



**Hudson River  
Housing, Inc.**

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



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

*Please submit application via  
email/mail/fax:*

**rodilio@hudsonriverhousing.org  
313 Mill Street  
Poughkeepsie, NY 12601  
Fax (845) 485-1641  
Phone (845) 454-5176**

**Official Use Only**

Date \_\_\_\_\_  
Time \_\_\_\_\_  
Staff \_\_\_\_\_  
NYS SOR: (Circle) Yes No  
USA SOR: (Circle) Yes No  
Former Tenancy: Yes No  
Site: \_\_\_\_\_  
Balance owed: \$ \_\_\_\_\_  
Initials/Date/Time: \_\_\_\_\_



**Please complete the application. If any information does not apply, please put N/A (not applicable).**

First Name		Last Name				
Email Address		Phone #		Date of Birth		
Household Composition – List ALL persons who will live in the household. List the Head of Household first.		Gender Identity (optional)	Date of Birth	Relationship to Head	Social Security Number	
What size unit are you looking for? *SRO (Single Room Occupancy) is a room	SRO*	Studio	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom

Are you currently experiencing homelessness? Yes No

Are there any special accommodations the household will require (e.g. unit for mobility impaired, unit for visually impaired, unit for hearing impaired, live-in aide, grab bars, etc.)? Yes No

Other contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Who referred you to HRH? \_\_\_\_\_

<b>RENTAL/RESIDENCE HISTORY</b>	<b>Current Residence</b>	<b>Applicant Previous Residence</b>	<b>Co-Applicant Previous Residence</b>
Street Name			
City			
State/County/Zip			
Owner/Manager			
Phone Number			
	<b>From/To:</b>	<b>From/To:</b>	<b>From/To:</b>
Dates of Residency			
List all States you have lived in:			

<b>EMPLOYMENT HISTORY</b>	<b>Current Employment</b>	<b>Previous Employment</b>	<b>Co-Applicant Employment</b>
Name of Employer			
Address			
Employer's Phone			
Name of Supervisor			
Monthly Gross Pay			
	<b>From/To:</b>	<b>From/To:</b>	<b>From/To:</b>
Dates of Employment			

<b>OTHER INCOME</b>			
Source:		Monthly Amount:	\$
Source:		Monthly Amount:	\$
Source:		Monthly Amount:	\$
Does Section 8 Subsidize Any Portion Of Your Rent?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency Name:		Amount Section 8 Subsidizes Each Month:	\$
Case Worker's Name:		Phone Number:	

<b>ASSETS</b>	<b>Bank/Institution Name</b>	<b>Balance On Deposit or Balance Owed</b>
Savings Account		
Checking Account		
Stocks, Bonds, Credit Union Shares, CD.'s, Life Insurance Policies Surrender Value, etc.:		

Have you or any member of your household sold or given away any real property or other assets in the past two (2) years? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:				
Other Assets				
Auto Loan		Bank:		Balance Owed: \$
Vehicle Make	Model	Color	Year	License Plate/State
<b>PETS</b>	Do You Own Any Pets?	<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other: Please attach picture of Pet and Vet Records		
Breed:		Weight:		<input type="checkbox"/> Puppy (Over 4 Months Old) <input type="checkbox"/> Full Grown
<b>ADDITIONAL QUESTIONS</b>			<b>YES</b>	<b>NO</b>
Applicant/s acknowledge/s HRH's properties are nonsmoking with designated smoking areas at least 25 feet from building.				
Have you ever been served an eviction notice?				
Have you ever filed for bankruptcy?				
Have you had any recurring problems with your current apartment or landlord?				
Have you been a party to a lawsuit?				
Are you a registered sex offender? If yes, please list states:				
We may run a credit check and a criminal background check. Is there anything we will find that you would like to comment on?				
Have you served in the military?				
Are you a full-time student?				
Do you or any household member expect an increase in your household size? If so, please explain.				

**PROGRAM INFORMATION: ETHNIC ORIGIN:** We are required to report to HUD the ethnic origin of the HEAD OF HOUSEHOLD. We, therefore, ask for your cooperation in providing us with the following information. Please check the ONE box which you feel best describes your ethnic origin. This question is optional, and your response will have NO bearing on your eligibility for a housing unit.

- White, Non-Hispanic       Black, Non-Hispanic       American Indian/Alaskan Native
- White, Hispanic       Black, Hispanic       Asian or Pacific Islander

**DISCLOSURE AGREEMENT:**

I/We certify if selected to live in any properties owned or managed by Hudson River Housing, Inc., the unit, I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize the Owner/Manager to verify all information provided on this application and to contact previous or current landlords, or other sources for credit and verification information which may be released to appropriate Federal, State or local agencies. I/We understand, for some properties, that we have the (1) option to demonstrate proof of 12 months' on-time and in-full rent payment in the past 12 consecutive months OR receipt of subsidy or subsidies that pay the full rent, in lieu of a credit check, (2) the right to review, contest and explain results of a background or credit check, (3) for all properties, rights under the Violence Against Women Act (VAWA) and pursuant to the HCR VAWA Policy and (4) the ability to request a reasonable accommodation. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements are punishable under Federal Law. I/We agree to update and notify management immediately in writing regarding any changes in household address, telephone numbers, income and household composition. I/We agree to notify management in writing every six months of our intent to stay/remain on any HRH waiting list. I/We will be removed from all waiting lists, if we do not send HRH a written intent to stay on waiting lists applied for. I/We understand that once we have moved into an HRH unit, I/We will be taken off all other waiting lists, and will have to re-apply for a new unit. I/We have read and understand the information in this application, and we agree to comply with such information. I/We understand that there may be additional information required if the unit being applied for requires verification of additional eligibility requirements. I/We understand if this application is incomplete, it will be declined. I/We understand that 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.

**FAIR CREDIT REPORTING ACT:**

This is to inform you that as part of our procedure for processing your application, we may investigate your background whereby information is obtained through personal interviews with third parties (such as family members, business associates, financial sources). This inquiry includes information as to your character, general reputation, mode of living, income, a credit check, criminal background check and sex offender screening. 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, marital status, sexual orientation or lawful source of income. Please be advised that any information given to this office that is falsified in any way will automatically result in the denial of your application.

*I/We have read and understand all information contained in this Application, and by signing this application, I/We authorize Hudson River Housing, Inc. to conduct all of the above screening activities.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
PLEASE PRINT NAME AND Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PLEASE PRINT NAME AND Co-Applicant Signature