

HILLCREST COMMONS II
AN AFFORDABLE SENIOR COMMUNITY FOR 55+
IN PUTNAM COUNTY



Mail or Hand Deliver Completed Application to:
 Housing Action Council
 55 South Broadway, 2nd Floor, Tarrytown, NY 10591

Household Information

List all household members and all sources of income for each member who will be living in this apartment. Please include overtime, tips, bonuses, commissions, unemployment benefits, public assistance, child support, pension, social security benefits.

*If employment listed below is less than two years, please list previous employment for each member of the household.

| Name of Each Household Member | HEAD OF HOUSEHOLD | 2 | 3 | 4 |
|--|-------------------|---|---|---|
| First / Last Name | | | | |
| Relationship to Head of Household | HEAD | | | |
| Male/ Female | | | | |
| Date of Birth | | | | |
| Student: Yes/ No | | | | |
| Income anticipated for the next 12 months for each household member | | | | |
| Name of Employer | | | | |
| Dates Employed | | | | |
| Position | | | | |
| Annual or Monthly Income | | | | |
| Name of Employer | | | | |
| Dates Employed | | | | |
| Position | | | | |
| Annual or Monthly Income | | | | |



| | | | | |
|---|--|--|--|--|
| Alimony, Child Support | | | | |
| Social Security, Pension, Retirement Fund, etc. | | | | |
| Self-Employment Income | | | | |
| Other Income | | | | |
| Other Income | | | | |

INCLUDE ALL ASSETS HELD AND THE INCOME DERIVED FROM THE ASSETS

| Assets | Bank Name | Account Number | List Average Balance |
|--------------|-----------|----------------|----------------------|
| Checking | | | |
| Checking | | | |
| Savings | | | |
| Savings | | | |
| Other Source | | | |

Do you fall into the category of "Frail Elderly" as defined below (check appropriate box)? Yes No
 "Persons age 60 or more who require assistance with one or more activities of daily living or instrumental activities of daily living. Also, persons age 60 or more who have limitations in mental capacity or emotional strength and motivation that affect their capacity to viably live independently; that is without assistance or intervention."

If you checked "Yes" for "Frail Elderly", have you served in the armed forces for the United States for a period of at least 6 months (or any shorter period due to injury incurred in such service) and have been thereafter discharged or released therefrom under conditions other than dishonorable? Yes No

Do you need an apartment that is specially designed for a person with a mobility impairment ___ Yes ___ No?
 With hearing and /or vision impairment ___ Yes ___ No?

Are you on a waiting list(s) for public housing or subsidized housing ___ Yes ___ No?
 Which list (s) _____

Current Address: _____

Day Time Phone: _____ Evening Phone: _____

Do you have any pets? Yes No If yes, please list all pets _____

HOUSING INFORMATION

Do you own or rent at your current address? Rent Own

If you have rented an apartment during the past **TWO** years, please list apartment information below:

| | Your Address | Dates: From: To: | Amount Paid |
|---------|--------------|------------------|-------------|
| Name | | | |
| Address | | | |
| | | | |
| Phone | | | |

| | Your Address | Dates: From: To: | Amount Paid |
|---------|--------------|------------------|-------------|
| Name | | | |
| Address | | | |
| | | | |
| Phone | | | |

SIGNATURE CLAUSE

I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application.

I authorize my consent to have management verify the information in this application for the purpose of providing my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and requirements.



All ADULT household members must sign below:

Signature

Date

Signature

Date