

**PUTNAM COUNTY HOUSING
11 SEMINARY HILL ROAD
CARMEL, NEW YORK
10512
845-225-8493**

**THIS IS AN APPLICATION FOR HOUSING
IN GLENEIDA COURT, 10, 12, 14 GLENEIDA COURT
CARMEL, NEW YORK 10512**

Due to a CHANGE IN THE SELECTION PROCESS based on Rural Development guidelines, applications are being sent to all those individuals interested in being placed on a waiting list for phase one Gleneida Court, NO NEW UNITS HAVE BEEN BUILT OR ARE AVAILABLE. THIS APPLICATION IS FOR YOUR NAME TO BE ADDED TO THE WAITING LIST.

There is A CURRENT WAITING LIST FOR PHASE ONE OF OVER 500 NAMES. All additional applications will be added to this list. All applications will be accepted on a "FIRST COME, FIRST SERVE" BASIS. Applications are placed in order of date and time received. Each applicant will receive a receipt and a waiting list number. INCOME RESTRICTION APPLY.

The Putnam County Housing Corporation, Managing Agent, 11 Seminary Hill Road, Carmel, New York will accept applications:

***BY MAIL
OR IN PERSON AT THE PCHC OFFICE
FROM 8:30 A.M. TO 4:30 P.M.
MONDAY THROUGH FRIDAY***

The Policy of the Putnam County Housing Corporation is on of Equal Housing Opportunity for perspective applicants regardless of race, color, religion, sex, handicap, familial status or national origin.

If you need further information please contact the office at 845-225-8493 between 8:30 A.M. and 4:30 P.M., Monday through Friday.

Putnam

COUNTY HOUSING CORPORATION

11 Seminary Hill Rd • Carmel, NY 10512 • Tel. 845-225-8493 • Fax 845-225-8532

APPLICANT INFORMATION for housing in Gleneida Court, located on Seminary Hill Road, Carmel, New York. Please complete this application. Incomplete application will not be processed. Applications are placed in order of date and time received. An applicant may be interviewed only Putnam County Housing Corporation (Managing Agent) receives the tenant application.

LEGAL NAME _____ HOME PHONE # _____
APPLICANT WORK PHONE # _____
CO-APPLICANT-WORK PHONE # _____
CURRENT ADDRESS: STREET _____ APT. # _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____

PROGRAM INFORMATION

The recipient will need to add the race/gender collection section to the end of their application: "The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting against 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, we are required to not the race/national origin of individual applicants on the basis of visual observation or surname"

Gender: Male _____ Female _____

Race: (Mark one or more)

White _____ Black or African American _____ Ethnicity:
Hispanic or Latino _____
American Indian/Alaska Native _____ Asian _____ Not Hispanic or
Latino _____
Native Hawaiian or Other Pacific Islander _____

TWO RELATIVES OR FRIENDS WHO GENERALLY KNOW HOW TO CONTACT YOU

Name: _____ Name: _____
Address: _____ Address: _____
Phone #: _____ Phone #: _____

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MARITAL STATUS (CIRCLE ONE)

Married Unmarried Separated

If you are married will your spouse live with you? Yes _____ No _____

If not, where will your spouse live? _____

If not, do you intend for your spouse to live with you anytime in the future?

Yes _____ No _____

If yes, explain _____

Automobiles

MAKE MODEL YEAR LICENSE PLATE NUMBER TITLED IN NAME OF

LEGAL NAME OF ALL PERSONS WHO WILL LIVE IN YOUR APARTMENT

List all persons who would live in your apartment - Applicant first. Give the relationship of each household member to the Applicant:

Last Name First Name Age Sex Relationship Place of birth/date

1 _____

2 _____

3 _____

4 _____

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#	STUDENT P/F	DRIVER'S LICENSE	SOCIAL SECURITY	FELONY CONVICTIONS Date, City, State and Nature of Offense
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1 _____

2 _____

3 _____

4 _____

Does anyone live with you now who is not listed above? Yes _____
No _____ If yes, explain _____

Do you plan to have anyone living with you in the future who is not listed
above? Yes _____ No _____ If yes, explain _____

Do you or your Co-applicant have any children under the age of eighteen
(18) who are not living with you now? Yes _____ No _____
If yes, explain _____

Is any member of your household pregnant? Yes _____ No _____

HOUSING INFORMATION

Number of bedrooms in current unit _____ Do you own _____ Rent _____
If rental, amount of current monthly rental payment \$ _____

List your residence(s) for your last three years. Current residence first.

