

CREEKSIDE APARTMENTS

TENANT APPLICATION



MAIL ONE (1) APPLICATION FORM PER FAMILY TO:

Creekside Apartments
26 Campsite Way, Management Office
Warwick, NY 10990

NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION, FILING OR PROCESSING OF THIS APPLICATION.

NO CERTIFIED OR EXPRESS MAIL OR OTHER SPECIAL DELIVERY MAIL WILL BE ACCEPTED.

TO BE FILLED OUT BY APPLICANT:

Name _____

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____

Social Security # _____ Date of Birth _____

Current Landlord _____ How Long? _____

Landlord's Phone # _____ Monthly Rent \$ _____

Number of persons in your household, including yourself: _____ No. of Bedrooms _____

Do you expect any change in your family size? Yes No If "yes", explain: _____

Do you have a car? Yes No If "yes", how many? _____

FUNCTIONAL STATUS:

Do you or anyone in your household qualify for Rural Development \$400.00 income deduction for elderly, handicapped or disabled status? Yes No

Will you or anyone in your household benefit from the special design features of a handicapped unit? Yes No

Check utilities paid by you and the amount paid:

Heat \$ _____ /Month

Electric \$ _____ /Month

Gas \$ _____ /Month

Water \$ _____ /Month

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LIST ALL PERSONS, OTHER THAN YOURSELF, WHO WILL LIVE WITH YOU IN THIS DEVELOPMENT:

	<u>FULL NAME</u>	<u>RELATIONSHIP</u>	<u>D.O.B.</u>	<u>FULL TIME STUDENT?</u>
(1)	_____	Head of Household	_____	_____
	Occupation _____		Social Security # _____	
(2)	_____	Co-Tenant	_____	_____
	Occupation _____		Social Security # _____	
(3)	_____		_____	_____
	Occupation _____		Social Security # _____	
(4)	_____		_____	_____
	Occupation _____		Social Security # _____	
(5)	_____		_____	_____
	Occupation _____		Social Security # _____	
(6)	_____		_____	_____
	Occupation _____		Social Security # _____	

INCOME: LIST ALL FULL AND/OR PART-TIME EMPLOYMENT FOR ALL HOUSEHOLD MEMBERS. INCLUDE SELF-EMPLOYED EARNINGS.

HOUSEHOLD MEMBER	NAME & ADDRESS OF EMPLOYER	GROSS EARNINGS	
		CURRENT	ANTICIPATED
_____	_____	\$ _____	\$ _____
(Name)	_____	PER _____	PER _____
_____	_____	\$ _____	\$ _____
(Name)	_____	PER _____	PER _____
_____	_____	\$ _____	\$ _____
(Name)	_____	PER _____	PER _____

OTHER SOURCES OF INCOME: (Examples: Social Services, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Babysitting, Caretaking, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Armed Forces Reserves, Scholarships, and/or Grants).

HOUSEHOLD MEMBER	SOURCE	AMOUNT	
_____	_____	\$ _____	PER _____
_____	_____	\$ _____	PER _____
_____	_____	\$ _____	PER _____
_____	_____	\$ _____	PER _____

CREEKSIDE APARTMENTS

ASSETS:

Checking Accounts:

Bank _____ Acct. # _____ Amount \$ _____
 Bank _____ Acct. # _____ Amount \$ _____

Passbook Savings:

Bank _____ Acct. # _____ Amount \$ _____
 Bank _____ Acct. # _____ Amount \$ _____

Savings Certificates:

Bank _____ Acct. # _____ Amount \$ _____
 Bank _____ Acct. # _____ Amount \$ _____

Credit Union Shares:

Credit Union Name _____ Amount \$ _____
 Address _____

Stocks and Bonds (value) \$ _____ Government Bonds (value) \$ _____

Do you NOW own real estate? Yes No If "yes", what is the value? \$ _____
 Have you EVER owned real estate? Yes No If "yes", when? _____

MEDICAL INFORMATION: Handicapped, disabled regardless of age, or age 62 and over. _____

Are you receiving Medicare Benefits? Yes No

Do you pay for any medical insurance/hospitalization (such as Blue Cross, etc.)? Yes No

If "yes", is this by payroll deduction? Yes No If "yes", how often and how much? \$ _____

If paid directly by you, indicate amount of premium and how often paid: \$ _____

Do you have outstanding medical bills? Yes No If "yes", cost that you are expected to pay? \$ _____

Do you take prescription drugs on a regular basis? Yes No If "yes", what is the cost to you? \$ _____

Do you anticipate any health care related expenses for the next 12 months which are not covered by health insurance?
 Yes No If "yes", what would be the cost to you? \$ _____

GENERAL INFORMATION:

If you are accepted as a resident of Creekside Apartments, please provide the names of persons we should contact in case of an emergency.

	#1	#2
Name:	_____	_____
Address:	_____	_____
Phone Number:	_____	_____
Relationship:	_____	_____
Signature:	_____	Date: _____

Have you or anyone in your household applying been convicted of possession, manufacturing, distribution or illegal use of a controlled substance? Yes No

Are you or anyone in your household applying currently using an illegal controlled substance? Yes No

If you answered yes to either of the two previous questions; is that person currently enrolled in or has successfully completed a substance abuse recovery program? Yes No

CREEKSIDE APARTMENTS

I (we) certify that the housing I (we) will occupy will be my (our) permanent residence. I (we) also certify that I (we) will not maintain a separate subsidized rental unit in a different location.

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 a criminal offense under Section 1001 of Title 18 of the U.S. Code.

Signature _____

Date: _____

Signature _____

Date: _____

National Origin:

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. **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, the owner or manager is required to note the race/national origin and sex of the individual applicant(s) on the basis of visual observation or surname.

APPLICANT #1

ETHNICITY:

- Hispanic or Latino
- Non-Hispanic or Latino

RACE:

- Caucasian
- African American
- Native American
- Asian (*Korean, Chinese, Japanese, Filipino*)
- Other

GENDER:

- Male
- Female

APPLICANT #2

ETHNICITY:

- Hispanic or Latino
- Non-Hispanic or Latino

RACE:

- Caucasian
- African American
- Native American
- Asian (*Korean, Chinese, Japanese, Filipino*)
- Other

GENDER:

- Male
- Female

PLEASE DO NOT MAIL MORE THAN ONE APPLICATION. IF MORE THAN ONE APPLICATION IS RECEIVED FROM ANY ONE HOUSEHOLD, ALL APPLICATIONS FROM THAT HOUSEHOLD WILL BE DISQUALIFIED.

The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through Rural Development, that the Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, marital 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 in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

OFFICE USE ONLY:

Date Received: _____

Time Received _____

Bedrooms Required: _____

Project Priority Code: _____

Applicant Status: _____

Applicant Status: _____

- Eligible
- Ineligible

- Mobility Impaired
- Over Age of 62
- Handicapped
- Disabled

Signature of Reviewer: _____