


APPLICATION FOR LEASE

Today's Date: _____ Property Name: <u>Northwood Village</u> Address: <u>9 Northwood Lane</u> City/State/Zip: <u>Patchogue, NY 11772-2228</u> Phone #/Fax #: <u>631-475-1800</u> <u>631-475-1870</u>	 EQUAL HOUSING OPPORTUNITY	FOR OFFICE USE ONLY
		Date Rec'd: _____
		Time Rec'd: _____
		Apartment Size: _____
		Received By: _____

Please note that all lines, questions or requests for information MUST be completed. This requires that you provide the relevant information requested, answer yes or no where applicable or write "N/A" if the information requested does not apply to anyone in the Applicant Household listed.

I. APPLICANT

NAME: _____	DOB: _____
FIRST MI. LAST	
SSN: _____	ALIAS/OTHER NAMES: _____
Street Address: _____	HOME PHONE: _____
City: _____	State: _____ Zip: _____
SPOUSE: _____	WORK PHONE: _____
FIRST MI. LAST	CELL PHONE: _____
DRIVER'S LICENSE NO. & STATE: _____	CAR LICENSE NO.: _____
MAKE OF CAR & YEAR: _____	COLOR OF AUTO: _____

I. CO-APPLICANT

NAME: _____	DOB: _____
FIRST MI. LAST	
SSN: _____	ALIAS/OTHER NAMES: _____
SPOUSE: _____	HOME PHONE: _____
FIRST MI. LAST	WORK PHONE: _____
	CELL PHONE: _____
DRIVER'S LICENSE NO. & STATE: _____	CAR LICENSE NO.: _____
MAKE OF CAR & YEAR: _____	COLOR OF AUTO: _____

EMERGENCY CONTACT INFORMATION (Contact person in case of a personal emergency - must be someone not living with you.)

NAME: _____	RELATIONSHIP: _____
ADDRESS: _____	WORK PHONE: _____
	HOME PHONE: _____

II. SOURCE OF INCOME & EMPLOYMENT INFORMATION (Check the box on the left that applies to the status of employment. If currently unemployed, provide the most recent employer information.)

APPLICANT:	Name of Employer _____	Supervisor _____	Employer Phone _____
<input type="checkbox"/> Full Time	Full Street Address _____	Occupation _____	Length of Service _____
<input type="checkbox"/> Part Time	City _____ State _____ Zip _____	\$ _____ per _____	Hour/Week/Month _____
<input type="checkbox"/> Unemployed		Present Gross Pay	

OTHER SOURCES OF INCOME:

SOCIAL SECURITY	[] YES [] NO	IF YES, ANNUAL AMT: \$ _____	ALIMONY	[] YES [] NO	AMT \$ _____
UNEMPLOYMENT	[] YES [] NO	IF YES, ANNUAL AMT: \$ _____	CHILD SUPPORT	[] YES [] NO	AMT \$ _____
DISABILITY	[] YES [] NO	IF YES, ANNUAL AMT: \$ _____	GENERAL ASSISTANCE	[] YES [] NO	AMT \$ _____
RETIREMENT	[] YES [] NO	IF YES, ANNUAL AMT: \$ _____	OTHER: _____	[] YES [] NO	AMT \$ _____



CO-APPLICANT: _____

Name of Employer _____ Supervisor _____ Employer Phone _____

() Full Time _____

() Part Time Full Street Address _____ Occupation _____ Length of Service _____

() Unemployed _____

City _____ State _____ Zip _____ \$ _____ per _____

Present Gross Pay _____ Hour/Week/Month _____

OTHER SOURCES OF INCOME:

SOCIAL SECURITY [] YES [] NO IF YES, ANNUAL AMT: \$ _____ ALIMONY [] YES [] NO AMT \$ _____

UNEMPLOYMENT [] YES [] NO IF YES, ANNUAL AMT: \$ _____ CHILD SUPPORT [] YES [] NO AMT \$ _____

DISABILITY [] YES [] NO IF YES, ANNUAL AMT: \$ _____ GENERAL ASSISTANCE [] YES [] NO AMT \$ _____

RETIREMENT [] YES [] NO IF YES, ANNUAL AMT: \$ _____ OTHER: _____ [] YES [] NO AMT \$ _____

III. HOUSEHOLD INFORMATION (List each household member who will be residing in the apartment.)

FIRST NAME	MI	LAST NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP TO HEAD	ENROLLED AS PT OR FT STUDENT AT AN INSTITUTE OF HIGHER EDUCATION?	SEX	LIST ALL STATES IN WHICH THIS MEMBER HAS EVER LIVED

Is there a need for an accessible unit? **YES / NO** If yes, explain: _____

Is any member of the applicant household a U.S. Military Veteran? **YES / NO** If yes, list the member(s): _____

Is any member displaced due to a presidentially declared disaster? **YES / NO** If yes, list the member(s): _____

IV. CHILD CARE EXPENSE INFORMATION (Expense may only be deducted for the care of children under the age of 13 years and if the care is necessary to enable a family member to work, seek employment, or further his/her education.)

