



**CROSSWINDS AT HUDSON
15 ROGERS LANE
HUDSON, NY 12534
Tel (518) 828-1163 Fax:(518) 828-1193
TDD Relay: 711 Relay**



APPLICATION

PROJECT NAME: Crosswinds at Hudson
ADDRESS: 15 Rogers Lane
Hudson, New York 12534

OFFICE USE ONLY
Date Received: _____
Time Received: _____
Estimated Income: _____
Income Category: _____

THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING AND BE LEGIBLE. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. LIST TENANT FIRST, CO-TENANT SECOND, OTHER MEMBERS OF HOUSEHOLD THIRD ETC. ALL INFORMATION IS KEPT CONFIDENTIAL.

(If you are unable to fill out this application someone will fill it out for you or you may choose someone to fill it out. That person must sign the last page as the person whose handwriting appears on the form.)

APPLICANT _____ **PHONE NO.** _____
PRESENT ADDRESS _____

APARTMENT SIZE REQUESTED _____ **Smoking** ___ **or Non-Smoking** _____

A. HOUSEHOLD COMPOSITION							
List ALL persons who will live in the apartment. List the head of household first.							
	Name	Relationship to head	Marital Status D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Student Y/N
Head							
Co-T							
3.							
4.							
5.							
6.							
7.							

Do you anticipate any additions to the household in the next twelve months? (CIRCLE ONE) <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain

Does the tenant or co-tenant request a disability adjustment to income or a special disability accessible unit or both?
 YES / NO

Will any of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? í Yes í No

If yes then please list all students: _____

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	í Yes	í No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	í Yes	í No
Are any full-time student(s) a TANF or a title IV recipient?	í Yes	í No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	í Yes	í No

B. INCOME		List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.
Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Disability	\$
	Workman's Compensation	\$
	Full-Time Student Income (18 & Over Only)	
	Interest Income form Assets (source)	\$
	Interest Income form Assets (source)	\$
	Interest Income form Assets (source)	\$
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	

Household Member Name	Source of Income	Gross Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you <i>entitled</i> to receive alimony?	Yes No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	Yes No
	If yes list amount you receive.	\$
	Child Support	
	Are you <i>entitled</i> to receive child support?	Yes No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	Yes No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$

Do you anticipate any changes in this income in the next 12 months?	Yes	No
If yes, explain:		
.....		
.....		
.....		
.....		

Does anyone in the household receive any regular contributions or gifts from non-household members?
Yes _____ No _____

Does anyone in the household receive any income from property?
Yes _____ No _____ Explain _____

What is the amount of your cash on hand? _____

C. ASSETS			
If your assets are too numerous to list here, please request an additional form.			
If a section doesn't apply, cross out or write NA.			
Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

Trust Account	#	Bank	Balance \$	
Certificate of Deposits	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: <i>Do you own any property?</i>	Yes No
<i>If yes</i> , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Have you sold/disposed of any property in the last 2 years?	Yes No
<i>If yes</i> , Type of property	
Market value when sold/disposed	\$

Amount sold/disposed for	\$
Date of transaction	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?		Yes	No
<i>If yes, describe the asset</i>			
Date of disposition			
Amount disposed		\$	

Do you have any other assets not listed above (excluding personal property)?		Yes	No
<i>If yes, please list:</i>			

D. ADDITIONAL INFORMATION			
Have you or any member of your household ever been convicted of manufacture or distribution of a controlled substance?		Yes	No
Have you or any member of your family ever been convicted of a crime?		Yes	No
<i>If yes, describe</i>			
Have you or any member of your family ever been evicted from any housing?		Yes	No
<i>If yes, describe</i>			

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	

	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:	Phone #:	
Credit Reference #2:		
Address:		
Account #:	Phone #:	
Credit Reference #3:		
Address:		
Account #:	Phone #:	
Personal Reference (No Relatives)#1:		
Address:		
Relationship:	Phone #:	
Personal Reference (No Relatives) #2:		
Address:		
Relationship:	Phone #:	
Personal Reference (No Relatives)#3:		
Address:		
In case of emergency notify:		
Address:		
Relationship:	Phone #:	

G. VEHICLE AND PET INFORMATION (if applicable)		
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.		
Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
Do you own any pets?	Yes	No
<i>If yes, describe:</i>		

Acceptance of this application does not guarantee rental of an apartment. All applicants must meet screening criteria, including landlord and credit checks. Changes in family income, size and address and phone number must be reported promptly to management in order to properly process your application.

NOTE: We conduct criminal background checks. If you have a criminal record, you have rights and protections. You have the right to review any conviction record the housing provider is using to make a decision. There are only two reasons for automatic denial to state funded housing on the basis of your criminal convictions: convictions for methamphetamine production in the home or being required to register for life on a state or federal Sex Offender database. In all other instances, you have the right to provide additional information about the circumstances of the conviction and the right to present evidence of your rehabilitation. For more information about your rights as an individual with a criminal conviction, please visit <http://www.nyshcr.org/AboutUs/Offices/FairHousing/GPCC.htm>.

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment and sign a one year lease prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. 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, we are required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity:
Hispanic or Latino _____
Not Hispanic or Latino _____

Race: (Mark One or More)
1 American Indian/Alaska Native _____
2 Asian _____
3 Black or African American _____
4 Native Hawaiian or Other Pacific Islander _____

5 White _____

Gender : Male _____ **Female** _____