



Parsonage Pines Apartments

Site Office (518)295-7657

Spring Meadow Apartments

Site Office (518)284-9761

PO BOX 168

COBLESKILL, NY 12043-5605

(518)234-7604 • FAX (518)234-4346

Statewide Relay System TDD 800-421-1220

Dear Applicant:

Thank you for your interest in becoming a resident of Parsonage Pines Apartments of Schoharie or Spring Meadow Apartments of Sharon Springs. Applications may be submitted in person or by mail to **Schoharie County Housing Development Fund, Inc., PO Box 168, 597 East Main Street, Cobleskill, NY 12043.**

INSTRUCTIONS: Please read carefully. Incomplete application will not be processed.

- You will receive a confirmation after your application is received. You will be contacted when a vacancy becomes available. Please note it is not our policy to disclose to applicants their specific positions on the waiting list.
- If your household is over-income, or otherwise unqualified, your application will be denied. You will receive written instructions on the informal review process.
- It is the applicant's responsibility to notify management of address or telephone number changes. If we are unable to contact you, your application will be removed from the waiting list.

All applicants are subject to the following Resident Selection Criteria:

The head-of-household must be disabled or at least 62 years old or older; and meet the income guidelines.

Landlord/Personal Character Reference: Management will verify residency through references provided and with current and prior landlords. We are specifically looking at payment history, incidents of damage and/or housekeeping issues, lease violations and eviction proceedings. If a negative landlord reference is received, applicant will not be accepted.

Criminal & Sex Offender Screening: An applicant convicted of producing methamphetamine in their home will be denied admission.

An applicant legally required to be a lifetime registrant on the state sex offender registry will be denied admission.

Eligibility for an applicant with a criminal history will be determined by the following:

- Only crimes for which the applicant had been convicted and recent pending arrests may be considered
- Only offenses that involved physical danger or violence to persons or property or that adversely affected the health, safety and welfare of other people may be considered.
- Convictions that have been excused by pardon, overturned on appeal or otherwise vacated may not be considered.

Admission to the program shall not be denied on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking, if the applicant otherwise qualifies for assistance or admission.

If you require assistance in completing this application, please contact our office.

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Equal Opportunity Housing

SCHOHARIE COUNTY HOUSING AND DEVELOPMENT FUND CO., INC.
PO Box 168, Cobleskill, NY 12043

Main Office: 518-234-7604; **Fax:** 518-234-4346; **webstie:** schohariecountyrpc.com

TDD (with monitor) 1-800-662-1220 * TDD (without monitor) 1-800-421-1220

TENANT APPLICATION

PLEASE PROVIDE ALL INFORMATION REQUESTED AND RETURN TO

Schoharie County Rural Preservation Corporation
349 Mineral Springs Road
Cobleskill, NY 12043

Indicate Property(s) You
Are Applying For

 Parsonage Pines Apts.
(Schoharie, NY)

 Spring Meadow Apts.
(Sharon Springs, NY)

Name, Head of Household: _____

Street or PO Box: _____

City, State, Zip Code: _____

Email Address: _____

Home #: _____ Work # _____ Cell# _____

Friend or Relative's Telephone # _____ And Name: _____

Are you and all members of your household a citizen or national of the U.S. Yes No

If No, are you and all members of your household non-citizens with eligible immigration status? Yes No

STARTING WITH THE HEAD OF YOUR HOUSEHOLD, LIST THE FOLLOWING INFORMATION FOR EVERYONE LIVING IN YOUR HOUSING UNIT UNSING THEIR LEGAL NAMES.

Last Name	First Name	MI	DOB	Household Member	SS#
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

For Office Use Only:
Date and Time of Application: ____/____/____ :____ am or pm Initials: _____

INCOME INFORMATION:

Wages/Salaries	Worker's Compensation	Unemployment Benefits	Alimony Payments	Periodic Gifts
Self Employment	Social Security Benefits	Retirement Payments	Child Support	Food Stamps
Welfare Benefits	SSI	Disability Benefits	Military Pay	Financial Aid Assistance

List all household income information for all family members 18 or older, including income received on behalf of household members under the age of 18. Add any new income sources in the spaces provided below. Income is any of the following types listed below. Should you have income that is not listed, please provide any and all information.

Member Name	Income Type	Monthly Income
		\$
Source Name and Address		

Member Name	Income Type	Monthly Income
		\$
Source Name and Address		

Member Name	Income Type	Monthly Income
		\$
Source Name and Address		

Member Name	Income Type	Monthly Income
		\$
Source Name and Address		

Member Name	Income Type	Monthly Income
		\$
Source Name and Address		

Did you file a Federal Income Tax Return last year? Yes No

Does anyone living outside your household pay any of your bills? Yes No

Do you or any household member own or have an interest in any real estate, boat, and/or mobile home? ___

Have you sold any real estate in the last two years? ___ Address: _____

Do you own any stocks or bonds? ___ Name: _____

Do you own a car? ___ Model/Year _____

ASSET INFORMATION

List household assets held by any family member, irrespective of age, in the space provided below. An asset is any one of the following types without limitation:

