

Sex: □Male □Female

Kennedy Towers Residence Application

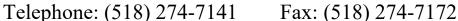
NUMBER OF PERSONS

2

RENTAL APPLICATION

John F. Kennedy Towers **Senior Housing Apartments**

2100 Sixth Avenue Troy, New York 12180





INCOME LIMIT

\$41,250

\$47,150

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

personal intervi	ew, will be tre	eated confidentia	lly and that said in	nformation is corre	cluding statement on the ct and true. Any misre coption of the owner.	
List all househ	old members v	who will live in th	e apartment. Be su	re to include any ter	nporarily absent famil	y members.
Full N			Relationship	Date of Birth	Social Security #	Age_
(1)						
(2)						<u> </u>
Phone #:						
Marital Status	: Single	Married	Divorced	Widow _	Legally Separa	ited
Student Status	: Are you pres	sently a student?	Yes No	_ If yes, please exp	olain:	
				ecipient: Yes_	No	
John F. Kenn	edy Towers S	enior Housing ad	lmission preferenc	es. Please check the	hose which apply:	
□ Applic	ants who live	in the City of Tre	oy			
			Members, except deceased service me		onorably discharged.	
fault	of their own		y being housed in	· · · · · · · · · · · · · · · · · · ·	e become homeless t els through assistance	_
	information is your application		Iousing Equal Oppo	ortunity statistical pu	urposes. It WILL NO	Γ effect the
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						

RESIDENCE HISTORY

Current Addres	s:				
City:		State:		Zip Code:ed in:	
Do you:	Rent	Own your home?	Month and Year mov	ed in:	
Monthly Rent \$:			_ Utilities included: _	yes	no
If utilities are not	included,	what is the average mor	nthly cost? \$	yes	
Reason for leaving	ng:				
Current Landlord	l:		Phone:	Zip Code:	
Landlord address):			Zip Code:	
Previous Addre	• 22				
City:			State:	Zip Code:	
Did you:	_ Rent	Own your home?	Month and Year mov	/ed in:	
Monthly Rent \$ _			Utilities included:	yes	no
If utilities were n	ot include	d, what was the average	monthly cost?	yes	
Reason for leaving	ng:				
Former Landlord	:		Phone:		
Landlord address	s:			Zip Code:	
	OTI	HER INFORMAT	ΓΙΟΝ (use additional	pages as needed)	
Bank Name:		Checking #		Savings #Savings #	
Bank Name:		Checking #_		_ Savings #	
Driver's License	#		State: Date	Expires:	
Vehicle Make: _		Year:	License Plate#	Color	
Vehicle Make: _		Year:	License Plate#	Expires:ColorColor	
knowledge. I un fraud. Federal la for eviction. Sho	derstand to w specified ould any s	hat deliberately submitt s fines up to \$10,000 an	ing false information of d prison terms up to five prepresentation or not a	complete and correct to the boor withholding information cove years for fraud and may be true statement of the facts, to my application.	onstitutes grounds
				d or his agent may investi ts may be made to the Landlo	
		form is only an applicat way, guarantee a unit.	ion for residency and t	that the submission of this ap	plication
Applicant Signa	ture			Date	
Applicant Signa	ture			Date	
		PERSONA	L REFERENCE	ES	
Please list three (3) people wh			t related to you or work with yo	u.
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>	Household Member # ENTER AMOUNT BELOV		Household Member #2 ENTER AMOUNT BELOW		Gross Amount Received Annually
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 (period	ic) \$. +	\$	=	\$
Rental Income	\$	+	\$	=	\$
VA Benefits	\$	+	\$	=	\$
Other:	\$	+	\$	=	\$



ASSET INFORMATION

<u>Assets Include</u>: 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>	Household Member #1 ENTER AMOUNT BELOW	Household Member #2 ENTER AMOUNT BELOV	Average Balance W
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 of Yes No			r than traffic violations?
Name of family member			Conviction/Disposition
Are you or anyone in your h	ousehold subject to a lifet If yes, Who?	ime sex offender registratio	on requirement in any state?
Have you ever committed a money for knowingly misrep	presenting information for If yes explain below.	such housing programs?	r have been requested to repay

