

**Alden Park Apartments
2 Genesee Street
Cherry Valley, NY 13320**

Official Use Only

Please complete and submit to:

Otsego Rural Housing Assistance, Inc.
PO Box 189
Milford, NY 13807 **OR** Email: orha@otsegoruralhousing.org

Received Date: _____
Received By: _____
50% AMI ___ 60% AMI ___ 80% AMI ___

I am interested in living in the following unit size: (please select 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 Check)

Wheelchair Accessible Unit Unit for Vision Impaired Unit for Hearing Impaired

2. Will your household be receiving Section 8 rental assistance?

Name of Agency: _____

Contact Name: _____ Phone # _____

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:

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.	\$

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	<u>1 person</u>	<u>2 person</u>
50% AMI	\$30,700	\$35,050
60% AMI	\$36,840	\$42,060
80% AMI	\$49,100	\$56,100
As of 6/2024		

Total Monthly Income \$ _____

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 not to assume 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:

Race/National Origin:

- American Indian/Alaskan Native
- Asian, Pacific Islander
- Black
- Hispanic
- White
- Other (please specify _____)

Gender: _____

I do not wish to provide this information.

Co-Applicant:

Race/National Origin:

- American Indian/Alaskan Native
- Asian, Pacific Islander
- Black
- Hispanic
- White
- Other (please specify _____)

Gender: _____

I do not wish to provide this information.

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 hereby 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 on the basis of race, creed (religion) color, national origin, sexual orientation, gender identity or expression, military status, sex, age (except as necessary to determine eligibility), disability, marital status, lawful source of income or familial status in any of its activities or operations.