

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

PLEASE PRINT CLEARLY

IMPORTANT:

- **Completed applications must be mailed to: Dominic Hollow Apartments, 11 Dominic Drive, Ballston Spa NY 12020**
- **Do NOT send more than one application. Applicants who submit more than one application will be penalized.**
- **Applications mailed to any address other than that listed below will be discarded.**

This is an application for housing at:	Project: Dominic Hollow Apartments
	Address: 11 Dominic Drive
	Ballston Spa, NY 12020
Please complete this application and return to:	Name: Dominic Hollow Apartments
	Address: 11 Dominic Drive
	Ballston Spa, NY 12020

An applicant may be interviewed only after the receipt of this tenant application which must be fully completed and signed by all adult members. Please answer every question. Partially completed applications may be disqualified.

For office use Only

Date/Time Received: _____

Staff Signature: _____

Eligible Applicants must meet income criteria:

	Unit Size	Units Available	Monthly Rent ¹	Household Size ²	Annual Household Income ³ (Minimum - Maximum) ⁴
50% AREA MEDIAN INCOME (AMI) UNITS	1BR	4	\$658	1 person	\$26,840 - \$41,250
				2 people	\$26,840 - \$47,150
	2BR	6	\$778	2 people	\$30,920 - \$47,150
				3 people	\$30,920 - \$53,050
				4 people	\$30,920 - \$58,900
60% AREA MEDIAN INCOME (AMI) UNITS	1BR	8	\$758	1 person	\$31,920 - \$49,500
				2 people	\$31,920 - \$56,580
	2BR	12	\$928	2 people	\$37,840 - \$56,580
				3 people	\$37,840 - \$63,660
				4 people	\$37,840 - \$70,680

¹Tenant pays electric, electric cooking and air conditioning

²Household size includes everyone who will live with you, including parents and children. Subject to occupancy criteria.

³Household earnings include salary, hourly wages, tips, Social Security, child support and other income. Income guidelines subject to change.

⁴Minimum incomes listed may not apply to applicants with Section 8 or other qualifying rental subsidies.

A. GENERAL INFORMATION

Name of Applicant: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

What is your preferred method of contact? ☐ Telephone ☐ Email ☐ Mail

Will you or any ADULT household member require a live-in care attendant to live independently?

If yes, please describe: _____

Do you or any member of your household require specific unit designs such as wheelchair accessibility, visual aids or apparatus for hearing assistance? ☐ Yes ☐ No

If Yes, please describe: _____

Do you have a Housing Choice Voucher or other rental subsidy? ☐ Yes ☐ No

If Yes, please specify _____

Are you currently on the Saratoga Springs Housing Authority Waitlist? ☐ Yes ☐ No

Do you have a pet? ☐ Yes ☐ No

If Yes, please specify _____

B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Marital Status D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS #	Full-Time Student Y/N
Head							
2.							
3.							
4.							

Optional:

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other

Will any of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution with regular faculty and students?

☐ Yes ☐ No

Do you anticipate any additions to the household in the next twelve months? ☐ YES ☐ NO

If yes, explain:

Incomplete applications may not be considered**C. INCOME**

List ALL sources of income as requested below. If a section doesn't apply, **cross out** or write N/A.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$

	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	TANF	\$
	TANF	\$
	Regular payments from a severance package?	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Regular gifts from anyone outside the household?	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount (gross income)	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount (gross income)	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount (gross income)	\$
	Employer:	
	Position Held	
	How long employed:	
	Self-Employment amount	\$
	Description:	
	How long has applicant been self-employed doing this work?	
	Alimony	
	Are you <i>entitled</i> to receive alimony?	☐ Yes ☐ No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	☐ Yes ☐ No
	If yes, list amount you receive.	\$

	Child Support	
	Are you <i>entitled</i> to receive child support?	☐ Yes ☐ No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	☐ Yes ☐ No
	If yes, list the amount you receive.	\$
	Other Income (lottery winnings, etc.)	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$

Do you anticipate any changes in this income in the next 12 months?	☐ Yes	☐ No
If yes, explain:		

D. ASSETS			
If your assets are too numerous to list here, please request an additional form.			
If a section doesn't apply, cross out or write NA.			
Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Accounts	#	Bank	Balance \$
IRA Accounts	#	Where?	Balance \$
Certificates of Deposit	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
401(k)/403 (b) Retirement Accounts	#	Where?	Balance \$
Credit Union	#	Bank	Balance \$
	#	Bank	Balance \$

Savings Bonds	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$

Life Insurance Policy		#	Cash Value \$	
Life Insurance Policy		#	Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate (home, land, camp, mobile home, etc.): <i>Do you own any property?</i>	☐ Yes ☐ No
<i>If yes</i> , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Have you sold/disposed of any property in the last 2 years?	☐ Yes ☐ No
<i>If yes</i> , Type of property	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction	

