

**For Washington Towers Office Use Only**

Date Received as complete: \_\_\_\_\_

Time Received as complete: \_\_\_\_\_

Received as complete by: \_\_\_\_\_



Date stamp when received:

**APPLICATION FOR OCCUPANCY**

1. Name (s) \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Length of time at CURRENT address: \_\_\_\_\_

Name of Current Landlord \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Current landlord address: \_\_\_\_\_

**If less than 5 years** at current address, please complete a RENTAL HISTORY for the last 5 years.

Your previous address:

Length of time at that address: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Name of previous Landlord \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Previous landlord address: \_\_\_\_\_

**A five year history is required.** Additional landlord history may be submitted on a separate sheet

2. **FUNCTIONAL STATUS:**

In order to qualify for a \$400 elderly deduction the applicant or co-applicant must be 62+ **OR** handicapped/disabled with impaired mobility.

Does applicant or co-applicant meet at least one of these criteria? **Yes / No**

**IF you are disabled with impaired mobility, in order to qualify for a handicapped apartment, you must require the special features offered in these units.**

Please provide the special features you require to accommodate your handicap/disability with impaired mobility.

**Do not indicate your handicap/disability.**

**Note: Your need for a handicapped apartment will be verified when a unit is available.**

3. PRESENT MONTHLY RENT \$ \_\_\_\_\_ or MORTGAGE: \$ \_\_\_\_\_

Indicate utilities paid by you with average monthly cost

Heat \_\_\_\_\_ \$\_\_\_\_\_/mo. Elec. \_\_\_\_\_ \$\_\_\_\_\_/mo.

Gas \_\_\_\_\_ \$\_\_\_\_\_/mo. Water \_\_\_\_\_ \$\_\_\_\_\_/mo.

4. a.) List **all persons** who will live in the rental unit while you are on this program:

Name: (Head of Household)                      DATE OF BIRTH      AGE      GENDER

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_       **M**  **F**  
 Choose not to disclose

Occupation \_\_\_\_\_                      Military Veteran:  Yes  No

Social Security # \_\_\_\_\_

If no SS# & you qualify for an allowable exception, please attach documentation.

Name: (additional member)                      DATE OF BIRTH      AGE      GENDER

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_       **M**  **F**  
 Choose not to disclose

Occupation \_\_\_\_\_                      Military Veteran:  Yes  No

Social Security # \_\_\_\_\_

If no SS# & you qualify for an allowable exception, please attach documentation.

**Relationship** to Head of Household \_\_\_\_\_

b. Are you or is anyone in your household a student at an “institute of higher education”?

**Yes**  **No**

\*\*If you answer YES to the above question, you will be required to fill out a **STUDENT QUESTIONNAIRE** to determine your eligibility as a student.

**5. INCOME: Report GROSS Income (amount BEFORE any deductions)**

			<u>Source of Income</u>
Social Security	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly GROSS \$ _____	_____
SSI	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly GROSS \$ _____	_____
TANF	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly GROSS \$ _____	_____
Welfare	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly GROSS \$ _____	_____
Employment Wages/Salary etc.	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly GROSS \$ _____	_____
Veteran's Benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly GROSS \$ _____	_____
Disability (private or NYS)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly GROSS \$ _____	_____
Pension	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly GROSS \$ _____	_____
Retirement Income (IRA,401K)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly GROSS \$ _____	_____
Annuity Income (includes RMD)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly GROSS \$ _____	_____
Rental Income	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly GROSS \$ _____	_____
Child Support	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly GROSS \$ _____	_____
Alimony/Spousal Support	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly GROSS \$ _____	_____
Worker's Compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly GROSS \$ _____	_____
Unemployment	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly GROSS \$ _____	_____
Self-employment	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly GROSS \$ _____	_____
Any other source of income	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly GROSS \$ _____	_____

**6. ASSETS:**

		<u>Current</u>	<u>Interest/dividends earned</u>	
		<u>Balance/Value</u>	<u>in past (12) months</u>	<u>Source</u>
Checking	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____
Savings	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____
CDs	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____
Money Market	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____
Funeral CD	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____
Savings Bonds	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____
Stocks/Shares	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____
Investment Portfolio	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____
IRA/401K	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____
Cash on hand	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____
Life insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____

(Report cash surrender value, not Death Benefit)

If needed, please attach an additional sheet to report any other income or asset sources.

