

This is an application for housing in
GLENEIDA SENIOR APARTMENTS
20 Gleneida Court
Carmel, NY 10512
845-225-8493

This application is for individuals interested in living in Gleneida Senior Apartments, 20 Gleneida Court , Carmel, New York. **INCOME RESTRICTIONS APPLY.** Applications must be returned to the Managing Agent, Putnam County Housing Corporation and then will be placed on a waiting list which will be processed on a first come/ first served basis.

The complex consist of 24, one-bedroom units with kitchen, dining area, living room and bathroom. Eligibility limited to 62 years of age or older.

The managing agent, Putnam County Housing Corporation. Is located at 11 Seminary Hill Road, Carmel, New York. Office hours are Monday through Friday from 8:30 a.m. to 4:30 p.m. For further information contact the office at 845-225-8493.

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

GLENEIDA SENIOR APARTMENTS

Return To:

**PUTNAM COUNTY HOUSING CORPORATION
11 SEMINARY HILL ROAD
CARMEL, NEW YORK 10512
Phone: 845-225-8493 or Fax: 845-225-8532**

APPLICATION

Who will live in the apartment:

Full name	Relationship	Birth Date	Sex	Soc. Sec. #	Full-Time Student

- A full-time student is defined as someone who has been or will be a full-time student for 5 months This year, not necessarily consecutive.

Current home address:	
Home phone no.:	Work phone no:

A. GENERAL INFORMATION

1. Do you have the right to legally enter into a lease? Yes No
2. Please state the name(s) of any household member(s) that you want to be made Co-Head(s).\ (Co-Head is defined as and individual who has the legal right to enter into a lease agreement and will share all the rights and responsibilities.)

3. Have you ever been convicted to a felony? Yes No
If yes please explain:

4. Have you ever been evicted from a dwelling for any reason? Yes No
If yes, please explain: _____
5. Does anyone live with you now who is not listed on page 1? Yes No
If yes, please explain: _____
6. Does anyone plan to live with you in the future who is not listed on page 1? Yes No
If yes, please explain: _____

B. HOUSING REFERENCES (List ALL landlords during the past three years)

1. Present address _____
Name of present landlord _____
Address of landlord _____
Landlord's telephone no. _____
Length of time at present address _____
Present monthly rent _____ Average monthly utility bills _____

If at present address less than three years, complete the following:

2. Previous address _____
Name of landlord _____
Address of landlord _____
Landlord's telephone no. _____
Length of time at this address _____
Monthly rent _____ Average monthly utility bills _____
Reason for moving _____

C. EMPLOYMENT OR OTHER INCOME SOURCES (List ALL sources)

- Applicant's present employer(s) _____
Other adult's present employer(s) _____
Other adult's present employer(s) _____

1. Applicant's employer's address _____

Employer's phone no. _____ Type of Business _____

Position _____ Supervisor _____

How long employed? _____ From _____ To _____

2. Other adult's employer's address _____

Employer's phone no. _____ Type of business _____

Position _____ Supervisor _____

How long employed? _____ From _____ To _____

3. Other adult's employer's address _____

Employer's phone no. _____ Type of business _____

Position _____ Supervisor _____

How long employed? _____ From _____ To _____

ANNUAL INCOME

Include anticipated income from all sources for the next twelve months

Source	Applicant	Other Adult	Other Adult	Total
Gross Employment Income (include overtime, tips, etc.)				
Net Income from Self- Employment and/or Business				
Social Security, Pensions, Annuities, Insurance Settlements				
Unemployment Compensation, Severance Pay				
Workers Compensation, Disability or Death Benefits, Veteran's Benefits				
Alimony, Child Support				
A.F.D.C. or Other Public Aid, Recurring Monetary Gifts				
Other:				
Total Anticipated Income:				

D. ASSETS

ALL INFORMATION SHOULD BE CALCULATED ON AN ANNUAL BASIS.

1. YES NO Do you have any of the following: checking or savings accounts, Money Market funds, Trusts, IRA/Keogh accounts, Certificates of Deposit (CDs), or other accounts? If you answered "YES," describe all such accounts below.

BOX A

Type of Account	Account Number	Where Held	Balance (A)	Interest Rate	Income (B)

2. YES NO Do you own any real estate or any stocks, bond or other income-producing assets, not described in Box A? If you answered "YES" describe all such assets in Box B.

BOX B

Type of Asset	Account Number or Other Description	Where Held	* Fair Market Value (A)	Interest Rate	Income (B)

Total of
Column (A) in
Both Box A & B

Total of
Column (B) in
Both Box A & B

- Fair Market Value is the value of the asset minus reasonable costs that were or would be incurred in selling or converting the asset to cash. These costs include: (1) penalties for early withdrawal; (2) broker/legal fees assessed to sell or convert the asset to cash; and (3) settlement costs for real estate transactions.

Do you have any of the following ? If yes, state the value of the asset and where the asset is held. IF THE ASSET EARNS INCOME, ENTER INFORMATION IN BOX B.

3. YES NO

Do you own any stocks or bonds?

Type/Name _____

4. YES NO

Do you own any real estate including a primary residence, farm, vacation home, vacant land, rental property, or other investments?

If yes, please explain: _____

Certain document such as an accepted offer to purchase, and/or an amortization schedule, may be requested.

5. YES NO

Do you hold any personal property as an investment (i.e., coin collection or antique car)? DO NOT include necessary personal items such as a car or furniture.

Value: \$ _____

6. YES NO

Do you have cash on hand or at home? \$ _____

7. YES NO

Do you have a safe deposit box ?

8. YES NO

Are any assets held jointly with a person who does not reside with you?

Which assets? _____

Held with whom? _____

What portion of the assets do you have access to? _____

9. YES NO

Have you received any LUMP SUM payments in the last 24 months? If yes, please indicate amount and explain:

_____ \$ _____

10. YES NO

In the past two years, have you disposed of any assets for less than Fair Market Value?

Market Value Less Cash Received \$ _____

If yes, please explain _____

11. Enter Total Assets (A) from Box B, preceding page. \$ _____

12. Total the amounts from questions 3 through 11.
Total Assets \$ _____

E. PERSONAL REFERENCE (Excluding family members)

Name _____

Address _____

_____ Phone No. _(____)_____

F. VEHICLE/DRIVER I.D

1. Driver's License # _____ State Issued _____
Car Make _____ Color _____ Year ____ Lic. # _____

2. Driver's License# _____ State Issued _____
Car Make _____ Color _____ Year ____ Lic. # _____

G. EMERGENCY CONTACT (Please list someone in the immediate area if possible.)

Name _____ Relationship _____

Address _____ Phone No. _____

City _____ State _____ Zip code _____

H. SIGNATURE CLAUSE

I Certify that answers given herein are true and complete to the best of my knowledge. I authorized investigation of all statements contained in this application for residency as my be necessary, I understand that any misrepresentation may result in the denial of may application. I authorize Putnam County Housing Corporation, its subsidiaries, and its agents to investigate my credit worthiness through any credit bureau of other reasonable means. I have read this application and understand it.

This application is not a rental agreement, contract or lease. All applications are subject to the approval of the owner or managing agent.

It is our aim to ensure that this community is a drug free zone. The use and sale of controlled substance will not be tolerated. By signing this application form, I verify my support for this policy.

ALL PERSONS DESIGNATED AS HEAD OR CO-HEAD(S) MUST SIGN BELOW

Signature

Date

Co-Head(s) Signature

Date

IMPORTANT NOTE Please include a complete, signed copy of your previous year's federal tax return with this application.