

PETOFF GARDEN APARTMENTS (I AND II) RENTAL APPLICATION

A. FAMILY HOUSEHOLD COMPOSITION:

The following information is requested by the apartment owner in order insure that State or Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, martial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used against you in any way. However, if you choose not to furnish it, the owner may be required to note the race/nation origin and sex of the individual applicants on the basis of visual observation or surname.

Male _____ Female _____ Married _____ Single _____ Separated _____

White _____ Black _____ American Indian or Alaskan Native _____

Hispanic _____ Asian or Pacific Islander _____ Caucasian/Other _____

B. INCOME; LIST ALL SOURCES AND ADDRESS OF INCOME AS REQUESTED BELOW FOR EACH PERSON WHO WILL RESIDE IN THE HOUSEHOLD:

<u>FAMILY MEMBER NAME</u>	<u>SOURCE OF INCOME</u>	<u>AMOUNT (GROSS)</u>
1 _____	a. Social Security	\$ _____ per MONTH (GROSS)
2 _____	a. Social Security	\$ _____ per MONTH (GROSS)
1 _____	b. SSI Benefits	\$ _____ per MONTH (GROSS)
2 _____	b. SSI Benefits	\$ _____ per MONTH (GROSS)
1 _____	c. Pension Source & Address _____	\$ _____ per MONTH (GROSS)
2 _____	c. Pension Source & Address _____	\$ _____ per MONTH (GROSS)
1 _____	d. Veterans Benefits Address _____	\$ _____ per MONTH (GROSS)
1 _____	e. Unemployment Comp. Source & Address _____	\$ _____ per MONTH (GROSS)
1 _____	f. Public Assistance Source & Address _____	\$ _____ per MONTH (GROSS)
	Case Worker _____	_____

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1 _____ g. Employment \$ _____ per week (GROSS)
 Hourly Wage _____ Hrs. per Week Worked _____
 Position _____ How long employed _____
 Source & Address _____

2 _____ g. Employment \$ _____ per _____ (GROSS)
 Hourly Wage _____ Hrs. per Week Worked _____
 Position _____ How long employed _____
 Source & Address _____

1 _____ h. Alimony \$ _____ per Month _____
 Source & Address _____

1 _____ i. Interest Income \$ _____ per MONTH _____
 Source & Address _____

2 _____ i. Interest Income \$ _____ per MONTH _____
 Source & Address _____

1 _____ j. Other Income \$ _____ per _____ (GROSS)
 Source & Address _____

2 _____ j. Other Income \$ _____ per _____ (GROSS)
 Source & Address _____

3 _____ J. Other Income \$ _____ per _____ (GROSS)
 Source & Address _____

(Please attach additional sheets as necessary)

TOTAL GROSS ANNUAL INCOME: \$ _____

Do you anticipate any changes in this income in the next 12 months?

YES _____ NO _____ If yes, explain: _____

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D. ASSET INFORMATION:

<u>TYPE of ACCOUNT</u>	<u>ACCOUNT#</u>	<u>BANK NAME & ADDRESS</u>	<u>CURRENT BALANCE</u>
Checking	_____	_____	_____
Checking	_____	_____	_____
Savings	_____	_____	_____
Savings	_____	_____	_____
Trust	_____	_____	_____
Certificate of Deposit	_____	_____	_____
Certificate of Deposit	_____	_____	_____
Certificate of Deposit	_____	_____	_____
Credit Union	_____	_____	_____

(Please Attach Additional Sheets as Necessary To List All Accounts)

Real Property: Do you, or any household member, own any real property or a mobile home? Yes _____ NO _____
 If yes, type of property _____
 Location _____

 Market Value or Assessed Value \$ _____
 Mortgage or Outstanding Loan Balance Due \$ _____

ASSET INFORMATION CONTINUED:

Have you sold/disposed of any real property or a mobile home in the last 2 years? Yes _____ No _____
 If yes, type of property _____
 Market Value when Sold/Disposed \$ _____
 Amount Sold/Disposed for \$ _____
 Date of Transaction _____

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Have you Sold/Disposed of any other assets in the Last Two Years (Example: Given away money to relatives, set up irrevocable trust accounts)?