Has anyone in the household disposed of any other assets in the last 2 years (Example: Given away money, sold property to a relative for less than fair market value, set up Irrevocable Trust Accounts, etc.)?	
☐ Yes ☐ No	
<i>If yes</i> , describe the asset	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above or are you holding jewelry, coins, stamps, etc. as an investment (excluding personal property)?	☐ Yes ☐ No
<i>If yes, please list:</i>	

E. ADDITIONAL INFORMATION		
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
<i>If yes, describe</i>		
Have you or any member of your family ever been evicted from any housing?	☐ Yes	☐ No
<i>If yes, describe</i>		

Have you ever filed for bankruptcy?	☐ Yes	☐ No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	☐ Yes	☐ No
<i>Briefly describe your reasons for applying:</i>		

F. REFERENCE INFORMATION		
Current Landlord (If Applicable)	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Personal Reference #1:		
Address:		
Relationship:		Phone #:

CERTIFICATION

I/We hereby certify that I do/we will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We further consent to have the Owner verify all of the information contained in this Rental Application as well as my/our credit, landlord and personal references.

All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

_____ (Signature of Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date

Preliminary RENTAL Application Instructions for Grand Street Apartments.
Please read this notice in full before completing your application

Eligibility Criteria

1. Applicants must be at least 18 years of age and must be able to execute a lease.
2. Must meet income guidelines as per household size:

	Unit Size	Units Available	Monthly Rent ¹	Household Size ²	Annual Household Income ³ (Minimum - Maximum) ⁴
50% AREA MEDIAN INCOME (AMI) UNITS	1BR	4	\$658	1 person	\$28,480 - \$41,250
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⁴ Minimum incomes listed may not apply to applicants with Section 8 or other qualifying rental subsidies.

3. INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED.

4. 1 and 2 bedroom units available for individuals, couples and small families.
5. Your total household income and assets must be within the required limits.

Include as Income: For ALL household members age 18 and older: gross income from employment including overtime; bonuses and commissions; pensions; annuities; dividends; interest on assets; social security; social security supplement; alimony and child support; veterans' benefits; unemployment and disability compensation; welfare assistance; regular gifts; etc.

Include as Assets: The current value of all savings, checking and investment accounts (including retirement and educational accounts), real estate, investment property etc. (Do not include the value of automobile(s) and other personal property.)

6. Your household size and composition must be appropriate for the unit size.
7. You have not committed any fraud in connection with any federal or state housing assistance program.
8. You intend to reside in the development as your primary residence.

Application Process

1. You must fill out the application completely and it must be returned to the address indicated on the application. Applications mailed to addresses other than the indicated address will be disqualified. If unsigned or incomplete, your application may not be considered.
2. Information provide on this Preliminary Application will be treated as confidential. All information provided will be verified. If you have intentionally falsified information, your application will be rejected.
3. CGMR Compliance Partners will conduct a background check for all applicants. You have the right to review and contest the results of the background check and/or present evidence of rehabilitation if your application is denied due to criminal history.
4. Your household can file only one application, and no household member can appear on more than one application. If you file multiple applications, your application will not be considered.

5. Priority for the accessible units will be for individuals and families which require physical accommodations.
6. If you are disabled and require an accessible unit, an extra bedroom for equipment or for a Personal Care Attendant, a reasonable modification of the housing, or a reasonable accommodation of rules, policies, practices or services, please include a letter from your primary health care provider explaining such special requirements.
7. If your application number has been chosen, you will be required to attend an interview and complete a full application packet in order to complete your application.

It is unlawful to discriminate against any person because of race, color, religion, familial status, age, sex, sexual orientation, handicap, veteran's status, national origin or ancestry.



WHAT TO BRING TO YOUR INTERVIEW

Records of Employment Income

- 6 most recent consecutive pay stubs and information on current rate of pay and overtime pay.
- Information about any changes you expect in your pay or hours during the next 12 months.
- Information on other types of income you expect to receive in the next 12 months from tips, commissions, or other employment sources.
- Most recent Federal S State Tax Returns and supporting schedules and supporting documents

Records of Other Income

- Pensions and annuities (latest check stub from the issuing institution)
- Social Security (current award letter)
- Unemployment compensation (determination letter or latest check stub)
- SSI (award letter)
- TANF (award letter, recent check stub)
- Worker's Compensation (Form DOL 203, recent check stub)
- Alimony and/or Child Support (copy of court order)
- Education scholarships, grants and/or stipends (award letter)
- Trade union benefits (recent check stub)
- Other public assistance (award letter)
- Income from assets (credit union, bank statements, etc.)
- Regular support from family members or friends
- Veterans benefits
- Most recent Federal & State Tax Returns and supporting schedules and documents

Asset Information

- Last 6-months bank statements for all bank accounts (savings, checking, CDs, Christmas Club, IRAs, and other accounts).
- Name, address, account numbers, and statements on value of any stocks, bonds, trusts, life insurance, 401(k) plans, or other investments.
- Information about any assets you have sold or given away within the past two years.

Records of Family Circumstances/Family Composition/Allowances

- Birth Certificate
- Social Security Card
- Driver's license or state issued photo I.D.

