



CREEKSIDE APARTMENTS
(Country Village Associates)



Submit Completed Applications in the mail (1 application form per family) to:
Creekside Apartments
26 Campsite Way, Management Office
Warwick, NY 10990

Phone: (845) 986-6774 TDD Relay: 711
Fax: (845) 986-6775 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 & 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 #: _____

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 Creekside 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."