FROM: _____ TO: _____ ADDRESS: _____ APT.# _____

LANDLORD

NAME: _____ ADDRESS: _____

PHONE #: _____ WAS IT SUBSIDIZED? _____

DO YOU OWE BACK RENT? _____ DID YOU MOVE VOLUNTARILY? _____

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FROM: _____ TO: _____ ADDRESS: _____ APT. # _____

LANDLORD
NAME: _____ ADDRESS: _____

PHONE #: _____ WAS IT SUBSIDIZED? _____

DO YOU OWE BACK RENT? _____ DID YOU MOVE VOLUNTARILY? _____

FROM: _____ TO: _____ ADDRESS: _____
APT. # _____

LANDLORD NAME: _____
ADDRESS: _____

PHONE #: _____ WAS IT SUBSIDIZED? _____

DO YOU OWE BACK RENT? _____ DID YOU MOVE VOLUNTARILY? _____

Why are you moving from your current housing?

CREDIT INFORMATION List four credit references other than current and former landlords. References may include home mortgages, car loans, other personal loans, credit cards, utility companies, etc.

NAME	ADDRESS	ACCOUNT #	PHONE #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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CURRENT HOUSEHOLD EXPENSES (ESTIMATED)

Rent : _____ *Auto:* _____ *Medical:* _____

Electric: _____ *Auto Insurance:* _____ *Handicap:* _____

Gas: _____ *Life Insurance:* _____ *Loans:* _____

Water: _____ *Health Insurance:* _____

Cable: _____ *Childcare:* _____

Telephone: _____ *Furniture:* _____

TOTAL HOUSEHOULD INCOME List all money received by everyone living in your household. This includes money from Wages, Social Security Benefits, AFDC, Child Support, Unemployment Benefits, SSI, Worker's Compensation, Retirement Benefits, Veterans Benefits, Rental Property Income, Stock Dividends, Interest, Etc.

<i>#</i>	<i>Gross weekly wages</i>	<i>SS Benefits</i>	<i>Pension Source</i>	<i>Veterans Benefits</i>	<i>Unemploy-ment</i>	<i>Other SSI Income</i>
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1 _____

2 _____

3 _____

4 _____

Do you anticipate any changes in this income in the next 12 months?
Yes _____ *No* _____

Have you received any lump sum payments in the past twelve months -insurance settlement, inheritance, etc.? *Yes* _____ *No* _____

Do you anticipate receiving any lump sum payments in the next twelve months? *Yes* _____ *No* _____

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Are you currently in the process of applying for any additional sources of public assistance - AFDC, Social Security, Unemployment Benefits, SSI, Workers' Compensation Benefits, ect.? Yes___ No___ If yes , describe_____

ASSETS List all assets including, but not limited to, amount in bank accounts, Safe deposit boxes, cash in hand, real estate, stocks and bonds,

Description of Asset _____ Location of Asset _____ Acct.# _____ \$Value

Checking Account _____

Savings Account _____

Trust Accounts _____

Credit Union _____ Balance _____

Savings Bonds _____ Maturity Date _____

Life Insurance Policy _____ Face Value _____

Real Property: Do you own any property? Yes___ No___
If Yes, Type of Property_____ Location _____
Appraised Market Values _____
Mortgage/Outstanding Loans Bal Due \$ _____
Amount of Annual Insurance Premium \$ _____
Amount of Most Recent Tax Bill \$ _____

Have You sold/Disposed of Any Property in the Last Two Years?
Yes ___ No ___
If Yes, Type of Property_____ Market Value When Sold/ Disposed \$ _____
Amount Sold/Disposed for \$ _____
Date of Transaction _____

Have you disposed of any other assets in the past two years?

