

## Gleneida Court Apartments

This is an application for Gleneida Court Apartments located at 10, 12 or 14 Gleneida Court, Carmel, NY 10512. Before beginning the application, we suggest you read it over entirely to insure proper completion. Please fill out all questions that pertain to you. Please be sure to sign and date all parts of this application.

All applicants or their co-applicants must be at least 62 years old or handicapped or disabled regardless of age. Income restrictions do apply.

This **non-smoking complex** consists of 24, one bedroom units. 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 or drop off in person (office hours are Monday thru Friday 8:30 am – 4:30 pm) the completed application to the managing agent:

**Putnam County Housing Corporation  
Property Management Office  
170 Route 6  
Mahopac, NY 10541**

If you have any questions please call (845) 628-0751

If you need assistance accessing information through an alternative means, please be aware PCHC offers free interpretive service. The hearing impaired can call TDD Relay Number 1-800-662-1220 for assistance and an informational brochure for the sight-impaired is available. Contact us via email at [puthousing@aol.com](mailto:puthousing@aol.com) and visit our website [www.putnamhousing.com](http://www.putnamhousing.com). Our offices are handicapped accessible.



# Putnam

COUNTY HOUSING CORPORATION,  
Senior Housing at Mahopac Hills, Property Management Office 170 Route 6  
Mahopac, New York 10541

APPLICANT INFORMATION for housing in Gleneida Court, located off of 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 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: \_\_\_\_\_  
STREET APT# CITY STATE ZIP CODE

HOME PHONE # \_\_\_\_\_ WORK PHONE# \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

## 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 including yourself.** Give the relationship of each household member to the Applicant:

Name	Relationship to head	Birth Date	Age	Social Security #	Student Y/N
1.					
2.					
3.					

FELONY CONVICTIONS YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPLAIN \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Nature of Offense \_\_\_\_\_

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 two years. Current Residence first.

From \_\_\_\_\_ To: \_\_\_\_\_ WAS IT SUBSIDIZED? Y/N

ADDRESS: \_\_\_\_\_ APT.# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

LANDLORD NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

LANDLORD ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

DO YOU OWE BACK RENT? \_\_\_\_\_ DID YOU MOVE VOLUNTARILY? \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ WAS IT SUBSIDIZED? Y/N

ADDRESS: \_\_\_\_\_ APT.# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

LANDLORD NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

LANDLORD ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

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#

**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			
LIFE INSURANCE			
Trust Accounts			
OTHER STOCKS, BONDS, ETC.			

Real Estate 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 \_\_\_\_\_

\_\_\_\_\_

**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, and Paid to Whom:

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

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 \_\_\_\_\_

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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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

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: Male \_\_\_ Female \_\_\_

Ethnicity:

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:

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 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

REV.04/11/18

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# BUDGET FORM

**A. Income**

per month

X 12

per year

- 1. Earnings
- 2. Pensions
- 3. Benefits
- 4. Other (interests)

**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 & BASIC NEEDS**

**PERSONAL & RECREATION**

Clothing

	per month	X 12	per year
1. Earnings			
2. Pensions			
3. Benefits			
4. Other (interests)			
<b>TOTAL INCOME:</b>			
<b>B. Expenses:</b>			
<b>HOUSING</b>			
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			
<b>UTILITIES</b>			
Fuel			
Electricity			
<b>TRANSPORTATION</b>			
Auto Expenses (gas, oil, repair, tires, registration, ins. if no auto, transportation expense)			
<b>FOOD &amp; BASIC NEEDS</b>			
<b>PERSONAL &amp; RECREATION</b>			
Clothing			

# BUDGET FORM

**b. Expenses - continued**

per month          X 12          per year

Personal (beauty & barber shop,  
toiletries, cigarettes, liquor)

Contributions & Gifts (include  
Christmas, church, charities)

Telephone

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

**MEDICAL/INSURANCE**

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

Life Insurance/Accidental

Monthly Installment Payments

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**TOTAL EXPENSES:**

	per month	X 12	per year
Personal (beauty & barber shop, toiletries, cigarettes, liquor)			
Contributions & Gifts (include Christmas, church, charities)			
Telephone			
Recreational (travel, movies, restaurant, bingo, etc.)			
<b>MEDICAL/INSURANCE</b>			
Medical (incl. dentist, doctor, prescrip- tions, overcounter drugs, vitamins, health insurance)			
Life Insurance/Accidental			
Monthly Installment Payments			
1. _____			
2. _____			
3. _____			
<b>TOTAL EXPENSES:</b>			

Subtract A-B =

**Putnam County Housing Corporation  
Comprehensive Housing Counseling Program Disclosure**

Funders include U.S. Department of Housing and Urban Development, New York State Attorney General's Office, the New York State Division of Housing and Community Renewal and the State of New York Mortgage Agency.

I/we understand that the purpose of the housing counseling program is to provide one-on-one counseling to assist me/us with my/our counseling needs. The counselor will analyze my/our financial situation, identify those barriers preventing me/us from resolving our current situation, and develop a plan to remove those barriers. I/we further understand that it will not be the responsibility of the counselor to fix the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues.

Putnam County Housing Corporation offers services in the following areas:

- HUD Housing Choice Voucher Program (Section 8)
- HUD Comprehensive Housing Counseling Program
- NYS Attorney General's Home Ownership Protection Program (HOPP)
- NYS Mortgage Assistance Program (NYS-MAP)
- Project Reinvest: Financial Capability Program
- SONYMA/NCC Restart Program
- Family Self-Sufficiency Program (FSS)
- Federal Home Loan Bank (FHLB) First Home Club
- Lakeview Housing Development Funds Co.
- Gleneida Housing Development Funds Co.
- Gleneida Senior Apartments, LP
- Senior Housing at Mahopac Hills

I/We understand that Putnam County Housing Corporation provides information and education on numerous loan products and housing programs and I/we further understand that the housing counseling I/we receive from Putnam County Housing Corporation in no way obligates me/us to choose any of these particular products or services.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



## AUTHORIZATION TO RELEASE INFORMATION:

I authorize Putnam County Housing Corporation, 11 Seminary Hill Road, Carmel, New York – 10512 (A HUD Approved Housing Counseling Agency), to release any and all information concerning my file to HUD at their request. I further authorize you to discuss my file, as needed, with Putnam County Housing Corporation.

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Signature

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Print