



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 LIMIT
1	\$39,300
2	\$44,900

It is hereby understood that all information in the application for residence, including statement on finances and personal interview, will be treated confidentially and that said information is correct and true. *Any misrepresentation or material omission by applicant may render any agreement for residence void at the option of the owner.*

List all household members who will live in the apartment. Be sure to include any temporarily absent family members.

	<u>Full Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Age</u>
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____

Phone #: _____

Marital Status: Single _____ Married _____ Divorced _____ Widow _____ Legally Separated _____

Student Status: Are you presently a student? Yes _____ No _____ If yes, please explain: _____

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 apply:

- Applicants who live in the *City of Troy*
- U.S. Veterans or Active U.S. Service Members, except those who were dishonorably discharged.
This includes the surviving spouse of a deceased service member or veteran
- Families from the jurisdiction of the *Troy Housing Authority* who have become homeless through no fault of their own and are presently being housed in shelters or motels through assistance from the *Rensselaer County Department of Social Services*.

The following information is needed for Fair Housing Equal Opportunity statistical purposes. It **WILL NOT** effect the processing of your application.

Ethnicity: Hispanic or Latino Not Hispanic or Latino
Race: White Black or African American American Indian or Alaska Native Asian
 Native Hawaiian or other Pacific Islander

Sex: Male Female



RESIDENCE HISTORY

Current Address: _____
City: _____ State: _____ Zip Code: _____
Do you: _____ Rent _____ Own your home? Month and Year moved in: _____
Monthly Rent \$: _____ Utilities included: _____ yes _____ no
If utilities are not included, what is the average monthly cost? \$ _____
Reason for leaving: _____
Current Landlord: _____ Phone: _____
Landlord address: _____ Zip Code: _____
Previous Address: _____
City: _____ State: _____ Zip Code: _____
Did you: _____ Rent _____ Own your home? Month and Year moved in: _____
Monthly Rent \$ _____ Utilities included: _____ yes _____ no
If utilities were not included, what was the average monthly cost? _____
Reason for leaving: _____
Former Landlord: _____ Phone: _____
Landlord address: _____ Zip Code: _____

OTHER INFORMATION (use additional pages as needed)

Bank Name: _____ Checking # _____ Savings # _____
Bank Name: _____ Checking # _____ Savings # _____
Driver's License # _____ State: _____ Date Expires: _____
Vehicle Make: _____ Year: _____ License Plate# _____ Color _____
Vehicle Make: _____ Year: _____ License Plate# _____ Color _____

I certify that the information set forth here (and on all attached pages) is complete and correct to the best of my knowledge. I understand that deliberately submitting false information or withholding information constitutes fraud. Federal law specifies fines up to \$10,000 and prison terms up to five years for fraud and may be grounds for eviction. Should any statement above be a misrepresentation or not a true statement of the facts, the entire deposit will be retained to offset agent's cost, time, and effort in processing my application.

By signing, the applicant gives his/her permission that the Landlord or his agent may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Landlord.

I also understand that this form is only an application for residency and that the submission of this application does not reserve, nor in any way, guarantee a unit.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

PERSONAL REFERENCES

Please list three (3) people who you have known at least two (2) years and are not related to you or work with you.

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____



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:

<u>Description</u>	<u>Household Member #1</u> ENTER AMOUNT BELOW	<u>Household Member #2</u> ENTER AMOUNT BELOW	<u>Gross Amount Received Annually</u>
Employment	\$ _____	+ \$ _____	= \$ _____
Social Security	\$ _____	+ \$ _____	= \$ _____
Disability	\$ _____	+ \$ _____	= \$ _____
Unemployment	\$ _____	+ \$ _____	= \$ _____
Pension/Annuities	\$ _____	+ \$ _____	= \$ _____
Severance Pay	\$ _____	+ \$ _____	= \$ _____
Alimony/Child Support	\$ _____	+ \$ _____	= \$ _____
Income from Persons Permanently Confined To Nursing Home, Etc.	\$ _____	+ \$ _____	= \$ _____
Worker's Comp.	\$ _____	+ \$ _____	= \$ _____
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.

<u>Description</u>	<u>Household Member #1</u> ENTER AMOUNT BELOW	<u>Household Member #2</u> ENTER AMOUNT BELOW	<u>Average Balance</u>
Checking Account	\$ _____	+ \$ _____	= \$ _____
Savings Account	\$ _____	+ \$ _____	= \$ _____
Trust Account	\$ _____	+ \$ _____	= \$ _____
Stocks/Bonds	\$ _____	+ \$ _____	= \$ _____
CD/Money Markets	\$ _____	+ \$ _____	= \$ _____
Pension/Annuities	\$ _____	+ \$ _____	= \$ _____
Whole Life Insurance	\$ _____	+ \$ _____	= \$ _____
Real Estate Property (Appraised value less mortgage)	\$ _____	+ \$ _____	= \$ _____
Assets disposed of in the Past 2 years sold for less than Fair Market Value?	\$ _____	+ \$ _____	= \$ _____
Other:	\$ _____	+ \$ _____	= \$ _____

Have you, or anyone listed on this application, been convicted of any crime other than traffic violations?

Yes _____ No _____ **If yes, explain below.**

Name of family member	Date arrested	Charge	Conviction/Disposition

Are you or anyone in your household subject to a lifetime sex offender registration requirement in any state?

Yes _____ No _____ **If yes, Who?** _____ **Where?** _____

Have you ever committed any fraud in a Federally assisted housing program or have been requested to repay money for knowingly misrepresenting information for such housing programs?

Yes _____ No _____ **If yes explain below.**