Do you now own **real estate/property**? \_\_\_\_\_ What is the Market Value? \_\_\_\_\_  
(Homes, mobile homes, trailers etc.) (Price you could sell it for)

Indicate any anticipated cost/fees if you were to sell: \$ \_\_\_\_\_  
(For example: Mortgage balance, Line of Credit balance, closing costs etc.)

Have you EVER owned real estate? \_\_\_\_\_ If "yes", when? \_\_\_\_\_

**7. MEDICAL EXPENSES**

Does anyone pay for Medicare Benefits? **Yes / No**

Does anyone pay a Spenddown for excess income for Medicaid? **Yes / No.**

Does anyone pay for any supplemental medical insurance (such as Blue Cross, Preferred Care etc?) **Yes / No**

Does anyone have outstanding Medical bills which they are currently paying? **Yes / No**

Does anyone take prescription drugs on a regular basis? **Yes / No**

Does anyone pay an EPIC premium? **Yes / No**

**8.** Is any household member on this application participating in or has ever participated in a Section 8 Program or ANY subsidized program before? **Yes / No.** If yes, when: \_\_\_\_\_

**9.** Has any household member on this application ever been evicted from a residence for any lease violation? **Yes / No.** If "yes", please explain: \_\_\_\_\_

**10. CRIMINAL HISTORY:**

Has any household member on this application ever been convicted of a felony? **Yes / No**  
If "yes", when? \_\_\_\_\_ Provide details of conviction \_\_\_\_\_  
\_\_\_\_\_

Has any household member on this application been convicted of any crime in the past 10 years involving the illegal use, sale or manufacture of a controlled substance? **Yes / No**  
If "yes", when? \_\_\_\_\_ Provide details of conviction \_\_\_\_\_  
\_\_\_\_\_

Has any household member on this application ever been subject to a Sex Offender Registration requirement in any state? **Yes / No**  
If yes, list all states: \_\_\_\_\_

HUD requires all applicants to have a Criminal Background Check in every state in which any applicant has resided. Please list ALL STATES of residence for every household member included on this application.

Name: \_\_\_\_\_ States Lived in \_\_\_\_\_

Name: \_\_\_\_\_ States Lived in \_\_\_\_\_

**11.** How did you hear about this Development: \_\_\_\_\_

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. **WARNING:** WILLFUL FALSE STATEMENTS OR MISREPRESENTATION IS A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

**SIGNATURE:** \_\_\_\_\_

(Head of Household)

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

(Co-Applicant)

**DATE:** \_\_\_\_\_

PLEASE DO NOT SUBMIT MORE THAN ONE APPLICATION.

IF MORE THAN ONE APPLICATION IS RECEIVED

FROM ANY ONE FAMILY, ALL APPLICATIONS FROM THAT FAMILY WILL BE DISQUALIFIED.

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**TO BE FILLED OUT BY THE OWNER**

Apartment Type: \_\_\_ 1BR \_\_\_ 2BR

\_\_\_ Handicapped Only (Is this due to underage/mobility impaired qualification: Yes / No)

\_\_\_ First Available 1 or 2 BR

\_\_\_ First Available Handicapped or 1 BR

Applicant Status: Eligible\_\_\_\_\_

Ineligible\_\_\_\_\_

Mobility Impaired\_\_\_\_\_

Elderly\_\_\_\_\_

Disabled/Handicapped\_\_\_\_\_

Signature of reviewer\_\_\_\_\_ Date: \_\_\_\_\_

Revised 2016

