

INSTRUCTIONS

SUBMIT ONLY ONE APPLICATION PER HOUSEHOLD. You may be disqualified if more than one application is received per lottery for your household. Applications must be mailed to the P.O. Box indicated below.

1. Applications are selected randomly through a lottery. Depending on the volume of applications received, it may not be possible for all of them to be processed. Accordingly, it is possible that you may not receive a response.
2. You must complete the entire application as well as sign and date the application in order for your application to be reviewed if it is selected for further processing. The application should be completed very carefully. Incomplete information for the number and names of household members applying to live in the unit, or their incomes, may result in disqualification. In addition, do not use white-out or liquid paper anywhere on the application. If you need to correct a mistake, you should (a) cross one line neatly through the information, (b) write the revised information neatly next to it, and (c) sign your initials near the change.
3. When completed, this application must be returned by regular mail **ONLY** to the address below. To ensure that it arrives successfully at the P.O. Box, do not use certified mail, return receipts, or any method requiring a signature confirmation.
4. Only the application should be submitted at this time. If your application is selected for further processing, additional information will be requested at that time.
5. Mail completed application to:

**444 RIVER LOFTS
PO BOX 58
TROY, NY 12181**

6. **Income Eligibility:** Please review the chart in the project advertisement which breaks down the mandatory income levels for the program you are applying to, based on household size. All income sources for all household members must be listed on the application.
7. **Other Eligibility Factors:** In addition to the income requirements, other eligibility factors will be applied. Eligibility factors include, but are not limited to:
 - a. Credit History
 - b. Rent Payment History
 - c. Criminal Background Checks
8. **Application Preferences:** A percentage of apartments is set aside for persons with mobility, hearing, and vision disabilities.
9. **Primary Residence Requirement:** Any applicant ultimately approved for this development must maintain the new apartment as their sole primary residence. If approved all applicants must surrender any unit where applicant is then currently residing.
10. **Submission of False or Incomplete Information:** The submission of false or knowingly incomplete information (either in this application or in any subsequently provided verification documents) will not only result in disqualification and will be forwarded to the appropriate authorities for further action – including the possibility of criminal prosecution.

444 RIVER LOFTS - APPLICATION

I (we) are applying for a: Rent Regulated Unit Market Unit
 (check one unit type above, Note: maximum income limit does not apply to Market Units)

A. Name & Address (Required)

First, Middle Initial, & Last Name, Suffix:	
Current Address Line 1:	
Current Address Line 2:	
City, State, Zip Code	
Cell and Home phone:	
Email:	
Please select email or paper mail as your preferred method of communication for ALL future correspondence. If your preferred mailing address is different than the one listed above, please indicate the preferred mailing address below:	
<input type="checkbox"/> Email: _____	
<input type="checkbox"/> Paper Mail (specify if mailing address is different than above): _____	

B. Household Information (Required)

How many persons, including yourself, will live in the unit for which you are applying? _____

List ALL OF THE PEOPLE who will live in the unit for which you are applying, starting with yourself (Head of Household), and provide the following information. Please indicate if the household member has a disability. If yes, would you describe the disability as a mobility impairment (MI), visual impairment (VI), or hearing impairment (HI):

First, Mid. Initial, & Last Name, Suffix	SSN/TIN (Optional)	Relationship to Applicant	Birth Date (MM/DD/YY)	Sex	Occupation	Disabled?		
						MI	VI	HI
		Head of Household						

If you checked either mobility, visual, or hearing impairment, do you or a member of your household require a special accommodation?

Yes – please specify the accommodation required: _____

No

C. Income (Required)

1. INCOME FROM EMPLOYMENT

List all full and/or part time employment income for ALL HOUSEHOLD MEMBERS including yourself, WHO WILL BE LIVING WITH YOU in the residence for which you are applying. Include self-employment earnings:

Household Member	Employer Name & Address	Length of Employment		Earnings	Frequency (weekly, bi-weekly, monthly)	Annual Gross Income
		Years	Months			
Head of Household						

2. INCOME FROM OTHER SOURCES

List all other income sources for each household member, for example, welfare (including housing allowance), AFDC, Social Security, SSI, pension, workers’ compensation, unemployment compensation, interest income, babysitting, care-taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants, gift income, etc.

Household Member	Type of Income	Dollar Amount	Frequency (weekly, bi-weekly, monthly)	Annual Gross Income
Head of Household				

3. ASSETS

Are there assets for this household? Examples of assets include checking account, savings account, investment assets (stocks, bonds, vested retirement funds, etc.), real estate, cash savings, miscellaneous investment holdings, etc.		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," please indicate assets for each household member:		
Household Member	Type of Asset/Account	Branch
Head of Household		

D. Rental Subsidy

Are you presently receiving a Section 8 Housing Voucher or Certificate, or any other form of rental assistance? This information will not affect the processing of the application. Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies.	<input type="checkbox"/> No <input type="checkbox"/> Yes – Section 8 voucher <input type="checkbox"/> Yes – Other Rental Subsidy/Certificate
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E. Current Landlord

Landlord Name <small>(Company, Organization, or Individual Name)</small>	Landlord Address	Landlord Phone #
What is the total rent on the apartment where you currently live or are temporarily staying?	_____ monthly	
How much do you contribute to the total rent of the apartment? If nothing, write "0."	_____ monthly	

F. Source of Information

How did you hear about this development? Please check all that apply:			
<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Website
<input type="checkbox"/>	Local organization, community group or church	<input type="checkbox"/>	Friend

G. Ethnic Identification

This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household:			
<input type="checkbox"/>	White (non-Hispanic origin)	<input type="checkbox"/>	Black
<input type="checkbox"/>	Hispanic origin	<input type="checkbox"/>	Asian or Pacific Islander
<input type="checkbox"/>	American Indian/Native Alaskan	<input type="checkbox"/>	Other:

H. Language

In what language would you like to be contacted about your application? Please choose one. If you do not choose a language, communication will be in English.			
<input type="checkbox"/>	English	<input type="checkbox"/>	한국어 (Korean)
<input type="checkbox"/>	简体中文 (Chinese)	<input type="checkbox"/>	Русский (Russian)
<input type="checkbox"/>	Kreyòl Ayisyen (Haitian Creole)	<input type="checkbox"/>	Español (Spanish)
<input type="checkbox"/>	(Arabic) العربية		

I. Signature (Required)

I (WE) DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. I (We) have not withheld, falsified, or otherwise misrepresented any information. I (We) fully understand that any and all information I (we) provide during this application process is subject to review. I (we) understand that consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my (our) application, the termination of my (our) lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

I (WE) DECLARE THAT NEITHER I (WE), NOR ANY MEMBER OF MY (OUR) IMMEDIATE FAMILY, ARE EMPLOYED BY THE BUILDING OWNER OR ITS PRINCIPALS.

Signature: _____ Date: _____

Signature: _____ Date: _____

OFFICE USE ONLY:

Person with Disability: Mobility Visual Hearing

Size of Apartment Assigned:

Studio 1BR 2 BR 3 BR

Family Composition: Adult (Males) _____ Adult (Females) _____
 Children (Males) _____ Children (Females) _____

TOTAL VERIFIED HOUSEHOLD INCOME: \$ _____ PER YEAR