

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

**Applicant Information**

**APPLICANT ONE - 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):	_____	_____

INCOME continued	Monthly	Annually
Pension:	_____	_____
Annuity:	_____	_____
Other:	_____	_____
<b>ASSETS (LIST TOTAL AMOUNTS)</b>		
Bank Accounts	\$ _____	
Stocks & Bonds	\$ _____	
Home/Property	\$ _____	
		<u>Circle Answer</u>
Have you disposed of any asset for less than Fair market value during the past 2 years?	Yes	No
<b><u>Medical Expenses</u></b>		
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	\$ _____	
<b><u>Residential History:</u></b>		
		<u>Circle Answer</u>
Have you ever resided in any other state, other than New York?	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 d 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**Circle Answer

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

**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.**

Please provide us with any information you feel will help Management better assist you in the application process any other requirements/needs you might have regarding an apartment.

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**Background Check:**

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.

Circle Answer

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?

Yes      No

If yes, please list date(s), address(es) and reasons for  
eviction: \_\_\_\_\_

I attest that the information listed above regarding my income and assets are complete and true to the best of my knowledge.

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](mailto: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