



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 MAKE SURE APPLICATION IS FULLY COMPLETED.
IF ANY INFORMATION DOES NOT APPLY PLEASE PUT N/A

First Name		Last Name		Birth Date	Driver's License/State
Any Other Names Used In The Past			E-Mail Address		Phone/Cell Phone
Household Composition – List ALL persons who will live in the household. List the Head of Household first.	Gender	Date of Birth	Relationship to Head		Social Security Number

Other contact: Name: _____ Relationship: _____ Phone: _____

Who referred you to HRH? _____

What size unit are you looking for? *SRO is Single Room Occupancy	SRO *	Studio	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom

Preferred Location (not all sizes available at each location) Please check:	Beacon	City of Poughkeepsie	Maybrook 62 years or disabled	Millerton	Red Hook- 62 years and older or 55 and older and minimum income \$11,100	
Town of LaGrange or Poughkeepsie	Cannon Street-55 years plus and min. income of \$16.900	Hyde Park – 55 years plus with income limits	Garden Street – 71, 73 &75 with income limits	Harlow Row	Fallkill Commons on Rose	

RENTAL/RESIDENCE HISTORY	Current Residence	Applicant Previous Residence	Co-Applicant Previous Residence
Street Name			
City			
State & Zip			
Owner/Manager			
Phone Number			
Reason for Leaving			
Is/Was Rent Paid In Full?			
Did You Give Notice?			
Were You Asked To Move?			
Current Rent Amount			
	From/To:	From/To:	From/To:
Dates of Residency			
List all States you have lived in:			

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

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

Other Assets					
ADDITIONAL INCOME (If Any)					
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:		
DEBT					
Credit Card					
Other Debt					
Auto Loan		Bank:		Balance Owed: \$	
Vehicle Make	Model	Color	Year	License Plate/State	
PETS	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
ADDITIONAL QUESTIONS			YES	NO	
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?					
Are you currently homeless?					
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.)?					
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.

- | | | |
|--|--|---|
| <input type="checkbox"/> White, Non-Hispanic | <input type="checkbox"/> Black, Non-Hispanic | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> White, Hispanic | <input type="checkbox"/> Black, Hispanic | <input type="checkbox"/> 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 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 notify management in writing immediately regarding any changes in household address, telephone numbers, income and household composition. 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 you are authorizing 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