



Please submit application to:  
**313 Mill Street**  
**Poughkeepsie, NY 12601**  
**Fax (845) 485-1641**  
**Phone (845) 454-5176**

**Hudson River Housing, Inc.**  
**Rental Application**

<b>Official Use Only</b>	
Date	_____
Time	_____
Staff	_____
HMIS	Y or N _____
SOR: (Circle) Yes No	
Initials/Date/Time: _____	
Balance Owed \$ _____	

*Housing with compassion...  
 Development with a vision*



**Requested Program or Site (if known) or**

NOT SURE

*(check all that apply)*



**APPLICANT LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

<b>Veteran Preference Furnished Rooms</b>	<b>Homeless Single Adults Furnished Rooms with Shared bathrooms</b>	<b>Furnished Rooms w/Private bathroom for up to 5 persons</b>	<b>Apartments</b>	<b>Apartments with Income Restrictions*</b>
<input type="checkbox"/> 81 Garden St. Private Bath <b>for women only</b>  <input type="checkbox"/> Liberty Station 38 N. Clinton St. Shared bathrooms	<input type="checkbox"/> Hillcrest House is a program located at 28 Snow Terrace, Town of Poughkeepsie for homeless adults  <input type="checkbox"/> Noxon St. (rooming house for <b>males only aged 18 and over</b> )	<input type="checkbox"/> Lagrange House, (hotel rooms for singles or families)  <input type="checkbox"/> Independent Living Division, (hotel style rooms for singles or families)	<input type="checkbox"/> 0 BR (Studio) <input type="checkbox"/> 1 BR <input type="checkbox"/> 2 BR <input type="checkbox"/> 3 BR <input type="checkbox"/> 4 BR	<input type="checkbox"/> Maybrook Gardens (Maybrook, NY) (62 years plus or disabled)  <input type="checkbox"/> 134 Cannon Street, (Poughkeepsie) (55 yrs plus; \$16,900 minimum income)  <b>Income Restricted*:</b> <input type="checkbox"/> Harlow Row (Poughkeepsie) \$10,575 minimum income)

If it appears that you are eligible for a program that you did not check, do you want us to contact you?  Yes or  No

Have you served in the military?  Yes or  No

**How did you hear about us?**  
 referred by \_\_\_\_\_  newspaper  HRH website  other – specify \_\_\_\_\_

**Instructions for Head of Household:**

- \* Please review brochure containing information regarding eligibility and income restrictions before completing application.** This is a general housing application. You may be required to supply additional information upon screening.
- The Head of Household must complete all sections of this Application thoroughly and in ink. Each additional adult 18 years and older who will live in the apartment must sign this Application also. False, incomplete or misleading information will cause your application to be declined. Please complete all sections, even sections that don't apply. For example, if a section asks for a driver's license number and you don't have a driver's license, please write "NONE" or "N/A" (not applicable). If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.

3. As long as your application is on file with us, it is your responsibility to contact us when your address, telephone number or income changes and if you need to add or remove a family person from your application.
4. Upon acceptance of your application, we will make a preliminary determination of eligibility. If your household appears eligible, your application will be placed on a waiting list. This does not mean that your household will be offered an apartment or room. If later processing indicates that your household is not eligible, your application will be declined. We will process your application according to our Resident Selection Criteria posted in the Property Management Office.

Last Name Head of Household:		First Name:		Middle Initial	Social Security Number
Last Name Spouse/Co-Resident Name:		First Name:		Middle Initial	Social Security Number
Current Street Address	City	State	Zip	Telephone:	
	County			Head of Household Home: Cell: Work: Spouse/Co-Resident Home: Cell: Work:	
Date Moved In/Rent	Current Landlord's Name, Address & Telephone Number (if applicable)				

Current Email Address: \_\_\_\_\_

Is there another person we may contact if we are unable to reach you?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any special accommodations that the household will require (e.g. unit for mobility impaired, unit for visually impaired, unit for hearing impaired, live-in aide, grab bars, etc.)? \_\_\_\_\_

**HOUSEHOLD COMPOSITION:**

List ALL persons, including yourself who will reside in the unit. NOTE: The number to the left indicates the "Family Member Number" and is the number requested in the remaining sections of this application.

Full Name	Relationship	Gender	Date of Birth	Birthplace	Occupation	Soc Sec # or Alien Reg #
1.	Head of household					
2.						
3.						
4.						
5.						
6.						

Will any of the above household members live anywhere except in the apartment?  Yes  No  
 Are there any other persons who will live in the apartment on a less than full-time basis?  Yes  No

If you answered "YES" to either question, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RENTAL HISTORY:**

This must include all places where you and/or any adult household members lived in the past four years, including places where your or their name did not appear on the lease and places where you or they used a different name. (Adult members are any household members who are 18 years of age or older). NOTE: Use Family Member Numbers shown in Household Composition.

