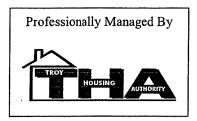


RENTAL APPLICATION

John F. Kennedy Towers Senior Housing Apartments 2100 Sixth Avenue Troy, New York 12180



Telephone: (518) 274-7141 Fax: (518) 274-7172

Applicants must be 55 years of age or older and must meet income eligibility guidelines. Present Income Limits are:

NUMBER OF PERSONS INCOME LIM	īr]
1 \$33,950	
2 \$38,800)
It is hereby understood that all information in the application for residence, including states and personal interview, will be treated confidentially and that said information is correct and transfer misrepresentation or material omission by applicant may render any agreement for residence verthe owner.	ue. Any
Does anyone in your household require:An Accessible UnitA Unit Adapted for Hearing/Visual Impairment. If you or anyone in your family is a person with disabilities, as specific accommodation in order to fully utilize our programs and services, please contact the authority.	nd require a
List all household members who will live in the apartment. Be sure to include any tempora members.	arily absent family
Full Name Relationship Date of Birth Social Security #	Age
(2)	
Marital Status: Single Married Divorced Widow Legally Separate	ed
Student Status: Are you presently a student? Yes No If yes, please explain:	
Current Address:	
(Street)	(Phone #)
(City) (State) (Zip C Former or Present Public Housing Resident or Section 8 Recipient: Yes No If yes, state address and dates of residency	,
John F. Kennedy Towers Senior Housing admission preferences. Please check those which a Applicants who live in Troy, New York Veterans/servicemen & veterans'/servicemen's' families Families from the jurisdiction of the Troy Housing Authority who have become homele through no fault of their own and are presently being housed in shelters or motels through as the Rensselaer County Department of Social Services.	ess
Kennedy Towers Residence Application	1 of 4

RESIDENCE HISTORY

Current Address:				
City:	State:		Zip Code:	_
Do you: Rent	Own your home?	Month and Year mov	ed in:	*****
Monthly Rent \$	Utilities included: _	yes	_no	
If utilities are not inclu	ded, What is the average m	nonthly cost? \$		
Reason for leaving:				
Current Landlord:		Phone:	and the same of th	
Landlord address:			Zip Code:	
Previous Address:				
City:	Own your home?	State:	Zip Code:	
Did you: Rent_	Own your home?	Month and Year mov	/ed in:	_
Monthly Rent \$	Utilities included:	yes	no	
If utilities were not incl	luded, What was the average	ge monthly cost?		
Reason for leaving:				
Former Landlord:		Phone:		
Landlord address:			Zip Code:	
		INFORMATION		
	(use addition	nal pages as need	ea)	
Bank Name:	Checking #	Sa	vings #	
Drivers License #	Year:	State:Date	Expires:	
Vehicle Make:	Year:	License Plate#	Color	
Vehicle Make:	Year:	License Plate#	Color	
my knowledge. I under constitutes fraud. Fede may be grounds for evi-	ation set forth here (and or rstand that deliberately sub ral law specifies fines up to ction. Should any statement osit will be retained to offs	mitting false informat o \$10,000 and prison t nt above be a misrepre	ion or withholding inform erms up to five years for the esentation or not a true sta	nation fraud and stement of
	nt gives his/her permission the applicant and a full di			
	nis form is only an applicat serve, nor in any way, guar		that the submission of this	5
Applicant			Date	
Applicant			Date	
		*****	. 7	

INCOME INFORMATION (List Gross Amounts)



Please indicate each source and amount of income that any member of your household receives or anticipates receiving in the next twelve (12) months as specified below:

Description	Household Member (1) (2)		Gross Amount Received Annually
Employment			\$
Social Security			\$
Disability	-10-01-11-11		\$
Unemployment			\$
Pension/Annuities			\$
Severance Pay			\$
Alimony/Child Support			\$
Income from Persons Permanently Confined to Nursing Home, Etc.		************	\$
Worker's Compensation			\$
Recurring Gifts/ Contributions Lottery Payments			\$
(periodic)			\$
Rental Income			\$
VA Benefits			\$
Other:			\$

ASSET INFORMATION

Assets Include: Cash, trust corpus, equity in real estate or capital investments, notes receivable, stocks, bonds, money market accounts, certificates of deposit, IRAs, retirement and pension funds, whole life insurance, and luxury personal property (gems, jewelry, art, coin collection, etc.) You must also include the value of any assets disposed of or given away in the past 24 months at less than fair market value.



Description	<u>Household</u>		_	Average Balance	
	((1)	(2)		
Checking account			\$_		
Savings Account			\$_		
Trust Account	<u></u>		\$_		
Stocks/Bonds			\$_		
CD/Money Markets			\$_		
Pension/Annuities			\$_		
Whole Life Insurance			\$_		
Real Estate Property (Appraised value less mortg	gage)		. \$_		
Assets disposed of in the Past 2 years sold for less than Fair Market Value?			\$_		
Other:			\$		
	PER:	SONAL R	REFERE	NCES	
Please list three (3) peopl work with you.	e who you ha	ive known a	t least two	(2) years and ar	e not related to you or
Name	Address			Phone Number	
		Manufacture and the second sec			



