



Equal Housing Opportunity

RENTAL APPLICATION FOR YOUNGBLOOD SENIOR APARTMENTS
c/o Rockland Housing Action Coalition, Inc.
120-126 North Main, Annex 1st Floor
New City, NY 10956

Date of Application: _____

Date Desired: _____

1. HOUSEHOLD INFORMATION

List all household members that will be living in the apartment:

#1 HOUSEHOLD HEAD

Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Date of Birth: _____

Student: Yes No

#2 SPOUSE OR OTHER APPLICANT

Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Date of Birth: _____

Student: Yes No

2. EMPLOYMENT HISTORY

HOUSEHOLD HEAD

Name of Current Employer: _____

Address: _____

Telephone Number: _____

Gross paycheck amount (before deductions)

\$ _____

Weekly Paycheck Biweekly Paycheck

SPOUSE OR OTHER APPLICANT

Name of Current Employer: _____

Address: _____

Telephone Number: _____

Gross paycheck amount (before deductions)

\$ _____

Weekly Paycheck Biweekly Paycheck

If less than two years at present place of employment, please list previous employment history

Name and Address of Previous Employer: _____

Name and Address of Previous Employer _____

HOUSEHOLD HEAD

Number of years employed: _____

SPOUSE OR OTHER APPLICANT

Number of years employed: _____

3. OTHER INCOME (List monthly amount for each person)

Self Employment Income \$ _____

Social Security \$ _____

Pension \$ _____

Other Income \$ _____

YOUNGBLOOD SENIOR APARTMENTS RENTAL APPLICATION

4. ASSETS

List all sources of income for each household member that will be living in this apartment. Please indicate overtime, tips, bonuses, commissions, unemployment benefits, public assistance, child support, pension, social security benefits, etc.

| | |
|---|-----------------|
| Checking Account: \$ _____ | Bank Name _____ |
| Checking Account: \$ _____ | Bank Name _____ |
| Savings Account: \$ _____ | Bank Name _____ |
| Passbook Savings \$ _____ | Bank Name _____ |
| Savings Certificates: \$ _____ | Bank Name _____ |
| Stocks and Bonds \$ _____ | Bank Name _____ |
| Certificates of Deposit, Money Market Funds (value) | \$ _____ |
| U.S. Savings Bonds (value) | \$ _____ |
| Trusts (value and/or monthly income) | \$ _____ |
| IRA or Keogh Accounts (value) | \$ _____ |
| Retirement and pension Funds (value and/or monthly income) | \$ _____ |
| Lump sum receipts (e.g. lottery, inheritance, insurance payments) | \$ _____ |
| Investment property | \$ _____ |
| Whole life insurance | \$ _____ |

5. HOUSING INFORMATION

Do you own or rent at your current address _____ Own _____ Rent

Have you ever owned real estate? If yes, when? _____

Value of current real estate owned: _____

If you are renting, are you presently receiving a Section 8 subsidy? _____ Yes _____ No

If you have rented an apartment during the past TWO years, please complete the following section:

Current Landlord's

| Name/Address/Phone # | Your address | Dates From: To: |
|----------------------|--------------|--------------------|
| Name: _____ | _____ | _____ |
| Address: _____ | _____ | Amount Paid: _____ |
| _____ | _____ | |
| _____ | | |
| Phone #: _____ | | |

Previous Landlord's

| Name/Address/Phone # | Your address | Dates From: To: |
|----------------------|--------------|--------------------|
| Name: _____ | _____ | _____ |
| Address: _____ | _____ | Amount Paid: _____ |
| _____ | _____ | |
| _____ | | |
| Phone #: _____ | | |

YOUNGBLOOD SENIOR APARTMENTS RENTAL APPLICATION

Do you have a car? _____ Yes _____ No If yes, how many? _____

Do you have any pets? _____ Yes _____ No _____ If yes, please list all pets _____

How did you hear about this development ? _____

DEMOGRAPHIC INFORMATION:

All information we are requesting below is strictly voluntary. This information will be provided to the United States Census Bureau to help them track various migration patterns.

Borrower: Gender: _____ Marital Status: _____ Disabled? _____

Co-Borrower: Gender: _____ Marital Status: _____ Disabled? _____

Family Size: _____ Preferred Language _____

Your Ethnicity:

- Hispanic
- Non-Hispanic

Your Race: (Check one only)

- American Indian / Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- American Indian or Alaska Native **and** White
- Asian **and** White
- Black or African American **and** White
- American Indian or Alaska Native **and** Black or African American
- Other Multiple Race

6. LETTER OF UNDERSTANDING

I (we) understand that the monthly rental amounts are subject to change, although every effort will be made to keep the actual rent amount as close as possible to the figures listed on the cover letter.

I (we) grant permission for the development/marketing/management team for Devan's Gate II to exchange credit and financial information about me (us) with others. You may request a credit report on me (us) and, if asked, you will tell me (us) the name and address of the consumer reporting agency that furnished it.

I (we) understand and certify that all information contained in this application is true and correct to the best of my (our) knowledge.

I (we) understand that all information provided on this form will be kept confidential, and only persons involved in administering this program will have access to this information.

Household head signature

Spouse or other application signature

Date

Date