EQUAL HOUSING OPPORTUNITY

SCHOHARIE COUNTY RURAL PRESERVATION CORPORATION

SCHOHARIE COUNTY HOUSING DEVELOPMENT FUND COMPANY, INC.

597 East Main Street, P.O. Box 168
Cobleskill, New York 12043
Telephone (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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Main Office: 518-234-7604; **Fax:** 518-234-4346; **website:** 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 597 East
Main Street * PO Box 168
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

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

Last Name	First Name	MI	DOB	Household Member	SS#

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

INCOME INFORMATION:

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

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 las year? [ ] Yes [ ] No

Do you or 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? [ ] Yes [ ] No

Have your sold any real estate in the last two years [ ] Yes [ ] No If yes property address: _____

Do you own any stocks or bonds? [ ] Yes [ ] No
If yes Name/Shares_____

Do you own a car? [ ] Yes [ ] No If yes
Make/Model/Year_____

ASSET INFORMATION:

List household assets held by a family member, irrespective of age, in the space provided below. An asset is any one of the following types with 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 [ ] Open [ ] Closed
Source Name and Address:				
Account Holder	Type of Account	Account Number	Current Balance	Account Status [ ] Open [ ] Closed
Source Name and Address:				
Account Holder	Type of Account	Account Number	Current Balance	Account Status [ ] Open [ ] Closed
Source Name and Address:				
Account Holder	Type of Account	Account Number	Current Balance	Account Status [ ] Open [ ] 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
(*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 of age of 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 gits 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 _____ City/Town/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

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 of 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 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 difference 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 bases 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

1 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:

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	

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