

Senior Citizens Overlook
 45 Main Street, Suite 1
 Bloomingdale, NY 12913
 (518) 891-2194 phone (518) 891-2676
 NYS TDD Relay Service (800) 662-1220
 SCOhousing@yahoo.com

OFFICE USE ONLY: DATE & TIME RECEIVED _____

THIS FORM SHOULD BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. LIST APPLICANT FIRST, CO-APPLICANT SECOND. ALL INFORMATION IS KEPT CONFIDENTIAL.

(If you are unable to fill out this application, someone will fill it out for you or you may choose someone to fill it out. That person must sign the last page as the person whose hand-writing appears on the form.)

APPLICANT _____ PHONE # _____
 PRESENT ADDRESS _____
 RENT \$ _____ UTILITIES INCLUDED? YES OR NO _____

A. LIST ALL PERSONS WHO WILL BE LIVING IN YOUR HOME

<u>REQUIRED INFORMATION*</u> NAME(S) (include all other names applicants have used)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY #

B. Do you have unusual expenses related to employment, such as care attendant or auxiliary apparatus for a handicapped or disabled family member? Yes ___ or No ___
 If yes, please explain: _____

Will any alterations to the apartment be necessary for you or a member of your family?
 Yes ___ or No ___. If yes, please explain: _____

DO YOU REQUIRE A HANDICAP ACCESSIBLE UNIT OR REASONABLE ACCOMODATION DUE TO A DISABILITY? YES ___ OR NO ___



C. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:

NAME OF FAMILY MEMBER SOURCE OF INCOME

_____	a.	Social Security monthly amount	\$ _____
_____		Social Security monthly amount	\$ _____
_____	b.	Pension monthly amount	\$ _____
_____		Pension monthly amount	\$ _____
		Source of Pension(s) _____	

_____	c.	SSI Benefits monthly amount	\$ _____
_____		SSI Benefits monthly amount	\$ _____
_____	d.	Wages Gross monthly amount	\$ _____
		Employer's Name _____	
		Employer's Address _____	
_____		Wages Gross monthly amount	\$ _____
		Employer's Name _____	
		Employer's Address _____	
_____	e.	Unemployment Comp. monthly amount	\$ _____
_____		Unemployment Comp monthly amount	\$ _____
_____	f.	Social Services monthly amount	\$ _____
_____		Social Services monthly amount	\$ _____
_____	g.	Alimony monthly amount	\$ _____
_____		Alimony monthly amount	\$ _____
_____	h.	Other Income monthly amount	\$ _____
		Source _____	
_____		Other Income monthly amount	\$ _____
		Source _____	
_____	i.	Income from investments monthly amount	\$ _____
_____		Income from investments monthly amount	\$ _____
_____	j.	Interest income monthly amount	\$ _____
_____		Interest income monthly amount	\$ _____

Do you anticipate any changes in this income during the next 12 months? Yes ___ or No ____

Does anyone in the household receive any regular contributions or gifts from non-household members?
 Yes ___ or No __. Please explain: _____

Does anyone in the household receive any income from property? Yes ___ or No __

Do you expect anyone not listed on this application to be moving in with you in the future?
 Yes ___ or No __

Please list any other states where you have lived _____

D. PLEASE LIST ALL ASSETS FOR ALL HOUSEHOLD MEMBERS

(Bank checking, savings accounts, credit union accounts, C.D.'s , stocks)

	ACCOUNT #	BANK	BALANCE	INTEREST RATE
Checking Account				
Savings Account				
C.D.'s				
Savings Bonds				
Other (property held as an investment				

Real Property: Do you own any property? Yes ___ or No ___

If yes, type of property _____

Where is property located _____

Appraised Market Value \$ _____

Have you sold/dispensed of any property in the last 2 years? Yes ___ or No ___

If yes, what type of property _____

Market Value when sold/dispensed\$ _____

Date of transaction _____

Have you disposed of any assets in the last 2 years (Example: Given away money to relatives, set up irrevocable trust accounts)? Yes ___ or No ___ If yes, describe asset _____

Date of Disposition _____ Amount disposed \$ _____

Do you have any other assets not listed above (excluding personal property) Yes ___ or No ___

E. MEDICAL/CHILD CARE /HANDICAP ASSISTANCE EXPENSES

A deduction is allowed for households where head or co-head is elderly, (62 or older), handicapped or disabled (regardless of age).