NAME OF EACH DEPENDENT QUALIFYING: _____

CHILD CARE PROVIDER: _____ PHONE NUMBER: _____

ADDRESS (STREET): _____ FAX NUMBER: _____

CITY/STATE/ZIP: _____ AMOUNT PAID: _____

[] WEEKLY [] MONTHLY (CHECK THE ONE THAT APPLIES)

V. MEDICAL EXPENSES (Households where the Head/Spouse/Co-Head are age 62+, handicapped or disabled are eligible for medical expense deductions. If this applies to your household, list out-of-pocket expenses for which you are not reimbursed.)

MEDICARE: \$ _____ List amount and frequency _____

MEDICAL INSURANCE: \$ _____ List amount and frequency _____

DOCTOR BILLS: \$ _____ List amount and frequency _____

HOSPITAL BILLS: \$ _____ List amount and frequency _____

OTHER MEDICAL EXPENSES: \$ _____ List amount and frequency _____

\$ _____ List amount and frequency _____

\$ _____ List amount and frequency _____



VI. ASSET INFORMATION

CHECKING:

<input type="checkbox"/> SINGLE	NAME OF BANK/CREDIT UNION _____	ACCOUNT NUMBER _____
<input type="checkbox"/> JOINT	_____	CURRENT BALANCE _____
<input type="checkbox"/> NO CHECKING ACCT	FULL STREET ADDRESS _____	INTEREST BEARING ? _____
	_____	INTEREST AMOUNT: _____
	CITY/STATE/ZIP _____	

SAVINGS:

<input type="checkbox"/> SINGLE	NAME OF BANK/CREDIT UNION _____	ACCOUNT NUMBER _____
<input type="checkbox"/> JOINT	_____	CURRENT BALANCE _____
<input type="checkbox"/> NO SAVINGS ACCT	FULL STREET ADDRESS _____	INTEREST BEARING ? _____
	_____	INTEREST AMOUNT: _____
	CITY/STATE/ZIP _____	

<input type="checkbox"/> SINGLE	NAME OF BANK/CREDIT UNION _____	ACCOUNT NUMBER _____
<input type="checkbox"/> JOINT	_____	CURRENT BALANCE _____
<input type="checkbox"/> NO CERT or Money Market Acct	FULL STREET ADDRESS _____	INTEREST BEARING ? _____
	_____	INTEREST AMOUNT: _____
	CITY/STATE/ZIP _____	

TRUST FUND?: PRINCIPAL VALUE: \$ _____
 No Trust Fund

REAL ESTATE?: VALUE: \$ _____ JOINTLY OWNED BY: _____
 No Real Estate

STOCKS/BONDS: YES then provide company name & address for each _____
 No Stocks/Bonds _____

ASSETS DISPOSED OF: Have you disposed of any assets (home, land, business, etc.) NO YES

IF YES:	NAME OF ASSET _____	WAS SOLD OR TRANSFERRED ON: _____	DATE OF DISPOSAL _____	\$ _____
				AMOUNT RECEIVED
TYPE OF ASSET: _____	YOUR ESTIMATE OF THE MARKET VALUE OF THE ASSET: \$ _____			

VII. RENTAL HISTORY (Residential history will be verified for each applicant. Applicant's name must have been on the Lease/Mortgage for any reference to be valid. Rental references should reflect applicant's ability and willingness to comply with Lease terms as well as community policies and guidelines. Lack of Rental History will not be considered a negative factor.): Provide copies of Move Out Inspection Reports

CURRENT LANDLORD NAME: _____ RENT PER MONTH: \$ _____
 ADDRESS: _____ MOVE IN DATE: _____
 _____ LEASE EXPIRES: _____
 TELEPHONE NUMBER: () _____ NOTICE GIVEN: _____
 DO YOU LIVE IN ASSISTED HOUSING? YES NO IF YES, ARE YOU CURRENTLY RECEIVING ASSISTANCE? _____

PREVIOUS LANDLORD NAME: _____ RENT PER MONTH: \$ _____
 ADDRESS: _____ RENTED FROM _____ TO _____
 _____ PROPER NOTICE GIVEN: _____
 TELEPHONE NUMBER: () _____ DEPOSIT RETURNED: _____



VIII. CREDIT REFERENCES (Credit information on each applicant will be obtained through one or more Consumer Reporting Agencies. Credit History should positively reflect the applicant's ability and willingness to make payments as required by the Lease. Lack of credit history will not be considered a negative factor.):

