

25 LaRose Apartments Affordable Application

Completed application can be submitted via:

Email: larose12801@yahoo.com

Mail or Hand Delivery to either:

Glens Falls Housing Authority
25 LaRose St., Glens Falls, NY 12801

Glens Falls Housing Authority
45 Ridge St., Glens Falls, NY 12801

1. APPLICANT INFORMATION (Head of Household):

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SSN: _____ DOB: _____ Gross Income: _____

Email: _____

2. CO-APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SSN: _____ DOB: _____ Gross Income: _____

Email: _____



3. LIST ALL PERSONS WHO WILL LIVE WITH YOU, PLEASE START WITH YOURSELF:

| FULL NAME | RELATIONSHIP | DATE OF BIRTH | SEX | ATTENDING SCHOOL |
|---|--------------------------|-------------------|-------|------------------|
| a. _____ | <u>Head of Household</u> | _____ | _____ | _____ |
| Social Security #: _____ | | Occupation: _____ | | |
| b. _____ | _____ | _____ | _____ | _____ |
| Social Security #: _____ | | Occupation: _____ | | |
| c. _____ | _____ | _____ | _____ | _____ |
| Social Security #: _____ | | Occupation: _____ | | |
| d. _____ | _____ | _____ | _____ | _____ |
| Social Security #: _____ | | Occupation: _____ | | |
| e. Do you expect any change (s) in your family size in the next 12 months? _____YES _____NO | | | | |
| If YES , EXPLAIN: _____ | | | | |

4. RENT:

What is your Current Monthly Rent or Mortgage Payment \$ _____

How long have you lived at your current residence? _____

Check Utilities paid by you now:

☐ Heat \$ _____ per month

☐ Electricity \$ _____ per month

☐ Gas \$ _____ per month

☐ Water \$ _____ per month



5. INCOME:

List **ALL** full-time, part-time, seasonal and/or temporary employment for **ALL** household members. Include overtime pay, commissions, fees, tips, bonuses and/or self-employed earnings.

| HOUSEHOLD MEMBER | EMPLOYER'S NAME/ADDRESS | GROSS EARNINGS (Pre-Tax) | |
|-------------------|-------------------------|--|-------------|
| | | CURRENT | ANTICIPATED |
| Head of Household | | \$ _____ | \$ _____ |
| | | Weekly/ biweekly/ semi-monthly (circle one) | |
| | | | |
| | | | |
| | | \$ _____ | \$ _____ |
| | | Weekly/ biweekly/ semi-monthly (circle one) | |
| | | | |
| | | | |
| | | \$ _____ | \$ _____ |
| | | Weekly/ biweekly/semi- monthly (circle one) | |
| | | | |
| | | | |

6. OTHER SOURCES OF INCOME:

(EXAMPLES: welfare, social security, SSI, pensions, disability compensation, unemployment compensation, interest, baby-sitting, care-giving, alimony, child support, regular payouts from annuities, 401ks and IRAs, dividends, income from rental property and/or Armed Forces/Reserves.)

| HOUSEHOLD MEMBER | SOURCE | AMOUNT |
|------------------|--------|--|
| | | \$ _____ \$ _____ |
| | | Weekly/ biweekly/semi- monthly (circle one) |
| | | \$ _____ \$ _____ |
| | | Weekly/ biweekly/semi- monthly (circle one) |



7. HOUSEHOLD ASSETS (This includes but is not limited to Accounts for Checking, Savings, Money Market, CDs, Stocks, Bonds, Retirement accounts including IRA, Roth, Keogh, 401(k) and 403(b), annuities, whole life insurance policies, online accounts (e.g. Paypal)):

Checking Accounts:

Bank: _____ Acct. No.: _____ Amt.: _____

Bank: _____ Acct. No.: _____ Amt.: _____

Savings Accounts: (includes Passbook/Statement and Christmas/Vacation Clubs)

Bank: _____ Acct. No.: _____ Amt.: _____

Bank: _____ Acct. No.: _____ Amt.: _____

Certificates of Deposit (CD's):

Bank: _____ Acct. No.: _____ Amt.: _____

Stocks/Bonds (value): \$ _____ **Savings Bonds** (value): _____

Other Amt.: (includes IRA's, mutual funds, etc.) \$ _____

Does the applicant or co-applicant **NOW** own real estate: _____ YES _____ NO

If "yes", what is the value: _____

Has the applicant or co-applicant **EVER** owned real estate? _____ YES _____ NO

If "yes", when? _____

8. STATISTICAL INFORMATION

- a. The following information is needed for statistical purposes only in order to determine the degree to which programs are utilized by people of different racial & ethnic backgrounds. Provide information for the **head of household only**.