Yes _____ No _____ If Yes,

Explain _____

MEDICAL/CHILDCARE/HANDICAP ASSISTANCE EXPENSES

MEDICAL COSTS: Complete this part ONLY IF Applicant or Co-Applicant is 62 or older, Disabled or Handicapped.

Medicare Premiums Monthly Amount \$ _____
Monthly Amount \$ _____

Medical Insurance Coverage-Name of Insurance Company _____
Address _____
Monthly Amount \$ _____

Anticipated Medical/Drug/Prescription Cost Not covered by Insurance
NOR Reimbursed: Monthly Amount \$ _____

Medical Bills or Outstanding Costs you are Making Monthly Payment For:
Balance Due \$ _____ Monthly Payments _____.

Are you seeing a Physician Regularly? _____ Name _____
Address _____ Projected Costs NOT Covered
By insurance NOR Reimbursed for the Next 12 months \$ _____

Any Other Medical Expenses:
List type & Amounts _____ \$ _____
_____ \$ _____

Handicap Assistance Expenses: Complete ONLY if handicap Expenses Allow the Handicap or Another Household Member to WORK?
List type of Expenses, Weekly Amount, Paid to Whom:

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Are you displaced Yes _____ No _____ If YES, Displacement Agency_____

*Is your current unit condemned/substandard? Yes _____ No _____
Are you paying more than 50% of your gross income for rent and utilities?
Yes_____ No_____*

*Are you applying for an "elderly household" status? Yes_____ No _____
To qualify for "Elderly Household" status, you must meet the following
criteria (Please Check one that applies)*

- A.) 62 Years old or older _____*
- B.) Handicapped and 18 or older _____*
- C.) Disabled and 18 or older _____*

Are you a veteran? Yes_____ No_____ If Yes, Date of Service_____
*Have you ever resided in a project financed and/or subsidized by the
Gov't?
Yes _____ NO _____ If YES, Name & Address_____*

*Have you ever been evicted from public housing and any other federal
housing program? Yes_____ No _____
If Yes, Where*

Describe Reasons _____

Have You Ever Been Evicted From Other Housing? Yes_____ No _____

How did you hear about this housing?_____

Will you take an apartment when one is available? Yes_____ No _____

Briefly describe your reasons for applying? _____

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PETS: Do you own any pets? YES _____ NO _____

If YES, Describe _____

GENERAL APPLICATION QUESTIONS

Do you believe that you are qualified for a priority available to persons with handicaps? YES _____ NO _____

Do you have needs that might be better served by a wheelchair accessible unit?

YES _____ NO _____

Are you currently using an illegal controlled substance YES _____
NO _____

Are any members of your family currently using an illegal controlled substance? YES _____ NO _____

Have you ever been convicted of illegal distribution or manufacture of a controlled substance? YES _____ NO _____

Have you or anyone in your household ever been convicted of any felony or misdemeanor other than traffic violations? YES _____ NO _____

Have you or any member of your household ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?

YES _____

NO _____

Have you or any other member of your household ever used any name or Social Security numbers other than the one you have given on this application?

YES _____ NO _____

AGREEMENTS, REPRESENTATIONS AND CERTIFICATIONS

Applicant authorized the owner to obtain a "consumer report" as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681 a (d), seeking information on the credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living of applicant (s).

I fully understand that Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony, for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. I, therefore, verify that the foregoing information is true and correct to the best of my knowledge and belief.

Applicant _____ *Date:* _____

Co-Applicant _____ *Date:* _____

Other adult: _____ *Date:* _____

Other adult; _____ *Date:* _____

Representative: _____ *Date:* _____

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CERTIFICATION/AUTHORIZATION

CERTIFICATION:

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on Farmers Home Administration income/occupancy limits and by Putnam County Housing Corporation's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE:

APPLICANT

CO-APPLICANT

DATED

DATED

AUTHORIZATION

I/We Do Hereby Authorize Putnam County Housing Corporation and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information of materials which are deemed necessary to complete my/our application for housing in programs administered/managed by Putnam County Housing Corporation.

SIGNATURE:

APPLICANT

CO-APPLICANT

DATED

DATED