Are you or anyone in your household seeking this deduction Yes ___ or No ___

If yes, you must provide evidence in the form of a statement by a qualified individual. THE NATURE OF A HANDICAP OR DISABILITY DOES NOT HAVE TO BE DISCLOSED.

Medical Costs: Complete this part **ONLY** if Head of Household or Co-tenant is age 62 or older, or Disabled or Handicapped (regardless of age).

Medicare premiums Monthly amount \$ _____
 Monthly amount \$ _____

Medical Insurance Coverage Monthly amount \$ _____

Insurance Name and Address _____

Anticipated Medical/Drug/Prescription costs **NOT** covered by insurance or reimbursed:

Monthly amount \$ _____

Medical bills or outstanding costs YOU are making monthly payments for:

Balance Due \$ _____ Monthly Payments \$ _____

Payable to _____

Name and address of all Physicians you are seeing on a regular basis:

Any other medical expenses: Type _____

Amount \$ _____

HANDICAP ASSISTANCE EXPENSES: Complete **ONLY** if Handicap Expenses allow a member of the household to work or attend school. List type of expenses, weekly amount, paid to whom:

F. REFERENCES:

1. Current Landlord: Name _____

Address _____

Phone # _____

2. Prior Landlord: Name _____

Address _____

Phone # _____

3. Are you currently under eviction or have you ever been evicted?

Yes ___ or No ___ If yes, why _____

4. Are you a current illegal user of a controlled substance or have you ever been convicted of using a controlled substance? Yes ___ or No ___

5. Are you a drug dealer or have you ever been a drug dealer? Yes ___ or No ___

6. If you answer yes to either question F4 or F5, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? Yes ___ or No ___

CRIMINAL HISTORY:

1. Have you ever been convicted of or pleaded guilty or “no contest” to a misdemeanor (whether or not resulting in a conviction)? Yes ___ or No ___

2. Have you ever been convicted or pleaded guilty or “no contest” to a misdemeanor involving sexual misconduct (whether or not resulting in a conviction)? Yes ___ or No ___
3. Are you subject to lifetime sex offender status in any state? Yes ___ or No ___

CREDIT REFERENCES:

NAME	ADDRESS	PHONE NUMBER

PERSONAL REFERENCES (NO RELATIVES)

NAME	ADDRESS	PHONE NUMBER

IN CASE OF AN EMERGENCY, NOTIFY _____
 ADDRESS _____
 PHONE NUMBER _____

LIST THE FOLLOWING INFORMATION FOR YOUR VEHICLE.

YEAR	MAKE	COLOR	PLATE NUMBER

Do you own any pets: Yes ___ or No ___ If yes, describe: _____

Acceptance of this application does not guarantee rental of an apartment. All applicants must meet screening criteria, including landlord and credit checks. Changes in family income, size and address and phone number must be reported promptly to management in order to properly process your application.

A security deposit and a one-year lease are required. Copies of birth certificates or acceptable proof of age will be required for all household members.

I/We certify that all information in this application is true to the best of my/our knowledge and that 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. I/We certify that if accepted for tenancy, this unit will be my/our permanent residence and I/We will not maintain a separate subsidized rental unit in a different location.

SIGNATURES

 Applicant

 Co-Applicant

 Date Signed

 Date Signed

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. 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, the owner is required to note race, ethnicity, and sex of individual applicants on the basis of observation or surname.

Ethnicity:

Hispanic or Latino _____

Not Hispanic or Latino _____

Race (Mark one or more)

1. American Indian/Alaska Native _____

2. Asian _____

3. Black or African American _____

4. Native Hawaiian Other Pacific Islander _____

5. White _____

Gender: Male _____ Female _____

AUTHORIZATION

I/WE DO HEREBY AUTHORIZE SENIOR CITIZENS OVERLOOK, INC AND ITS STAFF OR AUTHORIZED REPRESENTATIVES TO CONTACT ANY AGENCIES, OFFICES, GROUPS OR ORGANIZATIONS TO OBTAIN AND VERIFY ANY INFORMATION OR MATERIALS (INCLUDING CRIMINAL & SEX OFFENDER BACKGROUND CHECKS, AS WELL AS PREVIOUS LANDLORD VERIFICATION) WHICH ARE DEEMED NECESSARY TO COMPLETE MY/OUR APPLICATION FOR HOUSING IN THIS PROPERTY MANAGED BY SENIOR CITIZENS OVERLOOK, INC.

SIGNATURES:

Applicant

Co-Applicant

Date Signed

Date Signed

Signature of Person Filling Out Form for Tenant

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)."