _____

ASSETS:

Checking Accts
 Bank _____ Acct.# _____ Amt. _____

Bank _____ Acct.# _____ Amt. _____
Passbook Savings
Bank _____ Acct.# _____ Amt. _____
Bank _____ Acct.# _____ Amt. _____

(3)

Certificates of Deposit
Bank _____ Acct.# _____ Amt. _____
Bank _____ Acct.# _____ Amt. _____
Credit Union Shares
Credit Union Name _____ Amt. _____
Address _____

Stocks and Bonds (Value) \$ _____ War Bonds (Value) \$ _____
Do you own real estate? _____ If "yes", what is value: \$ _____
Have you EVER owned real estate? _____ If "yes", when? _____

MEDICAL and UNUSUAL EXPENSES:

Do you pay for babysitting while a family member is employed? _____
If "yes", list child care provider's name, address and phone#:

Cost per week \$ _____ or per month \$ _____

Are you receiving Medicare Benefits? _____

Are you receiving Medical Assistance from the Welfare Dept.? _____

Do you pay for any medical insurance/hospitalization (such as Blue Cross, etc.)? _____

If "yes", is this by payroll deduction? _____ If "yes", how often and how much? _____

If paid directly by you, indicate amount of premium and how often paid? _____

If you have outstanding medical bills, what is the cost that you

are expected to pay? _____

If you take prescription drugs on a regular basis, what is the cost to you? _____

If you anticipate any health care related expenses for the next 12 months which are not covered by health insurance, what would be the cost to you? _____

(4)

I CERTIFY THAT THE HOUSING I WILL OCCUPY IS/WILL BE MY PERMANENT RESIDENCE. I ALSO CERTIFY THAT I DO/WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. **WARNING:** WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE AND CAN LEAD TO REJECTION OF YOUR APPLICATION OR IMMEDIATE TERMINATION OF YOUR LEASE.

I/WE ALSO AUTHORIZE NEW PALTZ HOUSING APARTMENTS TO USE ANY CONSUMER REPORTING AGENCY, CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCIES EMPLOYED BY SUCH, TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY EMPLOYMENT HISTORY, CREDIT, CRIMINAL BACKGROUND, PRIOR TENANCIES, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING, TO OBTAIN A CONSUMER REPORT AND SUCH OTHER CREDIT INFORMATION WHICH MAY RESULT THEREBY, AND TO DISCLOSE AND FURNISH SUCH INFORMATION TO THE OWNER/AGENT IN SUPPORT OF THIS APPLICATION. I HAVE BEEN ADVISED THAT I HAVE THE RIGHT, UNDER SECTION 606B OF THE FAIR CREDIT REPORTING ACT, TO MAKE A WRITTEN REQUEST, WITHIN REASONABLE TIME, FOR A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF ANY INVESTIGATION.

SIGNATURE _____ **DATE** _____

PLEASE DO NOT MAIL MORE THAN ONE APPLICATION. IF MORE THAN ONE APPLICATION IS RECEIVED FROM ANY ONE HOUSEHOLD, ALL APPLICATIONS FROM THAT HOUSEHOLD WILL BE DISQUALIFIED.

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. 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 or manager is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

Ethnicity:

Hispanic or Latino _____

Non-Hispanic or Latino _____

Race: (Mark one or more)

White _____ Black or African American _____

American Indian/Alaska Native _____ Asian _____

Native Hawaiian or Other Pacific Islander _____

Gender: Male _____ Female _____

Hickory Ridge Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.