



TENANT APPLICATION



MAIL ONE (1) APPLICATION FORM PER FAMILY TO:

Hemlock Ridge
P.O. Box 337, 27 Arts Boulevard
Livingston Manor, NY 12758

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

TO BE FILLED OUT BY APPLICANT:

Name _____

Street Address _____ Apt. No _____

City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____

Other # _____ Landlord # _____

Social Security Number _____ Date of Birth _____

Present Monthly Rent \$ _____ Number of years resided here _____

Number of persons in household _____ Number of bedrooms needed _____

Do you expect any change in your family size? If yes, explain: _____

If resided in the present address less than 5 years please submit previous landlord information:

Previous Landlord _____ Phone Number _____

Address _____ State _____ Zip _____

Number of years _____ Reason for leaving _____

Have you received written notice of displacement from local Government? _____

Are you being evicted? _____

Do you have a car? _____ If yes, how many? _____

Check utilities paid by you:

- Heat \$ _____ /Month
- Electric \$ _____ /Month
- Gas \$ _____ /Month
- Water \$ _____ /Month

LIST ALL PERSONS WHO WILL LIVE WITH YOU IN THIS DEVELOPMENT:

	<u>FULL NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</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 _____	

CREDIT UNION SHARES

Credit Union Name _____ Amount _____

Address _____

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

Do you NOW own real estate? _____ If yes, what is the value _____

Have you EVER owned real estate? _____ If yes, when _____

How did you hear about this development? _____

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

HOUSEHOLD MEMBER	NAME & ADDRESS OF EMPLOYER	GROSS EARNINGS (<i>before taxes</i>)
_____	_____	\$ _____ Per Hrs.
(Name)	_____	Per Week Worked \$ _____
_____	_____	\$ _____ Per Hrs.
(Name)	_____	Per Week Worked \$ _____
_____	_____	\$ _____ Per Hrs.
(Name)	_____	\$ _____
		Per Week Worked _____

OTHER SOURCES OF INCOME: (Examples: Social Security, SSI, Pensions, Disability compensation, Unemployment Compensation, Interest, baby sitting, caretaking, alimony, child support, annuities, dividends, income from rental property, armed forces reserves, scholarships, and/or grants).

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

ASSETS:

Checking Accounts:

Bank _____ Acct. No. _____ Amount _____
 Bank _____ Acct. No. _____ Amount _____

Passbook Savings:

Bank _____ Acct. No. _____ Amount _____
 Bank _____ Acct. No. _____ Amount _____

CD Certificates:

Bank _____ Acct. No. _____ Amount _____
 Bank _____ Acct. No. _____ Amount _____

Do you live in Public Housing, State Housing, or Federal Housing? If yes, enter the Name and number of the Development or Project _____

Are you presently being subsidized through Section 8? _____ Voucher Certificate

I DECLARE THAT THE STATEMENTS CONTAINED IN THE APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 10014 OF TITLE 18 OF THE U.S. CODE.

Signature _____ **Date** _____

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

 The following information is required for statistical purposes so that the Department of HUD may determine the degree in which its programs are utilized by minority families. This information must be completed.
Caucasian Hispanic African American Asian(Korean, Chinese, Japanese, Filipino) Native American Other

FOR OFFICE USE ONLY

Bedroom Size Required _____	Project Priority Code _____
<input type="checkbox"/> Mobility Impaired	<input type="checkbox"/> Elderly <input type="checkbox"/> Disabled/Handicapped
Applicant Status: <input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible
Signature of Reviewer _____	

TENANT INQUIRY RELEASE FORM

Landlord/Owner **Hemlock Ridge**
Phone **845-439-5420**
Fax **845-439-4268**

In connection with my application for tenancy, as a condition of continuing tenancy, and for consideration regarding delinquent rents due I understand that investigative background checks may be made on me including consumer credit, criminal conviction, MVR and other reports. These reports will include information on experience along with the reasons for termination of tenancy from my previous residence if such termination ever occurred. Further, I understand that you may be requesting information from various Federal, state and other agencies which maintain records concerning past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservations, any party or agency contacted by this landlord to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information and release **Altra Enterprises** and or any of their licensed agents. This authorization and consent shall be valid in original, fax or copy form.

Applicant Signature: _____ **Date:** _____

CLEARLY PRINT all information below this line

Last Name _____	First Name _____	Middle Name _____
Social Security # _____	Date of Birth _____	
Drivers License # _____	State Issued _____	Plate # _____
Mother's Maiden Name _____		
<u>Address Past 5 Years</u>		
Street _____		City _____
State _____	Zip _____	Years From _____ To _____
Previous Address _____		City _____
State _____	Zip _____	Years From _____ To _____

<u>Employment Past 5 Years</u>		
Address _____	City _____	State _____
Position _____	Years There _____	Supervisor _____
Previous		
Address _____	City _____	State _____
Supervisor _____	Reason for leaving _____	

Signed release must be sent/faxed to: Altra Enterprises RD - Box 135A Poughquag, NY 12570 Fax: 914-226-8337 Phone: 914-226-3396
