

This is an application for housing in  
**GLENEIDA SENIOR APARTMENTS**

(Non-Smoking Building)

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

Please mail completed application to the managing agent:

**Putnam County Housing Corporation.  
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.

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# GLENEIDA SENIOR APARTMENTS

Putnam County Housing Corporation, 11 Seminary Hill Road, Carmel, NY 10512

Tel. 845-225-8493

## PRELIMINARY APPLICATION FOR ASSISTANCE

1. List each person who would live with you if you receive housing assistance. (Start with yourself.)

Last Name	First Name	DOB	Sex	Relationship	Annual Income	Social Security #

### List Annual Income

Name	Social Security Benefit	SSI	Pension/VA	Other

2. Does anyone live with you now who are not listed above?
3. Do you expect any change in your household composition?
4. If you answered yes to either #2 or #3, please explain: \_\_\_\_\_
5. Current Address: Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_
6. Please identify any specific needs your household has: \_\_\_\_\_
7. Do you need the design features of a wheelchair accessible unit?  Yes  No  
 Check one box each "a" and "b" (For statistical purpose only)
  - a. **Is the head of household?**  
 American Indian or Alaska  Asian  Black or African  
 Native Hawaiian or Pacific Islander  White
  - b. **Ethnicity of the Head of Household:**  Hispanic or Latino   
 Not Hispanic or Latino

Applicant Certification: I certify that the Statement made on this pre-application are true and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information may result in punishment under the Federal Law.

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

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 apartments. 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 January 1, 2011. All residents will be prohibited from smoking in the tenants living space, common areas (hallways and lobby) and within 30 feet of building entrances.

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

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# BUDGET FORM

**A. Income**

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

**TOTAL INCOME:**

per month      X 12      per year

**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.)		
<b>MEDICAL/INSURANCE</b>		
Medical (incl. dentist, doctor, prescriptions, overcounter drugs, vitamins, health insurance)		
Life Insurance/Accidental		
Monthly Installment Payments		
1. _____		
2. _____		
3. _____		
<b>TOTAL EXPENSES:</b>		

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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