Gleneida Court Apartments

This is an application for Gleneida Court Apartments located at 10, 12 or 14 Gleneida Court, Carmel, NY 10512.

This non-smoking complex consists of 24, one bedroom units.

Eligibility is limited to persons 62 years of age or older. Income restrictions do apply. Applications are placed on a wait list based on time and date received. Applicants will be contacted and interviewed for tenancy once their name reaches the top of the wait list.

Please mail completed application to the managing agent:

Putnam County Housing Corp.

Managing Agent

11 Seminary Hill Road

Carmel, NY10512

# For any questions, please contact Putnam County Housing Corporation at 845- 225-8493 between the hours of 8:30 a.m. and 4:30p.m. Monday through Friday. TDD Relay #800-662-1220.

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11 Seminary Hill Road, Carmel, New York 10512

845-225-8493 Fax 845-225-8532

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

LEGAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_SS#\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORK NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MALE\_\_\_\_\_\_ FEMALE\_\_\_\_\_\_

**TWO RELATIVES OR FRIENDS WHO GENERALLY KNOW HOW TO CONTACT YOU**

***Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***MARITAL STATUS (CIRCLE ONE)***

#### Married Unmarried Separated Widow

*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 | TITLE IN NAME |
|  |  |  |  |  |

##### LEGAL NAME OF ALL PERSONS WHO WILL LIVE IN YOUR APARTMENT. List all

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Name* | *Relationship*  *to head* | *Birth Date* | *Age* | *Social Security*  # | *Student*  *YIN* |
| *1.* |  |  |  |  |  |
| *2.* |  |  |  |  |  |
| *3.* |  |  |  |  |  |

*FELONY CONVICTIONS YES NO*

*IF YES EXPLAIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*anyone live with you now who is not listed above? Yes \_ No ifyes, 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 two years. Current Residence first.

From ---- To:----- *WASIT'SUBSIDIZED? YIN ADDRESS: APT.#*

CITY STATE ZIP CODE LANDLORD NAME: PHONE#

LANDLORD ADDRESS:

STREET CITY STATE ZIP DO YOU OWE BACK RENT? \_ DID YOUMOVE VOLUNTARILY?

From:--- To:--- *WAS* IT*SUBSIDIZED? YIN ADDRESS: APT.#*

CITY STATE ZIP CODE LANDLORD NAME: PHONE#

LAND LORD ADDRESS:

*STREET CITY STATE ZIP*

DO YOU OWE BACK RENT?

DID YOUMOVE 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 person alloans, ered"It cards, utilitcy companies, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| *Name* | *Address* | *Account#* | *Phone#* |
|  | | |  |

*CURRENT HOUSEHOLD EXPENSES (ESTIMATED)*

|  |  |  |
| --- | --- | --- |
| *Rent:* | *Auto:* | *Medical:* |
| *Electric:* | *Auto Insurance:* | *Handicap:* |
| *Gas:* | *Life Insurance:* | *Loans:* |
| *Water:* | *Health Insurance:* |  |
| *Cable:* | *Childcare:* |  |

***TOTAL HOUSEHOLD 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.*

|  |  |  |
| --- | --- | --- |
| *Household member* | *Source of Income* | *Gross Monthly*  *Amount* |
|  | *Social Security* | *$\_* |
|  | *SSI Benefits* | *$\_* |
|  | *SSD* | *$\_* |
|  | *Pension* | *$\_* |
|  | *Veteran's Benefits* | *$\_* |
|  | *Unemployment Compensation* | *$\_* |
|  | *Interest Income* | *$\_* |
|  | *Other Income* | *$\_* |
|  |  |  |

*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. \_*

Are you currently in the process of applying for any additional sources of Public assistance - AFDC, Social Security, Unemployment Benefits, SSI, SSD, 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*** | ***LOCATION OF***  ***ASSETS*** | ***ACCOUNT***  ***NUMBER*** | ***DOLLAR***  ***AMOUNT OR FACE VALUE*** |
| *CHECKING ACCOUNT* |  |  |  |
| *SAVINGS ACCOUNT* |  |  |  |
| *CD/MONEY*  *MARKET* |  |  |  |
| *IJFE INSURANCE* |  |  |  |
| *Trust Accounts* |  |  |  |
| *OTHER STOCKS, BONDS, ETC.* |  |  |  |

