**Alden Park Apartments**

**2 Genesee Street**

**Cherry Valley, NY 13320**

**Official Use Only**

Received Date: \_\_\_\_\_\_\_\_\_\_\_

Received By: \_\_\_\_\_\_\_\_\_\_\_\_

50% AMI \_\_ 60% AMI \_\_ 80% AMI \_\_

**Please complete and submit to:**

Otsego Rural Housing Assistance, Inc.

PO Box 189

Milford, NY 13807 **OR** Email: orha@stny.rr.com

**I am interested in living in the following** **unit size: (please circle all that apply)**

Unit Type: 1 Bedroom Efficiency

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

M/D/YYYY

Current Address

Mailing Address (if different) Phone #

Email Address:

Other Occupants?  Yes  No

If Yes, Name/Age:

Emergency Contact:

Name Phone #

Relationship to You

**Answer either YES or NO to each question:**

**YES NO**

1. Due to a disability, do you require a unit with special features? (Please Circle)

**a)**Wheelchair Accessible Unit **b)**Unit for Vision Impaired **c)**Unit for Hearing Impaired

2. Will your household be receiving Section 8 rental assistance

Name of Agency

Contact Name: Phone #

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**YES** **NO**

3. Have you or anyone named on this application been convicted of a felony within the past 10 years?

Explanation:

4. Have you or anyone else named on this application been convicted of selling or manufacturing illegal drugs within the past 5 years?

Explanation:

5. Have you or anyone else named on this application been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program?

Explanation:

6. Have you been evicted from a rental unit of any type including an apartment, house or mobile home in the past 5 years?

Explanation:

7. Parking will be provided for ***one*** vehicle. Will you need parking?

Vehicle Information

|  |  |
| --- | --- |
| Type of Vehicle: (Please Circle)  Car Truck | License Plate #  State: |
| Year/Make:  Model: | Color: |

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Include all income ***anticipated*** for the next 12 months.

Do you or anyone else listed on the application receive ***or*** expect to receive income from the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Household Member** | **Amount/Mo.** |
| Employment |  |  | 1. | $ |
|  |  |  | 2. | $ |
|  |  |  |  |  |
| Social Security |  |  | 1. | $ |
|  |  |  | 2. | $ |
|  |  |  |  |  |
| Social Security Disab. (SSD) |  |  | 1. | $ |
|  |  |  | 2. | $ |
|  |  |  |  |  |
| Supplemental Soc. Sec. (SSI) |  |  | 1. | $ |
|  |  |  | 2. | $ |
|  |  |  |  |  |
| Unemployment |  |  | 1. | $ |
|  |  |  | 2. | $ |
|  |  |  |  |  |
| Workers Compensation |  |  | 1. | $ |
|  |  |  | 2. | $ |
|  |  |  |  |  |
| Pension/Annuity |  |  | 1. | $ |
|  |  |  | 2. | $ |
|  |  |  |  |  |
| Veterans Benefits |  |  | 1. | $ |
|  |  |  | 2. | $ |
|  |  |  |  |  |
| Alimony |  |  | 1. | $ |
|  |  |  | 2. | $ |
|  |  |  |  |  |
| Self - Employment |  |  | 1. | $ |
|  |  |  | 2. | $ |
|  |  |  |  |  |
| Other Income |  |  | 1. | $ |
|  |  |  | 2. | $ |

**Official Use Only**

**1 person** **2 person**

50% AMI $23,850 $27,250

60% AMI $28,620 $32,700

80% AMI $38,150 $43,600

**As of 4/2020**

Total Monthly Income $\_\_\_\_\_\_\_\_\_\_

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Include all assets held. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset in the space provided.

|  |  |
| --- | --- |
| Checking Account | $ |
| Savings Account | $ |
| Cash on Hand | $ |
| Certificate of Deposits (CD) | $ |
| Stocks/Bonds | $ |
| Mutual Funds/Annuities | $ |
| Trust Accounts | $ |
| Life Insurance | $ |
| Real Estate | $ |
| Other | $ |

All questions that were answered **YES** may be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone numbers & account numbers where applicable, and any other information to expedite this process.

**All qualified applicants will be afforded equal opportunities without discrimination because of race, creed, color, national origin, sex, disability or marital status.**

**Information for Government Monitoring Purposes**

The following information is requested by the Federal Government in order to monitor compliance with fair housing laws. You are not required to furnish this information, but are encouraged to do so. Cherry Valley Facilities Corp. may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, Cherry Valley Facilities Corp., is required to not race and sex on the basis of visual observation or surname. If you do not wish to furnish the following information, please initial below.

**Applicant**: **Co-Applicant**:

Race/National Origin: Race/National Origin:

American Indian/Alaskan Native  American Indian/Alaskan Native

Asian, Pacific Islander  Asian, Pacific Islander

Black  Black

Hispanic  Hispanic

White  White

Other (please specify \_\_\_\_\_\_\_\_\_\_\_\_  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:  Male  Female  Both Gender:  Male  Female  Both

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**Signature Clauses:**

I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I understand that my occupancy is contingent of meeting management’s resident selection criteria.

**ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW**

Date

Signature

Date

Signature

**Authorization**

I/We

(all household members)

do herby authorize Cherry Valley Community Facilities Corp., and/or its agents, staff or authorized representatives to contact any individuals, agencies, offices, groups, or organizations to obtain and verify any information or material which is deemed necessary to complete my/our certification for housing in this project owned by Cherry Valley Community Facilities Corp.

Date

Signature of Applicant

Date

Signature of Co-Applicant

**Cherry Valley Community Facilities Corp., does not and shall not discriminate of the basis of race, color, religion (creed), gender, gender expression, national origin, disability, marital status or sexual orientation in any of its activities or operations.**

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