RACIAL GROUP IDENTIFICATION: Used for statistical purposes only. (Please check only one from this group for the head of household only).

Single Race

_____ White

_____ Black or African American

_____ Asian

_____ American Indian or Alaska Native

_____ Native Hawaiian or Other Pacific Islander

Multi-Race

_____ American Indian or Alaska Native & White

_____ Asian & White

_____ Black or African American & White

_____ American Indian or Alaska Native & Black or African American

_____ Other Multi Racial

- b. **ETHNICITY:** (check **only one** from this group) _____ Hispanic _____ Non-Hispanic



9. ACCESSIBILITY/ADAPTABILITY:

Would any household member benefit from special features of an accessible apartment?

Check all that apply: ___ Wheelchair accessible? ___ Hearing Impaired? ___ Visually Impaired?

REASONABLE ACCOMMODATION: If you are an individual with disabilities you may make a request for a reasonable accommodation. If you would like more information on how to make a request for a reasonable accommodation, contact Housing Action Council at (914) 332-4144 or hac@affordablehomes.org.

10. HOW DID YOU HEAR ABOUT THIS DEVELOPMENT?

- ☐ Friend If friend, how did your friend hear about this? _____
- ☐ Employer ☐ Sign Posted on Site
- ☐ Website/ Internet _____ (list site)
- ☐ Church/ Synagogue (Identify): _____
- ☐ Community Organization (Identify): _____
- ☐ Other (Identify): _____

I (WE) DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY(OUR) KNOWLEDGE. **WARNING:** WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE PUNISHABLE UNDER FEDERAL LAW.

I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information, including authorizing credit and criminal background inquiries, required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and requirements.

Applicant Signature

Date

Co-Applicant Signature

Date

Signature (Other)

Date

Signature (Other)

Date



| No. of Apartments & Type | Monthly Rent | Square Feet | Maximum Household Income; Targeted Area Median Income |
|--------------------------|--------------|-------------|---|
| 4 - One Bedroom | \$698 | 615 | \$30,250 (1 person) \$34,550 (2 persons) \$38,850 (3 persons) 50% AMI |
| 3 - One Bedroom | \$846 | 615 | \$36,300 (1 person) \$41,460 (2 persons) \$46,620 (3 persons) 60% AMI |
| 9 - One Bedroom | \$994 | 615 | \$42,350 (1 person) \$48,370 (2 persons) \$54,390 (3 persons) 70% AMI |
| 8 Two Bedroom | \$832 | 846 | \$34,550 (2 persons) \$38,850 (3 persons) \$43,150 (4 persons) 50% AMI |
| 7 - Two Bedroom | \$1,010 | 846 | \$41,460 (2 persons) \$46,620 (3 persons) \$51,780 (4 persons) 60% AMI |
| 7 - Two Bedroom | \$1,188 | 846 | \$48,370 (2 persons) \$54,390 (3 persons) \$60,410 (4 persons) 70% AMI |
| 2 - Three Bedroom | \$956 | 1,020 | \$38,850 (3 persons) \$43,150 (4 persons) \$46,650 (5 persons) 50% AMI |
| 4 - Three Bedroom | \$1,161 | 1,020 | \$46,620 (3 persons) \$51,780 (4 persons) \$55,980 (5 persons) 60% AMI |
| 2 - Three Bedroom | \$1,366 | 1,020 | \$54,390 (3 persons) \$60,410 (4 persons) \$65,310 (5 persons) 70% AMI |

Rents as of April 2021; Maximum Household Income as of April 2022, Subject to Change. Rents include heat, water, cooking gas, amenities & parking.

