



# Hickory Ridge II Apartments

13 Village Drive, Saugerties, NY 12477



Submit Completed Applications in the mail (1 application form per family) to:

Hickory Ridge II Apartments  
13 Village Drive, Management Office  
Saugerties, NY 12477

Phone: (716) 373-2002

TDD Relay: 711

Fax: (716) 373-6905

TDD Number: 1-800-662-1220

- **THIS IS A SMOKE-FREE FACILITY**
- **NO PETS WILL BE ALLOWED, EXCEPT FOR SERVICE ANIMALS.**
- **NO CERTIFIED OR EXPRESS MAIL OR OTHER SPECIAL DELIVERY MAIL WILL BE ACCEPTED.**

### TO BE FILLED OUT BY APPLICANT:

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of birth \_\_\_\_\_

Current Landlord \_\_\_\_\_ How long? \_\_\_\_\_

Landlords # \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Number of persons in your household, including yourself? \_\_\_\_ Number of bedrooms required? \_\_\_\_

Do you expect any change in your household size? Yes \_\_ No \_\_ If "Yes", explain: \_\_\_\_\_

Do you have a car? Yes \_\_ No \_\_ If "Yes", how many? \_\_\_\_\_

Have you or anyone in your household applying been convicted of possession, manufacturing, distribution, or illegal use of a controlled substance? Yes No

### FUNCTIONAL STATUS

Does anyone in your household require special accommodations? Yes \_\_ No \_\_

If "Yes", enter name(s): \_\_\_\_\_

List requirement(s): \_\_\_\_\_

Do you live in Public, State, or Federal Housing? Yes \_\_ No \_\_

If "Yes", enter the name of the Development or Project: \_\_\_\_\_

Are you presently being subsidized through Section 8? Yes \_\_ No \_\_

Check utilities paid by you and the amount paid:

\_\_\_ 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>D.O.B</u>	<u>Age</u>	<u>Sex</u>	<u>Full time Student?</u>
(1) _____	_____	_____	_____	_____	_____
Occupation _____		Social Security # _____			
(2) _____	_____	_____	_____	_____	_____
Occupation _____		Social Security # _____			
(3) _____	_____	_____	_____	_____	_____
Occupation _____		Social Security # _____			
(4) _____	_____	_____	_____	_____	_____
Occupation _____		Social Security # _____			
(5) _____	_____	_____	_____	_____	_____
Occupation _____		Social Security # _____			
(6) _____	_____	_____	_____	_____	_____
Occupation _____		Social Security # _____			

**INCOME: LIST ALL FULL AND/OR PART-TIME EMPLOYMENT FOR ALL HOUSEHOLD MEMBERS. INCLUDE SELF-EMPLOYED EARNINGS.**

<u>HOUSEHOLD MEMBER</u>	<u>NAME &amp; ADDRESS OF EMPLOYER</u>	<u>GROSS EARNINGS</u>	
		<u>CURRENT</u>	<u>ANTICIPATED</u>
_____ (Name)	_____	\$_____	\$_____
	_____	Per_____	Per_____
_____ (Name)	_____	\$_____	\$_____
	_____	Per_____	Per_____
_____ (Name)	_____	\$_____	\$_____
	_____	Per_____	Per_____

**OTHER SOURCES OF INCOME:** (Examples: Social Services, 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).

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

**ASSETS:**

**Checking Accounts:**

Bank \_\_\_\_\_ Acct. # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Bank \_\_\_\_\_ Acct. # \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Passbook Savings:**

Bank \_\_\_\_\_ Acct. # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Bank \_\_\_\_\_ Acct. # \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Certificates of Deposit:**

Bank \_\_\_\_\_ Acct. # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Bank \_\_\_\_\_ Acct. # \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Credit Union Shares:**

Credit Union Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Address \_\_\_\_\_

Stocks and Bonds (value) \$ \_\_\_\_\_ War Bonds (value) \$ \_\_\_\_\_

Do you own real estate? Yes \_\_\_ No \_\_\_ If "Yes", what is the value? \_\_\_\_\_

Have you EVER owned real estate? Yes \_\_\_ No \_\_\_ If "Yes", when? \_\_\_\_\_

Does anyone in the household receive any regular monetary contributions or gifts from non-household members?

Yes No

If yes, please explain: \_\_\_\_\_

**MEDICAL AND UNUSUAL EXPENSES:**

Do you pay for babysitting while a family member is employed? Yes \_\_\_ No \_\_\_

If "Yes", list the child care provider's name, address and phone #: \_\_\_\_\_

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Cost per week \$ \_\_\_\_\_

Cost per month \$ \_\_\_\_\_

Are you receiving Medicare benefits? Yes \_\_\_ No \_\_\_

Are you receiving Medical Assistance from Social Services? Yes \_\_\_ No \_\_\_

Do you pay for any medical insurance/hospitalization (such as Blue Cross, etc.)? Yes \_\_\_ No \_\_\_

If "Yes", is this by payroll deduction? Yes \_\_\_ No \_\_\_

If "Yes", how often and how much? \$ \_\_\_\_\_

If paid directly by you, indicate amount of premium and how often paid \$ \_\_\_\_\_

Do you have outstanding medical bills? Yes \_\_\_ No \_\_\_

If "Yes", cost that you are expected to pay? \$ \_\_\_\_\_

Do you take prescription drugs on a regular basis? Yes \_\_\_ No \_\_\_

If "Yes", what is the cost to you? \$ \_\_\_\_\_

Do you anticipate any health care related expenses in the next 12 months which are not cover by health insurance? Yes \_\_\_ No \_\_\_

If "Yes", what would that cost be to you? \_\_\_\_\_

**EMERGENCY CONTACTS:**

If you are accepted as a resident, please provide the names of persons we should contact in case of any emergency.

**Name:**

**Name:**

**Address:**

**Address:**

**Phone #:**

**Phone #:**

**Relationship:**

**Relationship:**

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 and 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 HICKORY RIDGE apartments to use any consumer reporting agency, credit bureau or other investigative agencies employed by such to investigate the reference herein listed or statements or other data obtained from me or from any other person pertaining to my employment history, credit, 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 a 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 (1) APPLICATION. IF MORE THAN ONE (1) 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 applicant(s) on the basis of visual observation or surname.

**Applicant 1:**

**ETHNICITY:**

- Hispanic or Latino
- Non-Hispanic or Latino

**RACE:** (Mark one or more)

- Caucasian
- Black or African American
- American Indian / Native American
- Asian (*Korean, Chinese, Japanese, Filipino*)
- Native Hawaiian or Other Pacific Islander
- Other

**GENDER:**

- Male
- Female

**Applicant 2:**

**ETHNICITY:**

- Hispanic or Latino
- Non-Hispanic or Latino

**RACE:** (Mark one or more)

- Caucasian
- Black or African American
- American Indian / Native American
- Asian (*Korean, Chinese, Japanese, Filipino*)
- Native Hawaiian or Other Pacific Islander
- Other

**GENDER:**

- Male
- Female

**Unlawful discrimination.** "In accordance with Federal Law and US Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal0relay). USDA is an equal opportunity provider and employer."