- 401(k) or 403(b) Pensions Stocks Checking Account Bonds
- Money Market Account Mutual Funds Inheritances Savings Account Life Insurance Policies
- Individual Retirement Accounts (IRA) Trust Funds Real Property (land) Certificate of Deposit

Account Holder	Type of Account	Account Number	Current Balance	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Source Name and Address				
Account Holder	Type of Account	Account Number	Current Balance	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Source Name and Address				
Account Holder	Type of Account	Account Number	Current Balance	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Source Name and Address				
Account Holder	Type of Account	Account Number	Current Balance	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Source Name and Address				

(ATTACH ADDITIONAL SHEET IF NECESSARY)

Has any member of the family given away or disposed of assets valued at more than \$1,000 for less than fair market value during the past two years? Yes No

Applicants/tenants must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification.

Did you have any assets in the last two years not listed above? Yes ___ No ___

If yes, did you dispose of any assets for less than market value? Yes ___ No ___
(This means that the assets were either given away or sold at less than the allotted market value.)

If yes, what were the assets, market value, amount received and date you disposed of the assets?

Any assets listed as disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification will be counted as assets. If the difference between the value and the amount disposed of is \$1.00 or less, this would not be counted.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Are you 62 years or older? Yes No If no, are you applying due to disability? Yes No
2. Do any household members require a fully accessible unit due to disability? Yes No
Check any that apply: Mobility Hearing Visual
3. Do any household members require a unit with special features or modifications due to disability? Yes No
If you answered yes, please explain the special features below:

4. Does anyone in the household receive any regular contributions or gifts from non-household members? Yes No
5. Are you or any member of your household a current illegal user of a controlled substance or has a previous conviction of the same? Yes* No
If yes, explain: _____
6. Have you or anyone in your household ever been convicted of the illegal manufacture or distribution of a controlled substance? Yes* No
If yes, explain: _____
7. Have you or any member of your household been convicted of a Felony? Yes No
If yes, please state the conviction charge _____
Year of conviction _____, Town/City/State of conviction _____
8. Are you legally required to be a lifetime registrant on the state sex offender registry? Yes No

*If you answered yes to questions 6 & 7, have you or anyone in your household successfully completed a controlled substance abuse recovery program or currently enrolled in such a program? Yes No

If yes, provide documentation with application.

MEDICAL EXPENSES (Attach an additional sheet if necessary)

LIST ANY OF THE FOLLOWING EXPENSES PAID DURING THE PAST 12 MONTHS NOT COVERED BY INSURANCE, MEDICARE, OR MEDICAID:

Household Member	Type of Insurance	Premium Amount	Name and Address of Company
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Household Member	Prescription Name	Prescription Amount	Name and Address of Pharmacy
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REFERENCES

Please provide two references below: Can be current landlord, family friend, employer, etc. (no relatives).

Name _____

Name _____

Mailing Address _____

Mailing Address _____

City, State, Zip code _____

City, State, Zip code _____

Connection to applicant _____

Connection to applicant _____

I hereby make this application for an apartment and certify that the information contained in this application is correct. I have disclosed all income received and assets owned. I authorize you to contact any reference that I have listed. I also certify that the unit applied for will be my permanent residence and I will not maintain a separate subsidized rental unit in a different location.

Applicant Signature _____

Date _____

Co- Applicant Signature _____

Date _____

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname".

Minority Code: American Indian/Alaskan Native Asian Black or African American White
 Native Hawaiian or Pacific Islander Other

Ethnicity Code: Hispanic Non-Hispanic/Latino

"This is an Equal Opportunity Program. Discrimination is prohibited by federal laws. Complaints of discrimination may be filed with the USDA, Director, Office of Civil Rights, Rm. 326-W, Whitten Building, 14th and Independence Ave., SW, Washington, DC 20250-9410, or call (202) 720-5946 (voice and TDD)."

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AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to and verify my application for housing/or other grant/loan program assistance through Schoharie County Rural Preservation Corporation (SCRPC). I understand and agree that this authorization or the information obtained with its use may be given to and used by Schoharie County Rural Preservation Corporation in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

- Employment, Income and Assets
- Credit and Criminal Activity
- Residences and Rental Activity

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) includes; but not limited to:

- | | |
|--|--|
| Previous Landlords (including Public Housing Agencies) | Support and Alimony Providers |
| Past and Present Employers | Medical and Childcare Providers |
| Welfare Agencies | Veterans Administration |
| Courts and Post Offices | Retirement Systems |
| State Unemployment Agencies | Banks and other Financial institutions |
| Schools and Colleges | Utility Companies |
| Social Security Administration | Credit Providers and Credit Bureaus |
| Law Enforcement Agencies | |

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the SCRPC and will stay in effect for a year and one month from the date signed, I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

Head of Household

Date

Other family Member over age 18

Date

Other family Member over age 18

Date

Other Family Member over age 18

Date