

# Ohav Sholom Apartments

## Independent Senior Living

115 Krumkill Road

Albany, New York 12208

Phone: (518) 489-5531 / Fax: (518) 935-2572



**EQUAL HOUSING OPPORTUNITY**



### Income Limit:

**1 Person maximum income \$ 34,740 - \$ 52,110**

**2 Person maximum income \$ 39,720 - \$ 59,580**

## RENTAL APPLICATION

### APPLICANT

### CO-APPLICANT

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Social Security # \_\_\_\_\_

U.S. Citizen [ ] YES [ ] NO

U.S. Citizen [ ] YES [ ] NO

U.S. Military Veteran [ ] YES [ ] NO

U.S. Military Veteran [ ] YES [ ] NO

Have a Pet [ ] YES [ ] NO

Have a Pet [ ] YES [ ] NO

If yes: Type \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_

### GROSS MONTHLY INCOME

#### APPLICANT

#### CO-APPLICANT

Social Security..... \$ \_\_\_\_\_

Pension..... \$ \_\_\_\_\_

Annuity..... \$ \_\_\_\_\_

Wages/Salary..... \$ \_\_\_\_\_

Interest Income..... \$ \_\_\_\_\_

Investment Income..... \$ \_\_\_\_\_

Other (unemployment, alimony,  
Worker's Compensation, etc)..... \$ \_\_\_\_\_

**TOTAL Income .....** \$ \_\_\_\_\_

**ASSETS – LIST TOTAL AMOUNTS**

Savings Accounts..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Checking Accounts..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Certificates of Deposit..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Stocks & Bonds..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

IRA/Retirement Account..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Trust Accounts..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Life Insurance Policies..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Home/Property..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Have you or co-applicant disposed of any assets for less than Fair Market Value (FMV) during the past two years? [ ] YES [ ] NO

**CRIMINAL HISTORY**

Are you or any member of your family currently using an illegal substance? [ ] YES [ ] NO

Have you or any member of your family ever been convicted of a felony? [ ] YES [ ] NO

Have you or any member of your family been convicted of a violent crime? [ ] YES [ ] NO

Have you or any member of your family been convicted of a drug-related crime? [ ] YES [ ] NO

Are you or any member of your family a registered sex offender? [ ] YES [ ] NO

**RENTAL HISTORY**

**Note: This section does not apply if applicant currently owns and resides in their own home.**

**Current Landlord:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Current Rent \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Previous Landlord:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Previous Rent \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you or any member of your household require an accessible unit? [ ] YES [ ] NO

List all states where you have resided: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Have you always paid your rent on time? [ ] YES [ ] NO

Have you ever been served a late rent notice? [ ] YES [ ] NO

Have you or any member of your family ever been evicted from housing? [ ] YES [ ] NO

Are you or any member of your family currently facing eviction? [ ] YES [ ] NO

Are you a victim of declared presidential disaster? [ ] YES [ ] NO

Please explain: \_\_\_\_\_

Are you lacking a fixed nighttime residence? [ ] YES [ ] NO

Are you fleeing/attempting to flee violence? [ ] YES [ ] NO

May we contact you by email? If so your email address \_\_\_\_\_

If you do not have an email address is there a family member or other contact person we may use to contact you? If so:

Name \_\_\_\_\_ Email address \_\_\_\_\_

**HOW DID YOU LEARN ABOUT OHAV SHOLOM APARTMENTS?**

\_\_\_\_\_

I/we hereby certify that all information in this application is true. I/we authorize and request the release of information available from screening services, credit bureaus, employers, landlords, police records, court records and government agencies about me/us. I/we understand that false statements or information will result in the cancellation of this application or termination of tenancy after occupancy.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of co-applicant

\_\_\_\_\_  
Date



EQUAL HOUSING OPPORTUNITY



**PENALTIES FOR MISUSING THIS CONSENT**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification from is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$ 5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8).

Violations of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

---

---

Ohav Sholom does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



**RELEASE**

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.