

**Capital District YMCA
Mont Pleasant Commons
1502 Chrysler Avenue
Schenectady NY 12303**

Applicant Information

APPLICANT TWO – Co-HEAD OF HOUSEHOLD

First Name:	Middle:	Last:
Date of Birth (a household member must be 62): _____		
Social Security Number: _____		
Present Street Address:		
City:	State:	Zip:
Mailing Address if different from above:		
Telephone Number:		Current Student
		Yes or No

Income Information:

HUD sets financial limits and in order to qualify total income for all members of the household must be furnished and confirmed prior to final approval.

INCOME	Monthly	Annually
Wage/Salary:	_____	_____
Social Security:	_____	_____
Supplemental Social Security (SSI):	_____	_____
Pension:	_____	_____

INCOME continued	Monthly	Annually
Annuity:	_____	_____
Other:	_____	_____
ASSETS (LIST TOTAL AMOUNTS)		
Bank Accounts	\$ _____	
Stocks & Bonds	\$ _____	
Home/Property	\$ _____	
Have you disposed of any asset for less than Fair market value during the past 2 years?		<u>Circle Answer</u> Yes No
<u>Medical Expenses</u>		
As a program under HUD known as a 202 PRAC, a senior household may be eligible for a Medical Allowance. So that we can determine if this might be applicable to you, please provide the following information:		
SS Medicare Deduction	\$ _____	
Secondary Insurance	\$ _____	
Out of Pocket Prescription Cost	\$ _____	
<u>Residential History:</u>		
Have you ever resided in any other state, other than New York?		<u>Circle Answer</u> Yes No
If yes, please indicate the states from the following List:		

AL ___ AK ___ AZ ___ AR ___ CA ___ CO ___ CT ___ DE ___ FL ___ GA ___
HI ___ ID ___ IL ___ IN ___ IA ___ KS ___ KY ___ LA ___ ME ___ MD ___
MA ___ MN ___ MS ___ MO ___ MT ___ NE ___ NV ___ NH ___ NJ ___ NM ___
NY ___ NC ___ ND ___ OH ___ OK ___ OR ___ PA ___ RI ___ SC ___ SD ___
TN ___ TX ___ UT ___ VT ___ VA ___ WA ___ WI ___ WY ___ or Guam ___
Puerto Rico ___ Virgin Islands ___

Rental History:

Note: 1) This does not apply if applicant currently owns/lives in their own home.
2) We will not contact your landlord without your written permission.

Current Landlord Information:

Name: _____ Phone _____

Address: _____
(street) (city) (state) (zip)

Previous Landlord Information (within past 5 years):

Name: _____ Phone _____

Address: _____
(street) (city) (state) (zip)

Additional Information

	<u>Circle Answer</u>	
Are you in need of any reasonable accommodation, i.e. hearing or vision impairment accommodation	Yes	No
Are you in need of interpretive or language services?	Yes	No
<p><u>PLEASE NOTE MONT PLEASANT COMMONS WAS BUILT ALMOST 30 YEARS AGO AND WE DO NOT MEET THE ADA BATHROOM CLEARANCE GUIDELINES FOR WHEELCHAIR ACCESSIBLE BATHROOMS. WE FEEL IT IS IMPORTANT FOR YOU TO VISIT THE BUILDING TO ASSURE THE UNIT IS ACCESSIBLE AND SAFE FOR YOUR NEEDS.</u></p>		
<p>Please provide us with any information you feel will help Management better assist you in the application process or any other requirements/needs you might have regarding an apartment.</p> <hr/> <hr/>		
<p><u>Background Check:</u></p>		
<p>All applicants will be screened for credit and criminal history. You may refer to the Tenant Selection Plan for the rejection criteria specific to criminal and/or eviction policy.</p>		
	<u>Circle Answer</u>	
Have you ever been convicted on a felony?	Yes	No
Have you ever been convicted of a drug-related crime?	Yes	No
Have you ever been convicted of a violent crime?	Yes	No
Are you subject to State Lifetime sex offender registry In any state	Yes	No
Have you ever been evicted for any reason? If yes, please list date(s), address(es) and reasons for eviction:	Yes	No
<hr/> <p>I attest that the information listed above regarding my income and assets are complete and true to the best of my knowledge.</p>		

I understand that upon filing this application, it will be acted upon Mont Pleasant Commons.

The applicant agrees that upon request, he/she will provide documentation of any information in this application and will be available for an interview. The applicant further agrees that it is their responsibility to provide updated and current information. I authorize Mont Pleasant Commons to verify the information contained in this application or obtained during the eligibility interview. I (understand that my filing of this application does not entitle me to an apartment.

Signature of Applicant _____ Date _____

Return the completed application to:
 Mont Pleasant Commons
 1502 Chrysler Avenue
 Schenectady, NY 12303
 Or fax to:
 518 382-1942
 Or email to:
ahall@cdymca.org

MARKETING:

HOW DID YOU FIND OUT ABOUT MONT PLEASANT COMMONS? _____

Required Attachments:

Criminal History
 Tenant Background Investigation Consent Form
 Form HUD-27061-H
 Form HUD-92006