Real Property: Do you own any property? Yes

No

If Yes, Type of Property \_ Location, \_

Appraised Market Values. \_ Mortgage/Outstanding Loans Balance 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,

***MEDlCALICBILDCJJRE/HllNDICJJP ASSISTANCE EXPENSES***

*MEDICAL COSTS: Complete thispart 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 E;penses: Complete ONLY if handicap Expenses Allow the Handicap or Another Household Member to WORK?*

*List type of Expenses, WeeklyAmount, and Paid to Whom:*

*Allow the Handicap or Another Household Member to WORK? List type of Expenses, WeeklyAmount, and Paid to Whom:*

*Are you displaced Yes*

*No IfYES, 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 "elderlyhousehold" 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 \_*

*IfYe VVhere \_*

*Describe Reasons \_*

*Have You Ever Been Evicted From Other Housing? Yes No*

*How did you hear about this housing? \_*

*VVill you take an apartment when one is available? Yes No \_*

*Briefly describe your reasons for applying?--------------*

*PETS: Do you own any pets YES NO \_*

*lfYES, 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 Imowingly 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 liND CERTIFICJITIONS***

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 Jmowingly 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 Jmowledge and belief.

Applicant Date: Co-Applicant Date: Other adult: Date: Representative: Date:

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 note the race/national origin of individual applicants on the basis of visual observation or surname:

Gender: Ethnicity:

Male\_ Female\_

Hispanic or Latino Not Hispanic or Latino \_

Race: (Mark one or more)

White Black or African American American Indian/Alaska Native\_ Asian Native Hawaiian or Other Pacific Islander

CERTIFICATION/AUTHORIZATION CERTIFICATION:

!/We hereby certify that !/We do/will not maintain a separate subsidized rental

unit in another location. !/We further certify that this will be my/our permanent residence. !/We understand !/We must pay a security deposit for this apartment prior to occupancy. 1/We understand that my eligibility for housing will be based on ion income/occupancy limits and by Putnam County Housing Corporation's selection criteria. !/We certify that all information in this application is true to the best of my/our Imowledge and !/We understand that false statements or information are punishable by Jaw and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE:

APPLICANT CO-APPLICANT

DATED DATED

AUTHORIZATION

!/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

*REV.09/03/09*

# Dear Applicant:

We are pleased that you have chosen to apply to our Senior Housing Complexes. The Putnam County Housing Corporation has been studying changes that are occurring in the management of apm1ments. Many owners have decided to regulate the use of tobacco products within their properties.

To ensure the health and safety of all persons living in our complexes, we have decided to adopt a smoke-free policy for our buildings and individual units as of *Januarv1, 2011.* All residents will be prohibited from smoking in the tenants living space, common m·eas (hallways and lobby) and within 30 feet of building entrances.

We are advising all applicants on our waiting lists of this change.

A . Income per month . Xl2 per year

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I. Earnings

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###### Pensions

1. Benefits \ ''·...

###### Other (interests)

i .

\

'

###### TOTAL INCOME:

*B.* Expenses: .

###### HOUSING

..

###### Rent/Mortgage

Home-Repairs & Maintenance (appliances, lawn care, snow removal,

paint, etc.) ·.

Taxes, Insurance, Other Charges County, Town, Village, School Water/ Sewer Fees

Homeowners Insurance

UTILITIES .

Fuel

Electricity '

TRANSPORTATION ,.

Auto Expenses (gas, oil, repair, tires, registration, ins. if no auto, transportation expense)

.

FOOD&BASICNEEDS

PERSONAL&RECREATION

Clothing

###### b. Expenses- continuted per month X12 per year

Personal (beauty & barber sho.p, toiletries, cigarettes, liquor)

Contributions & Gifts (include Christmas, church, charities)

Telephone .

Recreational (travel, movies, restaurant, bingo, etc.)

MEDICAL/INSURANCE

Medical (incl. dentist, doctor, prescrip- tions, overcounterdrugs, vitamins, health insurance)

Life Insurance/ Accidental

Monthly Installment Payments 1.

2.

3.

TOTAL EXPENSES:

Subtract A-B =