



RENTAL APPLICATION

John F. Kennedy Towers
Senior Housing Apartments
2100 Sixth Avenue
Troy, New York 12180

Telephone: (518) 274-7141 Fax: (518) 274-7172

Professionally Managed By



Applicants must be 55 years of age or older and must meet income eligibility guidelines.

Present Income Limits are:

NUMBER OF PERSONS	INCOME LIMIT
1	\$31,500
2	\$36,000

It is hereby understood that all information in the application for residence, including statement on finances and personal interview, will be treated confidentially and that said information is correct and true. Any misrepresentation or material omission by applicant may render any agreement for residence void at the option of the owner.

Does anyone in your household require: ___An Accessible Unit ___A Unit Adapted for Hearing/Visual Impairment. If you or anyone in your family is a person with disabilities, and require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

List all household members who will live in the apartment. Be sure to include any temporarily absent family members.

	<u>Full Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Age</u>
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____

Marital Status: Single ___ Married ___ Divorced ___ Widow ___ Legally Separated ___

Student Status: Are you presently a student? Yes ___ No ___
If yes, please explain: _____

Current Address: _____
 _____ (Street) _____ (Phone #)
 _____ (City) _____ (State) _____ (Zip Code)

Former or Present Public Housing Resident or Section 8 Recipient: Yes ___ No ___
If yes, state address and dates of residency _____

John F. Kennedy Towers Senior Housing admission preferences; please check those which apply:
 Applicants who live in Troy, New York
 Veterans/servicemen & veterans'/servicemen's' families
 Families from the jurisdiction of the Troy Housing Authority who have become homeless through no fault of their own and are presently being housed in shelters or motels through assistance from the Rensselaer County Department of Social Services.



RESIDENCE HISTORY

Current Address: _____
City: _____ State: _____ Zip Code: _____
Do you: _____ Rent _____ Own your home? Month and Year moved in: _____
Monthly Rent \$ _____ Utilities included: _____ yes _____ no
If utilities are not included, What is the average monthly cost? \$ _____
Reason for leaving : _____
Current Landlord : _____ Phone : _____
Landlord address : _____ Zip Code: _____
Previous Address: _____
City : _____ State: _____ Zip Code: _____
Did you: _____ Rent _____ Own your home? Month and Year moved in: _____
Monthly Rent \$ _____ Utilities included: _____ yes _____ no
If utilities were not included, What was the average monthly cost? _____
Reason for leaving : _____
Former Landlord : _____ Phone : _____
Landlord address : _____ Zip Code: _____

OTHER INFORMATION

(use additional pages as needed)

Bank Name: _____ Checking # _____ Savings # _____
Drivers License # _____ State: _____ Date Expires: _____
Vehicle Make: _____ Year: _____ License Plate# _____ Color _____
Vehicle Make: _____ Year: _____ License Plate# _____ Color _____

I certify that the information set forth here (and on all attached pages) is complete and correct to the best of my knowledge. I understand that deliberately submitting false information or withholding information constitutes fraud. Federal law specifies fines up to \$10,000 and prison terms up to five years for fraud and may be grounds for eviction. Should any statement above be a misrepresentation or not a true statement of the facts, the entire deposit will be retained to offset agent's cost, time, and effort in processing my application.

By signing, the applicant gives his/her permission that the Landlord or his agent may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Landlord.

I also understand that this form is only an application for residency and that the submission of this application does not reserve, nor in any way, guarantee a unit.

Applicant Date

Applicant Date



INCOME INFORMATION

(List Gross Amounts)

Please indicate each source and amount of income that any member of your household receives or anticipates receiving in the next twelve (12) months as specified below:

<u>Description</u>	<u>Household Member</u>		<u>Gross Amount Received Annually</u>
	(1)	(2)	
Employment	_____	_____	\$ _____
Social Security	_____	_____	\$ _____
Disability	_____	_____	\$ _____
Unemployment	_____	_____	\$ _____
Pension/Annuities	_____	_____	\$ _____
Severance Pay	_____	_____	\$ _____
Alimony/Child Support	_____	_____	\$ _____
Income from Persons Permanently Confined to Nursing Home, Etc.	_____	_____	\$ _____
Worker's Compensation	_____	_____	\$ _____
Recurring Gifts/ Contributions	_____	_____	\$ _____
Lottery Payments (periodic)	_____	_____	\$ _____
Rental Income	_____	_____	\$ _____
VA Benefits	_____	_____	\$ _____
Other: _____	_____	_____	\$ _____



ASSET INFORMATION

Assets Include: Cash, trust corpus, equity in real estate or capital investments, notes receivable, stocks, bonds, money market accounts, certificates of deposit, IRAs, retirement and pension funds, whole life insurance, and luxury personal property (gems, jewelry, art, coin collection, etc.) You must also include the value of any assets disposed of or given away in the past 24 months at less than fair market value.

<u>Description</u>	<u>Household Member</u>		<u>Average Balance</u>
	(1)	(2)	
Checking account	_____	_____	\$ _____
Savings Account	_____	_____	\$ _____
Trust Account	_____	_____	\$ _____
Stocks/Bonds	_____	_____	\$ _____
CD/Money Markets	_____	_____	\$ _____
Pension/Annuities	_____	_____	\$ _____
Whole Life Insurance	_____	_____	\$ _____
Real Estate Property (Appraised value less mortgage)	_____	_____	\$ _____
Assets disposed of in the Past 2 years sold for less than Fair Market Value?	_____	_____	\$ _____
Other: _____	_____	_____	\$ _____

PERSONAL REFERENCES

Please list three (3) people who you have known at least two (2) years and are not related to you or work with you.

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

