



## APPLICANT QUESTIONNAIRE

Desired Apartment Size (circle one): 1 BR 2 BR

Date Desired: \_\_\_\_\_

<b>Household Information</b>
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List all household members and all sources of income for each member that will be living in this apartment. Please include overtime, tips, bonuses, commissions, unemployment benefits, public assistance, child support, pension, social security benefits.

\*If employment listed below is less than two years, please list previous employment for each member of the household.

		HEAD	2	3	4
Name of Each Household Member	First →	_____	_____	_____	_____
	Last →	_____	_____	_____	_____
Relationship to Head of Household		HEAD			
Male / Female					
Social Security Number					
Date of Birth					
Student Yes/No					

**Income anticipated for the next 12 months for each household member.**

Name of Employer				
Dates Employed				
Position				
Annual or Monthly Income				
Name of Employer				
Dates Employed				
Position				
Annual or Monthly Income				
Alimony, Child Support				
Social Security, Pensions, Retirement Funds, Etc.				
Self Employment Income				
Other Income				
Other Income				

**Include all assets held and the income derived from the assets.**

Assets	Bank Name	Account Number	List Average Balance
Checking			
Checking			
Savings			
Savings			
Other Source			



Do you fall into the category of "Frail Elderly" as defined below (check appropriate box)? YES  NO

"Persons age 55 or more who require assistance with one or more activities of daily living or instrumental activities of daily living. Also, persons age 55 or more who have limitations in mental capacity or emotional strength and motivation that affect their capacity to viably live independently; that is without assistance or intervention."

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Do you have any pets? Yes  No  If yes, please list all pets. \_\_\_\_\_

**Housing Information**

Do you own or rent at your current address? Rent  Own

If you have rented an apartment during the past **TWO** years, please list apartment information below:

	<u>Current Landlord's Name/ Address</u>	<u>Your Address</u>	<u>Dates From: To:</u>
Name:	_____	_____	_____
Address:	_____	_____	<u>Amount Paid</u>
	_____	_____	_____
Phone:	_____	_____	

	<u>Previous Landlord's Name/ Address</u>	<u>Your Address</u>	<u>Dates From: To:</u>
Name:	_____	_____	_____
Address:	_____	_____	<u>Amount Paid</u>
	_____	_____	_____
Phone:	_____	_____	

**Signature Clause**

I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application.

I authorize my consent to have management verify the information in this application for the purpose of providing my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and requirements.

**All ADULT household members must sign below:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**MAIL APPLICATION TO:**

**Stone Hill  
1 Stone Hill Road  
Washingtonville, NY 10992**



**Fair Housing Statement:**

Stone Hill Apartments fully supports fair housing and will not tolerate discrimination of any kind. All prospective or current residents will be treated equally regardless of race, color, creed, national origin, sex handicap or marital status.

**Criteria/Acceptance of Applications:**

The owner's occupancy standards and any tenant selection plan must be in compliance with Federal, State or Local Fair Housing and Civil Rights Laws, Tenant-Landlord Laws, Zoning Restrictions, and with all equal opportunity and non-discrimination requirements in HUD's Administrative Procedure.

**Qualifying Requirements:**

All applicants will be qualified in the following categories:

1. Credit Report
2. Criminal background search
3. Verified income requirements
4. Residential history search and eviction check

The acceptance criteria are based on the four areas listed above and found on the Resident Acceptance Criteria Checklist.

Applicants may be denied based on unfavorable findings in:

- Credit History
- Residential History
- Employment History
- Criminal History



1 Stone Hill Road
Washingtonville, NY 10992

INCOME QUESTIONNAIRE

Name & Address of Head of Household: \_\_\_\_\_

We need to know about the income that each member of your household expects to receive in the next 12 months. The following is a list of items the government counts as income in determining your eligibility for the federal housing assistance. Check YES for the type of income that applies to each household member. Check NO if no member receives this type of income.

WARNING: Section 1001 of title 18 of the US code makes it a criminal offense to willfully make false statements or misrepresentations of any material fact involving the use of obtaining of federal funds.

1. EMPLOYMENT INCOME:

(Do not include children less than 18 years of age)

- Wages, Salary, Overtime, Commissions, Fees, Tips, Bonuses. Each item has Yes/No checkboxes.

Any other amount adult household members earn from working for other people/themselves. Yes/No checkboxes.

2. BENEFIT PAYMENTS:

(This includes lump-sum payments received for delays processing. No lump-sum payments for SS/SSI)

- Supplemental Security Income, Social Security, Workers Compensation, Disability Pay / Benefits, Unemployment Benefits, Severance Pay, Annuities, Insurance Policy Payments, Pensions, Retirement Fund Benefits, Death Benefits. Each item has Yes/No checkboxes.

Any other benefit payments: (veteran's disability, black lung sick benefits, dependent indemnity compensation). Yes/No checkboxes.

3. WELFARE ASSISTANCE:

(This includes lump-sum payments received for delays in processing but no grants or other amounts received specifically for medical care of disable person(s))

Yes/No checkboxes.

4. ALIMONY / CHILD SUPPORT:

(This includes adoption assistance)

Yes/No checkboxes.

5. INTEREST / DIVIDENDS/ OTHER INCOME FROM ASSETS:

- Interest from Bank Accounts/Bonds, Dividends from Stocks/Mutual Funds, Income distributed from Trust Funds, Money from renting household assets. Each item has Yes/No checkboxes.

6. LOTTERY WINNINGS PAID IN PERIODIC PAYMENTS

Yes/No checkboxes.

7. MONEY/GIFTS GIVE BY PERSONS NOT LIVING IN THE UNIT:

(This includes rent/utility payments regularly paid by someone on behalf of household. It doesn't include recurring amounts paid directly to a childcare provider, gifts, groceries, utility rebates paid to seniors, payments received for the care of foster children/gifts received on a non-recurring basis)

Yes/No checkboxes.

8. ANY OTHER SOURCE OF INCOME?

If yes, please specify \_\_\_\_\_

Yes/No checkboxes.

I hereby certify that all of the above information is true and correct to the best of my knowledge.

Head of Household: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Head of Household: \_\_\_\_\_

Date: \_\_\_\_\_

Other Adult: \_\_\_\_\_

Date: \_\_\_\_\_



**CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION**

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members of age 18 and older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety or welfare of other residents.

**Stone Hill Apartments** will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

- 1. Have you been evicted from a federally assisted site for drug related criminal activity within the past three years? Yes No
- 2. Do you currently use illegal drugs or abuse alcohol? Yes No
- 3. Are you currently subject to the lifetime registration requirement under state sex offender registration program? Yes No
- 4. Have you been convicted of any drug related crime within the past five years? Yes No
- 5. Have you been convicted of any felony within the past five years? Yes No
- 6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? Yes No
- 7. Have you been convicted of any crime involving violence within the past five years? Yes No
- 8. Are you currently charged with any of the above criminal activities? Yes No
- 9. Please list all states in which you have lived or have held licenses to drive *(include driver's license numbers)*

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- 10. Have you ever used or been known by any other name? Yes No

If yes, please list names: \_\_\_\_\_

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize **Stone Hill Apartments** to verify the above information, and I consent to the release of any necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or offender registration information to **Stone Hill Apartments**, to public housing authority, or to any agency contracted by **Stone Hill Apartments** to conduct criminal background checks.

**APPLICANT'S SIGNATURE**

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**DATE**

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**APPLICANT'S NAME**  
*(PLEASE PRINT)*

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