NAME: _____	PHONE NUMBER: _____
NAME: _____	PHONE NUMBER: _____
NAME: _____	PHONE NUMBER: _____
NAME: _____	PHONE NUMBER: _____
HAVE YOU EVER FILED BANKRUPTCY? [] YES [] NO	IF YES, COURT & CASE #: _____
ARE YOU PARTY TO ANY LAWSUITS? [] YES [] NO	IF YES, PLEASE DESCRIBE: _____
ARE THERE ANY JUDGMENTS AGAINST YOU? [] YES [] NO	IF YES, PLEASE DESCRIBE: _____

IX. BACKGROUND AND CRIMINAL HISTORY (A Public Records search will be conducted on each adult applicant/occupant.)

[] YES [] NO ARE YOU, OR ANYONE ELSE IN THE HOUSEHOLD, A VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING?

DO YOU, OR ANYONE ELSE IN THE HOUSEHOLD, HAVE ANY FELONIES OR MISDEMEANORS INVOLVING THE BELOW? If yes, identify the year the incident occurred

[] YES [] NO SEXUAL MISCONDUCT? YEAR _____

[] YES [] NO ILLEGAL POSSESSION, MANUFACTURE, SALE AND/OR DISTRIBUTION OF A CONTROLLED SUBSTANCE? YEAR _____

[] YES [] NO PHYSICAL CRIME AGAINST A PERSON OR PERSONS AND/OR ANOTHER PERSON'S PROPERTY? YEAR _____

[] YES [] NO DO ANY APPLICANT HOUSEHOLD MEMBERS APPEAR ON ANY STATE SEX OFFENDER'S LIFETIME REGISTRY?
If yes, which state? State _____

[] YES [] NO HAVE ANY APPLICANT HOUSEHOLD MEMBERS BEEN EVICTED FROM FEDERALLY ASSISTED HOUSING IN THE LAST 3 YEARS FOR DRUG-RELATED CRIMINAL ACTIVITY?

[] YES [] NO ARE ANY APPLICANT HOUSEHOLD MEMBERS CURRENTLY ENGAGED IN ILLEGAL DRUG USE?

X. CERTIFICATION OF APPLICANTS

VERY IMPORTANT - READ CAREFULLY

I/We certify the information given in this application [pages 1 through 5] is accurate and complete, and has been provided based on a complete review and understanding of the "Residential Selection Plan", the basis for determining eligibility. I/We further understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application by the Owner/Agent. I/We, by signature below, authorize the Owner/Agent to request complete criminal background check as well as a thorough credit investigation through an outside independent background service company to secure a written report of all information pertaining to [but not limited to] employment, landlord/rental history, sex offender records, criminal background, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine the person's eligibility or level of assistance.

WARNING

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



PLEASE BE FURTHER ADVISED

The Department of Housing & Urban Development and/or the Contract Administrator will compare the information applicant families supply with information federal, state and/or local agencies have on those same applicant families income and household composition.

Federal law and HUD regulations prohibit the Landlord from discriminating against any applicant or tenant because of race, color, religion, sex, disability/handicap, familial status, national origin, gender identity, sexual orientation or marital status, with regard to admission or equal access to all programs.

As required by federal law, applicants must produce proof of their social security numbers. Individuals who have not been assigned a social security number are required to sign and date a certification stating that a social security number has not been assigned. This certification requires subsequent compliance should this apply.

Applicants on the waiting list will be reviewed and contacted by letter once annually to ensure continued interest to remain on the waiting list and to update any changes to the original information applied at the time of initial application. Failure to respond to this annual review will result in the applicant being removed as "inactive", requiring that applicant household to reapply. All inactive [including denied applications] will be held for three years as required by federal regulation.

Signature of Applicant _____

Date _____

Signature of Co-Applicant _____

Date _____

Signature of Additional Adult Applicant _____

Date _____

Signature of Additional Adult Applicant _____

Date _____

For Office Use Only:

INCOME LIMIT: \$ _____ [] LOW [] VERY LOW [] EXTREMELY LOW

UNIT SIZE NEEDED: _____

RENTAL HISTORY: [] ACCEPTABLE [] NOT ACCEPTABLE

SIZE OF HOUSEHOLD: _____

CREDIT CHECK: [] ACCEPTABLE [] NOT ACCEPTABLE

SECURITY DEPOSIT: _____

BACKGROUND: [] ACCEPTABLE [] NOT ACCEPTABLE

MONTHLY RENT: _____

Does household qualify for a preference? If yes, explain _____

[] APPLICATION ACCEPTED

[] APPLICATION REJECTED

[] ADDED TO WAITING LIST

REJECTION REASON: _____

[] UNIT ASSIGNED _____

REJECTION LTR SENT: _____

NOTES: _____

PROPERTY MANAGERS 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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.