Family Member Number	Street Address	City	State	Zip	Name used if different from Above	Dates of Residency	Landlord Name & Address	Rent \$ Charge

For the past five years, check ALL that apply to your prior living arrangements:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> homeless shelter             | <input type="checkbox"/> motel/hotel                 | <input type="checkbox"/> psychiatric hospital |
| <input type="checkbox"/> rented apartment             | <input type="checkbox"/> streets/parks/public places | <input type="checkbox"/> own home             |
| <input type="checkbox"/> community residence          | <input type="checkbox"/> friends/family              | <input type="checkbox"/> adult home           |
| <input type="checkbox"/> other (please explain) _____ |  |   |

**INCOME:**

EMPLOYMENT ONLY: List all **current** full-time, part-time and/or seasonal employment for ALL household members including self-employed earnings. If you have income from "Other Sources," see next section of Rental Application.

Family Member Number	Place of Employment	Employment Address	Employer's Contact Name Telephone	Dates of Employment	Annual Income (Yearly Total)

**FOR OFFICE USE ONLY**

**Landlord Present:** \_\_\_\_\_  
**Landlord Prior:** \_\_\_\_\_  
**Employment Present:** \_\_\_\_\_  
**Employment Prior:** \_\_\_\_\_

**INCOME FROM OTHER SOURCES:**

List ALL income from sources other than employment for ALL household members. This includes, but is not limited to Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Alimony, Child Support, Workmen’s Compensation, etc.

Family Member Number	Source of Income	Address of Source of Income/Contract Person and Telephone Number	Estimate of Annual Income (Yearly)

**AUTOMOBILES OR OTHER VEHICLES:**

List all motor vehicles, including motorcycles, owned or registered to household members.

Family Member #	Make and Model Number	Year	License Plate Number	State	Color of Vehicle

**MISCELLANEOUS:**

These questions apply to ALL household members.

- |   | YES   | NO    |
|---|-------|-------|
| 1. Are you at risk of becoming homeless because you face immediate eviction?  | _____ | _____ |
| 2. Are you currently living in an emergency shelter or transitional housing facility for homeless persons?  | _____ | _____ |
| 3. Are you at risk of homelessness because you are about to be released from an institution with no residence identified and no resources to obtain housing?  | _____ | _____ |
| 4. Do you or any household member currently have a Section 8 Certificate/Voucher?<br>If yes, what is the amount Section 8 would pay towards your rent? _____  | _____ | _____ |
| 5. Are you or any household member currently expecting a child, if so when _____?   | _____ | _____ |
| 6. Do you own a pet? Cat _____ Dog _____ Other _____<br>If this site has a NO PETS Policy, would you be willing to give up your pet(s)?   | _____ | _____ |
| 7. Have you or any household member ever used any name(s) or Social Security number(s) other than the one you are currently using?  | _____ | _____ |
| 8. Have you or any member of your household committed fraud in a Federal assistance housing program or been requested to repay funds for knowingly misrepresenting information for such housing programs? | _____ | _____ |
| 9. Do you or other household members have a history of any of the following (answering yes to any of these may not affect your eligibility):  |       |       |
| • Arson/Fire Starter  | Y     | N     |
| • Domestic Violence   | Y     | N     |
| • Physical Aggression   | Y     | N     |
| • Sexual Offenses   | Y     | N     |
| • Drug Related Activities   | Y     | N     |

**FOR HOMELESS AND/OR SPECIAL NEEDS APPLICANTS ONLY:**

1. Are you currently living and/or sleeping in the streets, car, park or an abandoned building)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe type of living condition: \_\_\_\_\_

\_\_\_\_\_

• list names and phone numbers of other organizations or outreach workers who have assisted you in the past:

\_\_\_\_\_

• list names and addresses of friends/relatives: \_\_\_\_\_

\_\_\_\_\_

**Mental Health Information**

List your mental health provider(s), including therapist and/or psychiatrist (if applicable)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Do you have an open case at the Department of Mental Hygiene? Yes \_\_\_\_\_ No \_\_\_\_\_

List psychiatric diagnoses (if known) \_\_\_\_\_

Have you had suicidal attempts? Yes \_\_\_\_\_ No \_\_\_\_\_ Dates? \_\_\_\_\_

List any hospitals visited in the past five years:

Hospital	Date	Reason for admission
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Health Information**

Are you receiving any medical treatment at the present time? (explain) \_\_\_\_\_

\_\_\_\_\_

Do you have any food or environmental allergies? (explain) \_\_\_\_\_

\_\_\_\_\_

List all medications currently prescribed: \_\_\_\_\_

Does applicant require any supervision with medication? Yes \_\_\_\_\_ No \_\_\_\_\_

**Alcohol/Substance Abuse History**

Do you have a history of substance abuse?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In-patient or out-patient treatment history (dates, location) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of time free from alcohol/substance abuse \_\_\_\_\_

Current recovery program involvement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Affidavit for Proof of Homelessness**

All applicants applying to live in a HUD funded program for homeless persons are required to verify that they are homeless and have no other place to reside. Please fill out this form and return it with your application. If the application is being submitted by an agency, please indicate below. Self-referrals can have a witness who is able to confirm homeless status sign with them.

