



## PETOFF GARDEN APARTMENTS (I AND II) RENTAL APPLICATION

**A. FAMILY HOUSEHOLD COMPOSITION:**

The following information is requested by the apartment owner in order insure that State or Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, martial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used against you in any way. However, if you choose not to furnish it, the owner may be required to note the race/nation origin and sex of the individual applicants on the basis of visual observation or surname.

Male \_\_\_\_\_ Female \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_

White \_\_\_\_\_ Black \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_

Hispanic \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ Caucasian/Other \_\_\_\_\_

**B. INCOME; LIST ALL SOURCES AND ADDRESS OF INCOME AS REQUESTED BELOW FOR EACH PERSON WHO WILL RESIDE IN THE HOUSEHOLD:**

<u>FAMILY MEMBER NAME</u>	<u>SOURCE OF INCOME</u>	<u>AMOUNT (GROSS)</u>
1 _____	a. Social Security	\$ _____ per MONTH (GROSS)
2 _____	a. Social Security	\$ _____ per MONTH (GROSS)
1 _____	b. SSI Benefits	\$ _____ per MONTH (GROSS)
2 _____	b. SSI Benefits	\$ _____ per MONTH (GROSS)
1 _____	c. Pension Source & Address	\$ _____ per MONTH (GROSS) _____ _____
2 _____	c. Pension Source & Address	\$ _____ per MONTH (GROSS) _____ _____
1 _____	d. Veterans Benefits Address	\$ _____ per MONTH (GROSS) _____ _____
1 _____	e. Unemployment Comp. Source & Address	\$ _____ per MONTH (GROSS) _____ _____
1 _____	f. Public Assistance Source & Address	\$ _____ per MONTH (GROSS) _____ _____
	Case Worker	_____ _____

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1 \_\_\_\_\_ g. Employment \$ \_\_\_\_\_ per week (GROSS)  
Hourly Wage \_\_\_\_\_ Hrs. per Week Worked \_\_\_\_\_  
Position \_\_\_\_\_ How long employed \_\_\_\_\_  
Source & Address \_\_\_\_\_

2 \_\_\_\_\_ g. Employment \$ \_\_\_\_\_ per \_\_\_\_\_ (GROSS)  
Hourly Wage \_\_\_\_\_ Hrs. per Week Worked \_\_\_\_\_  
Position \_\_\_\_\_ How long employed \_\_\_\_\_  
Source & Address \_\_\_\_\_

1 \_\_\_\_\_ h. Alimony \$ \_\_\_\_\_ per Month \_\_\_\_\_  
Source & Address \_\_\_\_\_

1 \_\_\_\_\_ i. Interest Income \$ \_\_\_\_\_ per MONTH \_\_\_\_\_  
Source & Address \_\_\_\_\_

2 \_\_\_\_\_ i. Interest Income \$ \_\_\_\_\_ per MONTH \_\_\_\_\_  
Source & Address \_\_\_\_\_

1 \_\_\_\_\_ j. Other Income \$ \_\_\_\_\_ per \_\_\_\_\_ (GROSS)  
Source & Address \_\_\_\_\_

2 \_\_\_\_\_ j. Other Income \$ \_\_\_\_\_ per \_\_\_\_\_ (GROSS)  
Source & Address \_\_\_\_\_

3 \_\_\_\_\_ J. Other Income \$ \_\_\_\_\_ per \_\_\_\_\_ (GROSS)  
Source & Address \_\_\_\_\_

**(Please attach additional sheets as necessary)**

**TOTAL GROSS ANNUAL INCOME: \$ \_\_\_\_\_**

Do you anticipate any changes in this income in the next 12 months?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**D. ASSET INFORMATION:**

<u>TYPE of ACCOUNT</u>	<u>ACCOUNT#</u>	<u>BANK NAME &amp; ADDRESS</u>	<u>CURRENT BALANCE</u>
Checking	_____	_____	_____
Checking	_____	_____	_____
Savings	_____	_____	_____
Savings	_____	_____	_____
Trust	_____	_____	_____
Certificate of Deposit	_____	_____	_____
Certificate of Deposit	_____	_____	_____
Certificate of Deposit	_____	_____	_____
Credit Union	_____	_____	_____

(Please Attach Additional Sheets as Necessary To List All Accounts)

Real Property: Do you, or any household member, own any real property or a mobile home? Yes \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, type of property \_\_\_\_\_  
 Location \_\_\_\_\_  
 \_\_\_\_\_  
 Market Value or Assessed Value \$ \_\_\_\_\_  
 Mortgage or Outstanding Loan Balance Due \$ \_\_\_\_\_

**ASSET INFORMATION CONTINUED:**

Have you sold/disposed of any real property or a mobile home in the last 2 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, type of property \_\_\_\_\_  
 Market Value when Sold/Disposed \$ \_\_\_\_\_  
 Amount Sold/Disposed for \$ \_\_\_\_\_  
 Date of Transaction \_\_\_\_\_

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Have you Sold/Disposed of any other assets in the Last Two Years (Example: Given away money to relatives, set up irrevocable trust accounts)?

Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes describe asset \_\_\_\_\_  
Date of Disposition \_\_\_\_\_  
Amount disposed of \$ \_\_\_\_\_

Do you have any other personal assets of any kind that you have not listed above (Excluding Personal Property)? Yes \_\_\_\_\_ NO \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, List and Describe \_\_\_\_\_

**E. PROGRAM AND PREVIOUS HOUSING INFORMATION:**

Were you or are you being displaced from your current or previous residence? YES \_\_\_ NO \_\_\_  
If yes, Displacement Agency \_\_\_\_\_

Was your current unit condemned or declared uninhabitable? YES \_\_\_ NO \_\_\_  
If Yes, By Whom? \_\_\_\_\_

Are you currently living in Subsidized Housing? YES \_\_\_ NO \_\_\_  
Have you ever resided in a project financed and/or subsidized by the government?  
Yes \_\_\_ No \_\_\_ If yes, name and address \_\_\_\_\_

Have you ever been evicted from any housing? Yes \_\_\_ No \_\_\_  
If yes: When \_\_\_\_\_ Where \_\_\_\_\_  
If yes, describe reasons for eviction: \_\_\_\_\_

How did you hear about this housing? \_\_\_\_\_

Will you take an apartment if one is available? YES \_\_\_ NO \_\_\_  
If NO, When? \_\_\_\_\_  
Briefly describe your reason for applying \_\_\_\_\_

**F. REFERENCE INFORMATION:**

Current Landlord: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
How long have you lived here? \_\_\_\_\_

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Previous Landlord: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
How long did you live there? \_\_\_\_\_

**Credit References:**

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Personal Reference (DO NOT list relatives, employers or landlords.):**

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

In Case of Emergency, Notify: Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**H. VEHICLE INFORMATION:**

**Vehicles:** List any cars, trucks, motorcycles, or other vehicles owned. Parking will be provided for one vehicle per apartment. Arrangement with management and management permission will be necessary for more than one vehicle

<u>Type of Vehicle</u>	<u>Year/Make</u>	<u>Color</u>	<u>License Plate</u>
_____	_____	_____	_____
_____	_____	_____	_____

**PETOFF GARDEN APARTMENTS (I AND II)  
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I. PETS INFORMATION: Do you own or expect to acquire any Pets? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES Describe \_\_\_\_\_  
\_\_\_\_\_

J. OTHER REQUIRED INFORMATION

Do you currently operate a business out of your home? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a crime involving an elderly person? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a misdemeanor or felony involving sale or misuse of controlled substances, theft, dishonesty or abuse of persons? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted in a criminal trial or found guilty in a civil trial involving personal injury to another? Yes \_\_\_\_\_ No \_\_\_\_\_

Please return completed applications to:

FCCHC  
P. O. Box 646  
Gloversville, NY 12078

**PETOFF GARDEN APARTMENTS (I AND II)  
RENTAL APPLICATION**

**1. CERTIFICATION/AUTHORIZATION**

**CERTIFICATION**

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We hereby certify that this will be my/our permanent residence. I/We understand that my/our eligibility for housing will be based on NYS Housing Trust Fund income/occupancy limits and by Fulton County Community Heritage Corporation selection criteria. I/We certify that all information in this application is true and complete to the best of my knowledge. I further certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this application (other than personal property). I/We understand that false statements or information are fraudulent and are a criminal offense which is punishable by fine or imprisonment or both. This would also lead to cancellation of this application or termination of tenancy after occupancy.

**SIGNATURES:**

APPLICANT \_\_\_\_\_ CO-APPLICANT \_\_\_\_\_

DATED \_\_\_\_\_ DATED \_\_\_\_\_

**NOTIFICATION AND AUTHORIZATION**

The applicant(s) are notified that a consumer credit report may be requested in connection with their preliminary application. Upon request, Applicant(s) will be given the name and address of the consumer reporting agency that furnished that report. By signing below, the Applicant(s) authorize the Fulton County Community Heritage to order a consumer credit report from a credit reporting agency.

I/We do hereby authorize Fulton County Community Heritage Corp. and its staff or authorized representative to contact any agencies, offices, groups or organizations to obtain and verify any information or materials, which are deemed necessary to complete my/our application for housing in programs administered/managed by Fulton County Community Heritage Corp.

**SIGNATURES:**

APPLICANT \_\_\_\_\_ COAPPLICANT \_\_\_\_\_

DATED \_\_\_\_\_ DATED \_\_\_\_\_

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**ATTENTION: PLEASE SIGN THE FOLLOWING PAGES AT THE BOTTOM. ALSO, FILL IN YOUR NAMES AND ADDRESS WHERE THE "RE" IS. DO NOT FILL IN THE DATE OR THE "TO" LINE. THESE SHEETS ARE NECESSARY TO OBTAIN INCOME VERIFICATIONS TO DETERMINE YOUR ELIGIBILITY AS A TENANT.**



# REQUEST FOR INCOME AND ASSET VERIFICATION

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Projects: Petoff Garden Apartments I and II  
Managing Agent: Fulton County Community Heritage Corporation (FCCHC)  
Address: P. O. Box 646, Gloversville, New York 12078

Re: Name: \_\_\_\_\_ S.S. # \_\_\_\_\_  
Address: \_\_\_\_\_ S.S.# \_\_\_\_\_  
\_\_\_\_\_

To: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As managing agent for these Lower Income Housing Projects, State and/or Federal Regulations require we verify various information, including the value of all assets and projected income of all members of households applying to reside, or currently residing, in these buildings. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this household. A signed authorization for your release appears below. Please complete the attached form and return it to FCCHC at the address above at your earliest convenience. If you have any questions, please contact me at the number below. Thank you for your assistance.

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David O. Henderson, Telephone: (518) 725-2114  
FCCHC Executive Director Fax: (518) 725-1225

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## Release by Applicant/Tenant

I hereby authorize you to furnish all requested information to FCCHC.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Verification form is attached.

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