TENANT APPLICATION

HICKORY RIDGE I

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

Hickory Ridge Apartments
13 Village Dr., Management Office
Saugerties, New York 12477
(845) 246-8380

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. **Hickory Ridge is smoke-free.**

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? _____

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:

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

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

HOUSEHOLD MEMBER	EMPLOYER NAME & ADDR.	GROSS EARNINGS CURRENT	ANTICIPATED
(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, babysitting, caretaking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships, and/or grants)

HOUSEHOLD MEMBER	SOURCE	AMOUNT
		$ Per
		$ Per
		$ Per
		$ Per

ASSETS:

Checking Accts

Bank Acct.# Amt.

Bank Acct.# Amt.

Passbook Savings

Bank Acct.# Amt.

Bank Acct.# Amt.

Certificates of Deposit

Bank _____ Acct.# _____ **Amt** _____

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? _____

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 ☐

New Paltz Housing 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.