Yes _____ No _____
If yes describe asset _____
Date of Disposition _____
Amount disposed of \$ _____

Do you have any other personal assets of any kind that you have not listed above (Excluding Personal Property)? Yes _____ NO _____

Yes _____ No _____
If yes, List and Describe _____

E. PROGRAM AND PREVIOUS HOUSING INFORMATION:

Were you or are you being displaced from your current or previous residence? YES ___ NO ___
If yes, Displacement Agency _____

Was your current unit condemned or declared uninhabitable? YES ___ NO ___
If Yes, By Whom? _____

Are you currently living in Subsidized Housing? YES ___ NO ___
Have you ever resided in a project financed and/or subsidized by the government?
Yes ___ No ___ If yes, name and address _____

Have you ever been evicted from any housing? Yes ___ No ___
If yes: When _____ Where _____
If yes, describe reasons for eviction: _____

How did you hear about this housing? _____

Will you take an apartment if one is available? YES ___ NO ___
If NO, When? _____
Briefly describe your reason for applying _____

F. REFERENCE INFORMATION:

Current Landlord: Name _____
Address _____
Home Phone _____ Business Phone _____
How long have you lived here? _____

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Previous Landlord: Name _____
Address _____
Home Phone _____ Business Phone _____
How long did you live there? _____

Credit References:

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

Personal Reference (DO NOT list relatives, employers or landlords.):

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

In Case of Emergency, Notify: Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____

H. VEHICLE INFORMATION:

Vehicles: List any cars, trucks, motorcycles, or other vehicles owned. Parking will be provided for one vehicle per apartment. Arrangement with management and management permission will be necessary for more than one vehicle

<u>Type of Vehicle</u>	<u>Year/Make</u>	<u>Color</u>	<u>License Plate</u>
_____	_____	_____	_____
_____	_____	_____	_____

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I. PETS INFORMATION: Do you own or expect to acquire any Pets? Yes _____ No _____

If YES Describe _____

J. OTHER REQUIRED INFORMATION

Do you currently operate a business out of your home? Yes _____ No _____

Have you been convicted of a crime involving an elderly person? Yes _____ No _____

Have you been convicted of a felony? Yes _____ No _____

Have you been convicted of a misdemeanor or felony involving sale or misuse of controlled substances, theft, dishonesty or abuse of persons? Yes _____ No _____

Have you been convicted in a criminal trial or found guilty in a civil trial involving personal injury to another? Yes _____ No _____

Please return completed applications to:

FCCHC
P. O. Box 646
Gloversville, NY 12078

**PETOFF GARDEN APARTMENTS (I AND II)
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1. CERTIFICATION/AUTHORIZATION

CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We hereby certify that this will be my/our permanent residence. I/We understand that my/our eligibility for housing will be based on NYS Housing Trust Fund income/occupancy limits and by Fulton County Community Heritage Corporation selection criteria. I/We certify that all information in this application is true and complete to the best of my knowledge. I further certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this application (other than personal property). I/We understand that false statements or information are fraudulent and are a criminal offense which is punishable by fine or imprisonment or both. This would also lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURES:

APPLICANT _____ CO-APPLICANT _____

DATED _____ DATED _____

NOTIFICATION AND AUTHORIZATION

The applicant(s) are notified that a consumer credit report may be requested in connection with their preliminary application. Upon request, Applicant(s) will be given the name and address of the consumer reporting agency that furnished that report. By signing below, the Applicant(s) authorize the Fulton County Community Heritage to order a consumer credit report from a credit reporting agency.

I/We do hereby authorize Fulton County Community Heritage Corp. and its staff or authorized representative to contact any agencies, offices, groups or organizations to obtain and verify any information or materials, which are deemed necessary to complete my/our application for housing in programs administered/managed by Fulton County Community Heritage Corp.

SIGNATURES:

APPLICANT _____ COAPPLICANT _____

DATED _____ DATED _____

ATTENTION: PLEASE SIGN THE FOLLOWING PAGES AT THE BOTTOM. ALSO, FILL IN YOUR NAMES AND ADDRESS WHERE THE "RE" IS. DO NOT FILL IN THE DATE OR THE "TO" LINE. THESE SHEETS ARE NECESSARY TO OBTAIN INCOME VERIFICATIONS TO DETERMINE YOUR ELIGIBILITY AS A TENANT.

REQUEST FOR INCOME AND ASSET VERIFICATION

Projects: Petoff Garden Apartments I and II
Managing Agent: Fulton County Community Heritage Corporation (FCCHC)
Address: P. O. Box 646, Gloversville, New York 12078

Re: Name: _____ S.S. # _____
Address: _____ S.S.# _____

To: _____ Date: _____

As managing agent for these Lower Income Housing Projects, State and/or Federal Regulations require we verify various information, including the value of all assets and projected income of all members of households applying to reside, or currently residing, in these buildings. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this household. A signed authorization for your release appears below. Please complete the attached form and return it to FCCHC at the address above at your earliest convenience. If you have any questions, please contact me at the number below. Thank you for your assistance.

David O. Henderson, Telephone: (518) 725-2114
FCCHC Executive Director Fax: (518) 725-1225

Release by Applicant/Tenant

I hereby authorize you to furnish all requested information to FCCHC.

Signature: _____ Signature: _____

Date: _____ Date: _____

Verification form is attached.

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