I, \_\_\_\_\_, verify that I am homeless due the following reason and that I have no other residence.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Witness (or referral source)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency

**FOR GARDEN STREET, HARLOW ROW AND CANNON STREET APPLICANTS ONLY:**

**STUDENT STATUS:**

Are all of the above listed household members full-time students?  Yes  No

If yes, please answer the following:

Is the household comprised of a single parent and child(ren) neither of whom is a dependent of a third?  Yes  No

Are applicant and co-applicant married and do they file a joint tax return?  Yes  No

Does the household receive Aid to Families with Dependent Children (AFDC)  Yes  No

**ASSETS:**

Assets include: Cash (wherever held), trust corpus, equity in real estate or capital investments, notes receivables, stocks, bonds, money market accounts, certificates of deposit, IRAs, retirement and pension funds, and luxury personal property (gems, jewelry, art, coin collections, etc.). You must also include the value of any assets disposed of in the past 24 months at less than fair market value.

Assets do not include: Necessary personal property such as clothing, furniture, daily-use autos, tools, dishes, etc. Also excluded is any special equipment for use by the handicapped, and assets of a business.

Checking Accounts:

Family Member Number	Account Number	Bank Name	Bank Address	Avg. 6 mo. Balance	Current Rate of Interest

Savings Accounts:

Family Member Number	Account Number	Bank Name	Bank Address	Avg. 6 mo. Balance	Current Interest Rate

Stocks, Bonds, Credit Union Shares, C.D.s, Life Insurance Policies Surrender Value, etc.:

Family Member	Description of Asset/Account Number (i.e., C.D - #012345)	Current Value of Asset	Annual Income From Asset

**NOTE: If more space is needed, please list on separate sheet of paper and attach to this application.**

Real Estate:

Do you now own Real Estate?  Yes  No

If yes, are you receiving any income from this property?  Yes  No

If yes, complete the following:

Location of Property(ies)

Annual Income From  
Property(ies)

Are the assets (as defined above) of the whole household more than \$5,000?

Yes  No

Have you or any other household member disposed of any assets at less than fair market value within 24 months?

Yes  No

If NO, what is the anticipated earnings on all household assets for the next year? \$ \_\_\_\_\_

If YES, please describe: \_\_\_\_\_

Have you or any member of your household sold or given away any real property or other assets in the past two (2) years?  Yes  No

If yes, explain: \_\_\_\_\_

Do you have any life insurance policies that have a surrender value?  Yes  No

If so, what is the total surrender cash value of the policies? \_\_\_\_\_

**STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS:**

1. We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.
2. We authorize Hudson River Housing, Inc. or its agents to make any and all inquiries to verify this information, either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, State or local agencies.
3. If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.
4. We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income, and household composition.
5. We have read and understand the information in this application, in particular the information contained in the Instruction for Head of Household; and we agree to comply with such information.
6. We have been notified that the Resident Selection Criteria which summarizes the procedures for processing applications is posted in the management office.
7. We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages and Security Deposits.



8. We authorize management to obtain one or more “consumer reports” as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.
9. I/We understand that this property limits the number of occupants to two persons per bedroom.

**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 fraudulent statements to any Department of the United States Government. The agency, the PHA and owner (or employee of the agency, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the verification forms is restricted to the purposes cited thereon. Any person who knowingly or willfully 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 the agency, the PHA 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 42 U.S.C. 208 (f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.”

**FAIR CREDIT REPORTING ACT:**

This is to inform you that as part of our procedure for processing your application, an investigative report may be made whereby information is obtained through personal interviews with third parties (such as family members, business associates, financial sources, friends, neighbors or others who are acquainted with you). This inquiry includes information as to your character, general reputation, personal characteristics, mode of living, income (including but not limited to: wages, social security income, social security disability, retirement, pension and unemployment) and credit background and also police records. All information you or others give us will be held in strict confidence.

We do not discriminate on the basis of race, religion, national origin, color, creed, age, sex, handicap, familial status, marital status, sexual orientation or lawful source of income.

Please be advised that any information given to this office that is falsified in any will automatically result in the denial of your application.

I/we have read and understand the above.

\_\_\_\_\_

Date

\_\_\_\_\_

PRINT NAME AND Applicant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

PRINT NAME AND Co-Applicant Signature

**FAIR HOUSING CERTIFICATION:**

Federal and state laws prohibit acts of housing discrimination including:

- ◆ Refusals to provide housing because of an applicant’s race, color, creed, religion, national origin, sex, marital status, disability, age, familial status, sexual orientation or lawful source of income;
- ◆ Providing housing on an unequal basis;
- ◆ Segregating occupants;
- ◆ Claiming housing is unavailable when, in fact, it is available;
- ◆ Rejecting a disabled applicant because he/she uses a trained guide dog or any other assistive animal; and
- ◆ Refusing to make reasonable accommodations in rules, policies and procedures which would allow occupancy by a person with disabilities.

