

ANTWERP HOUSING DEVELOPMENT FUND COMPANY, INC.

ANTWERP SENIOR HOUSING - 500 LEXINGTON AVENUE, ANTWERP, NY 13608
(315) 659-8203 Fax: (315) 686-3920 - TDD # 1-800-662-1220



For Office Use Only	
Received	_____
Time	_____

The policy of Antwerp Housing Development Fund Company, Inc. is to conduct business in accordance with applicable fair housing laws. We do not discriminate against any person because of race, familial status, color, religion, sex or national origin.

Before we can process your application, it is necessary that you provide accurate names, phone numbers, addresses, social security numbers, income and asset information.

DATE: _____

APPLICANT

NAME (First, Middle, Last) _____	PHONE _____
ADDRESS _____	

CO-APPLICANT

NAME (First, Middle, Last) _____	PHONE _____
ADDRESS _____	

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, or call (800)-795-3272 (voice) or (202)-720-6382 (TDD)."



List all persons who will live in the apartment. List Head of Household first.

NAME	RELATIONSHIP	DATE OF BIRTH	AGE	SOCIAL SECURITY #
	HEAD			

INCOME

Declare the income for the applicant and co-applicants who are currently receiving income or expect to receive income in the next twelve months. Social security, unemployment, retirement funds, pension, disability, SSI benefits, death benefits, public assistance, alimony, wages, military pay, regular contributions or gifts from non-household members, net income from a business, lottery winnings paid in periodic payments, and income from assets are considered income. Please list accordingly.

FAMILY MEMBER	INCOME SOURCE	CLAIM/ID #

INCOME SOURCE ADDRESS	GROSS MONTHLY AMOUNT

Do you anticipate any changes in this income in the next twelve months?

_____ YES _____ NO

If yes, please explain _____

ASSETS List assets for all household members. Each item must be checked "YES" or NO."

CHECKING ACCOUNTS

YES NO

Bank	Address	Account #	Account Balance	Interest Rate

SAVINGS, CD'S, MONEY MARKETS, ETC. YES NO

Bank	Address	Account #	Account Balance	Interest Rate

OTHER (Type _____) YES NO

Institution	Address	Account #	Account Balance/Market Value	Interest Rate/Dividend

PROPERTY Have you sold any property on a deed of trust or mortgage whereby you are receiving periodic payments? YES NO

If yes - Current outstanding balance of contract \$ _____ as of _____

Interest rate _____ Payment amount \$ _____

Payments are: Monthly Quarterly Annual Other

Please attach an amortization schedule.

Do you own any property? YES NO

If yes, Type of property _____

Location _____

Appraised Market Value \$ _____

Mortgage or outstanding loans balance due \$ _____

Please attach a copy of your most recent tax bill.

Have you disposed of any assets in the last two years (Example - given away money to relatives, set up irrevocable trust accounts) YES NO

If yes, Describe asset _____
Date of disposition _____ Amount disposed \$ _____

Do you have any other assets not listed above? (Excluding personal property) YES NO

If yes, please describe _____

MEDICAL ALLOWANCES

Indicate on whose behalf medical expenses will be incurred for the next twelve months. Medical expenses may include insurance premiums, Medicare premiums, prescriptions, over the counter drugs, doctor visits, dentist visits, eye doctors, chiropractors, hospital visits, etc.

Health Insurance Company

Premium \$ _____ PAID Monthly Quarterly Annually

Applicant/Co-applicant	Medical Expense	Monthly Amount

Please attach a drug profile for the past twelve months.

PROGRAM INFORMATION

- Are you applying for status as an "Elderly Household", where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by Rural Development?¹¹¹
YES NO

¹¹¹ If so, do you realize you will be eligible for a \$400 deduction and medical deductions? Please realize that your eligibility must be verified.

2. Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit? YES NO
3. If so, would you like to request an adapted unit? YES NO
4. Are you currently living in subsidized housing? YES NO
5. Have you ever resided in a project financed and/or subsidized by the Government? YES NO

If yes, name and address _____

6. Have you ever been evicted from Public Housing or any other Federal Housing Program? YES NO

If yes, Where _____

When _____

Describe reasons _____

7. Have you ever been evicted from other housing? YES NO
8. Have you ever been convicted of a felony? YES NO

If yes, please list convictions. Please use the back of the application if you need additional space.

9. Are you currently using illegal drugs? YES NO
10. Have you ever been convicted of sale, distribution, or possession of illegal drugs? YES NO

11. Are you now or will you become a part-time or full-time student prior to move-in? YES NO

12. Are your bills current with the electric company? YES NO
13. Will you be able to have heat & lights in your name with National Grid? YES NO

14. How did you hear about this housing? _____

15. Will you take an apartment when one is available? YES NO

16. Briefly describe your reasons for apply _____

REFERENCE INFORMATION

RENTAL INFORMATION—Up to and including the past ten years. Put the current landlord on line #1 and prior landlords on lines #2 & 3. If additional space is required, please use the back of the application.

	Name	Address	Business Phone	Home Phone
1.				
2.				
3.				

CREDIT REFERENCES

	Name	Address	Phone
1.			
2.			
3.			

PERSONAL REFERENCES—whom we may contact in case of emergency on line #1 and additional names we may contact in the event there is an apartment available and we are unable to reach you by phone on lines #2 & 3.

	Name	Address	Phone
1.			
2.			
3.			

ADDITIONAL INFORMATION

Current Monthly Rental amount? _____

Size of Unit requesting _____ 1 Bedroom _____ 2 Bedroom
 _____ 1 Bdrm Handicapped _____ 2 Bdrm Handicapped

PETS Do you own any pets? **YES** **NO**
 If yes, please describe _____

VEHICLES List any cars, trucks or other vehicles owned. Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.

Type	Year/Make	Color	License Plate Number

Driver License # & State for APPLICANT: # _____

Driver License # & State for Co-APPLICANT: # _____

AUTHORIZATION and CERTIFICATION

AUTHORIZATION

I/We do hereby authorize Antwerp Housing Development Fund Company, Inc. and its' staff or authorized representatives to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any application for housing in programs managed by Antwerp Housing Development Fund Co., Inc. I further authorize Antwerp Housing Development Company, Inc. to verify all information listed on this application.

Applicant Signature

Date

Co-Applicant Signature

Date

CERTIFICATION

I/We hereby certify that I/We do/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. I/We understand that my eligibility for housing will be based on Rural Development or Section 8 income limits. 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.

Applicant Signature

Date

Co-Applicant Signature

Date

FAMILY HOUSEHOLD COMPOSITION

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity:
Hispanic or Latino _____
Not Hispanic or Latino _____

Gender: Male Female

Race: (Mark one or more):
1. American Indian/Alaska Native _____
2. Asian _____
3. Black or African American _____
4. Pacific Islander or Other Pacific Islander _____
5. White _____ "

Equal Housing Opportunity

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Revised 08/07
