



**HICKORY
RIDGE**
A P A R T M E N T S
TENANT APPLICATION



MAIL ONE (1) APPLICATION FORM PER FAMILY TO:

Hickory Ridge I Apartments
13 Village Drive, Management Office
Saugerties, NY 12477

NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION, FILING OR PROCESSING OF THIS APPLICATION FOR SECTION 8 HOUSING ASSISTANCE.

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

TO BE FILLED OUT BY APPLICANT:

Name _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____

Social Security # _____ Date of Birth _____

Current Landlord _____ How Long? _____

Landlord's Phone # _____ Monthly Rent \$ _____

Previous Landlord _____ How Long? _____

Landlord's Phone # _____ Monthly Rent \$ _____

Number of persons in your household, including yourself: _____ Number of bedrooms required: _____

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

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

FUNCTIONAL STATUS:

Does anyone in your household require special accommodations? Yes No

If "yes", enter name(s): _____

List requirement(s): _____

Do you live in Public, State, or Federal Housing? Yes No

If "yes", enter the name of the Development or Project: _____

Are you presently being subsidized through Section 8? Yes No

Check utilities paid by you and the amount paid:

<input type="checkbox"/> Heat	\$ _____ /Month	<input type="checkbox"/> Electric	\$ _____ /Month
<input type="checkbox"/> Gas	\$ _____ /Month	<input type="checkbox"/> Water	\$ _____ /Month



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>AGE</u>	<u>SEX</u>	<u>FULL TIME STUDENT?</u>
(1)	_____	_____	_____	_____	_____	_____
	Occupation _____		Social Security # _____			
(2)	_____	_____	_____	_____	_____	_____
	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.

<u>HOUSEHOLD MEMBER</u>	<u>NAME & ADDRESS OF EMPLOYER</u>	<u>GROSS EARNINGS</u>	
		<u>CURRENT</u>	<u>ANTICIPATED</u>
_____	_____	\$ _____	\$ _____
(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).

<u>HOUSEHOLD MEMBER</u>	<u>SOURCE</u>	<u>AMOUNT</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____



ASSETS:

Checking Accounts:

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

Passbook Savings:

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

Certificates of Deposit:

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

Credit Union Shares:

Credit Union Name _____ Amount \$ _____
Address _____

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

Do you own real estate? Yes No If "yes", what is the value? \$ _____

Have you EVER owned real estate? Yes No If "yes", when? _____

MEDICAL AND UNUSUAL EXPENSES:

Do you pay for babysitting while a family member is employed? Yes No

If "yes", list child care provider's name, address and phone # _____

Cost per week \$ _____ Cost per month \$ _____

Are you receiving Medicare benefits? Yes No

Are you receiving Medical Assistance from Social Services? 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? \$ _____



I certify that the housing I will occupy is/will be my permanent residence. I also certify that I do/will not maintain a separate subsidized rental unit in a different location.

I declare that the statements contained in this application are true and complete to the best of my knowledge.

WARNING: Willful false statements or misrepresentations are a criminal offense under section 1001 of Title 18 of the U.S. Code and can lead to rejection of your application or immediate termination of your lease.

I/we also authorize Hickory Ridge apartments to use any consumer reporting agency, credit bureau or other investigative agencies employed by such, to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my employment history, credit, prior tenancies, character, general reputation, personal characteristics and mode of living, to obtain a consumer report and such other credit information which may result thereby, and to disclose and furnish such information to the owner/agent in support of this application. I have been advised that I have the right, under Section 606B of the Fair Credit Reporting Act, to make a written request, within a reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation.

Signature _____

Date _____

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 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.

ETHNICITY:

- Hispanic or Latino
- Non-Hispanic or Latino

RACE:

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

GENDER:

- Male
- Female

Hickory Ridge Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.