

Washingtonville Housing Alliance

136 Library Lane
Mamaroneck, NY 10543
914-698-4299

<u>Agency Use Only</u>
Date Received _____
Application # _____
Approved YES _____ NO _____

To be eligible for a Washingtonville Housing Alliance apartment, you must be willing to disclose financial and employment information on application and subsequently for annual verification. This is a requirement of State and Federal funding that permits us to rent apartments at below market rates.

HOUSING APPLICATION

1) <u>LAST NAME</u> of Applicant	FIRST NAME of Applicant	Name of Spouse
2) <u>HOME ADDRESS</u>	Apt. or Rm.#	City, State
		Zip Code
<u>Home Phone #</u> ()	<u>Work /Cell phone#</u> ()	

3) Are you a U.S. Citizen: YES NO, If no do you have a valid green card _____

4) **FAMILY INFORMATION**: List ALL information for ALL persons who will live with you in order of age (oldest to youngest).

FULL NAME	Relation	Birth Date	M/F	Employed Y/N	Racial Origin **See Below	Social Security #
	SELF					

****Racial Origin information required for HUD statistical purposes. Choose one of the following for each family member:**

(White, Black, Hispanic, Native American/Alaskan Native, Asian, Native Hawaiian/Pacific Islander)

5) **CRIMINAL INFORMATION**

a. Have you or any household member ever been **arrested** for, **charged** with, or **convicted** of a criminal offense or other unlawful act? _____ YES _____ NO

If yes, was this **arrest, charge, or conviction** related to an act of physical violence including domestic violence or the possession, use, sale or manufacture of a controlled substance? YES NO

If yes, please provide approximate date, nature of charge(s) and outcome _____

6) Do you have any pets? ___ Yes ___ No If yes, how many? ___ Specify: Dogs ___ Cats ___

7) Total # of people who will live in apt: ___ Is a child expected? ___ Yes ___ No If yes, when? ___

7a) Bedroom size needed? _____

8) Are there any persons who will live with you who are not living with you now?

___ Yes ___ No If yes, fill in details below:

Full Name Relationship Date of Birth Where Now Living(address)

9) **CURRENT LIVING CONDITION:** Where are you living (check box)?

Describe:

<u>Have own apt. in building with:</u>	<u>Live in:</u>	Total # rms. _____
6 or more apartments []	Furnished room []	# of bedrooms _____
3 to 5 apartments []	Hotel/Shelter []	# of people _____
1 or 2 family house []	Emergency Housing []	Monthly rent:
	Someone else's apt. []	\$ _____.

10) Present Housing Conditions: Do you live in a Housing Authority, rent-subsidized, or Section 8 apartment at present? Yes [] No []

10a) Current Landlord's Name _____

Street Address _____ City _____ State _____

Phone Number _____ Alternate Number _____

11) Do you currently have a Section 8 Voucher or Certificate? Yes ___ No ___

11a) If yes, from which office _____.

11b) If yes, bedroom size and rent amount approved: BR Size _____ \$ _____

12) Does anyone on this application have any Special Needs or require special accommodations due to disability? Yes ___ No ___ If yes, please describe? _____

13) Do you or any other members of your household require the use of:

Wheelchair [] permanent crutches/walker [] handicapped access []

NOTE: If you leave the area below blank, your application will be rejected as INCOMPLETE

14) **EMPLOYMENT INFORMATION:**

List all jobs held by you or any member of the household over the past two years.

Person Working	Employer	Employer Address	Employer Tel. #	Dates Employed (From/To)	Yearly income (<u>before taxes</u>)	Rate of Pay & # Hours worked
					\$	\$ _____ per hour # _____ hours/week
					\$	\$ _____ per hour # _____ hours/week

15) **INCOME FROM OTHER SOURCES:**

Examples: Welfare, Social Security, SSI, Veteran's benefits, family contributions, Child Support, Unemployment, Disability, Pension or any other income *other than* employment.

Name of Person Receiving Income	Source of Income	District Office Address	Caseworker Name & Phone	Amount (per day/month or year)
			Mr./Ms. _____ () ____ - _____	\$
			Mr./Ms. _____ () ____ - _____	\$

16) **ASSETS**

Bank Accounts: Checking, Savings, Credit Union, 401k, CD, Money Market etc.

Name of Person (with account)	Type of Account	Bank Name	Address	Current Balance
				\$
				\$

17) Does anyone on application have a **DRIVER'S LICENSE**? If yes, fill in information below.

Full Name	License Number	State Issued By:

18) Does anyone in the household have a **MOTOR VEHICLE**? If yes, fill in information below:

Full Name	Make	Model	Year	Plate #	Color	State Issued By

19) **REFERENCES**

Full Name	Telephone #	Address	Relationship

20) **EMERGENCY CONTACTS** (Next of Kin, friends)

Full Name	Telephone #	Address	Relationship

APPLICANT'S DECLARATION

I declare that all statements contained in this application are true and correct and that I have not knowingly or willfully made false statement, given false information or omitted information in connection with this application. I understand that willful false statements or misrepresentation are a basis for rejection of this application.

I hereby authorize Washingtonville Housing Alliance, its representatives and any consumer or credit reporting agency/bureau to conduct an investigation of character, mode of living, general reputation, credit and financial responsibility – **including any past or present housing court actions** (including but not limited to eviction and non-payment cases) - and accuracy of the contents of this application. I also authorize credit or consumer bureaus to make a consumer or credit report in connection therewith. I understand that such an investigation may include contacting my personal, financial or housing references as well as a visit to my current residence.

SIGNATURES (Application not valid without all signatures):

Signing below indicates that you have read, understand and agree with the above declaration.

Applicant _____ Date: _____

Co-Applicant/Spouse _____ Date: _____

Other applicant age 18 and older _____ Date: _____

ADDITIONAL INFORMATION

You may provide any additional information or explanations in the space below that you think is relevant to your application for housing: _____

HOW DID YOU HEAR ABOUT US?

Local Newspaper

Word of Mouth

Church/Agency/Organization: Please list: _____

Other: _____



Please submit application to:

Washingtonville Housing Alliance

136 Library Lane

Mamaroneck, NY 10543.