

# CATSKILL MOUNTAIN HOUSING DEVELOPMENT CORP.

P.O. BOX 473 \* 448 Main St. \* Catskill, NY 12414  
 PHONE (518) 943-6700 \* FAX (518) 943-6700  
 TDD (800) 662-1220  
 Email: cmh@mhcable.com

## APPLICATION - RD 515 PROGRAM PLEASE PRINT

(Revised 5/2001)



This is an application for housing at: (CHECK ALL THAT APPLY)

- Fairground Estates, Cairo, NY  
 Autumn Grove Apartments, Catskill, NY



Please complete this application and return to Catskill Mountain Housing Development Corporation (agent for management) at the address listed at the top of this page. Applications are placed in order of date and time received. An applicant may be interviewed only after Catskill Mountain Housing Development Corporation receives the application.

**\*THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. LIST HEAD OF HOUSEHOLD FIRST, CO-APPLICANT SECOND, OTHER MEMBERS OF HOUSEHOLD THIRD ETC. ALL INFORMATION IS KEPT CONFIDENTIAL. (If you are unable to fill out this application someone will fill it out for you or you may choose someone to fill it out. That person must sign the last page as the person whose handwriting appears on the form.)**

Applicant Name(s) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Tel. # \_\_\_\_\_

Number of Bedrooms in Current Unit \_\_\_\_\_

Do you: Own \_\_\_\_\_ Rent \_\_\_\_\_

If Renting, Amount of Current Monthly Rent \$ \_\_\_\_\_

### A. LIST ALL PERSONS WHO WILL BE LIVING IN YOUR HOME.

NAME	DATE OF BIRTH	RELATION TO HEAD OF HOUSEHOLD	SOCIAL SECURITY # FOR ALL (include code if collecting from deceased spouse, etc.)
		HEAD	
		CO-APPLICANT	

Do you have any unusual expenses related to employment, such as a care attendant or auxiliary apparatus for a disabled family member? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Would any member of your family benefit from the special design features of an accessible unit? Yes \_\_\_\_\_ No \_\_\_\_\_

Will any alterations to the apartment be necessary for a member of your family? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain \_\_\_\_\_

**B. LIST ALL ASSETS FOR ALL HOUSEHOLD MEMBERS (bank, checking, savings accounts, credit union accounts, C.D.'s, stocks)**

	ACCOUNT #	BANK NAME & ADDRESS	BALANCE	INTEREST RATE
Checking Account(s)				
Saving Account(s)				
Trust Account(s)				
Certificates				
Credit Union				
Savings Bonds				
Other (property held as an investment)				
Life Insurance Policies				

Real Property: Do you own any property? Yes  No

If YES, type of property \_\_\_\_\_

Location \_\_\_\_\_

Appraised Market Value \$ \_\_\_\_\_

Mortgage or outstanding loans balance due \$ \_\_\_\_\_

Amount of annual insurance premium \$ \_\_\_\_\_

Amount of most recent tax bill(s) \$ \_\_\_\_\_

Have you sold/dispensed of any property in the last 2 years? Yes  No

If YES, type of property \_\_\_\_\_

Market Value when sold/dispensed \$ \_\_\_\_\_

Amount sold/dispensed for \$ \_\_\_\_\_

Date of transaction \_\_\_\_\_

Have you disposed of any other assets in the last 2 years (Example: Give 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, list \_\_\_\_\_  
 \_\_\_\_\_



**C. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:**

FAMILY MEMBER  
NAME

SOURCE OF INCOME

_____	a.	Social Security.....	Monthly Amount	\$ _____
_____		Social Security.....	Monthly Amount	\$ _____
_____		Social Security.....	Monthly Amount	\$ _____
_____	b.	Pension.....	Monthly Amount	\$ _____
_____		Pension.....	Monthly Amount	\$ _____
_____		Source of Pension (s) (Please list address if known) _____		
_____	c.	SSI Benefits.....	Monthly Amount	\$ _____
_____		SSI Benefits.....	Monthly Amount	\$ _____
_____	d.	Veterans Benefits .....	Monthly Amount	\$ _____
_____		Veterans Benefits .....	Monthly Amount	\$ _____
_____	e.	Unemployment Comp.	Monthly Amount	\$ _____
_____		Unemployment Comp.	Monthly Amount	\$ _____
_____	f.	AFDC.....	Monthly Amount	\$ _____
_____	g.	Wages...Gross.....	Monthly Amount	\$ _____
_____		Employer _____		
_____		Position Held _____	How Long Employed _____	
_____		Wages...Gross.....	Monthly Amount	\$ _____
_____		Employer _____		
_____		Position Held _____	How Long Employed _____	
_____	h.	Full Time Student Income (Only Full Time Students 18 & Over)		
_____		.....	Monthly Amount	\$ _____
_____		Full Time Student Income (Only Full Time Students 18 & Over)		
_____		.....	Monthly Amount	\$ _____
_____	i.	Earned Income		
_____		Tax Credit.....	ANNUAL Amount	\$ _____
_____	j.	Alimony.....	Monthly Amount	\$ _____ Source _____
_____	k.	Child Support.....	Monthly Amount	\$ _____ Source _____
_____		Child Support.....	Monthly Amount	\$ _____ Source _____
_____	l.	Investment Income.....	Monthly Amount	\$ _____ Source _____
_____		Investment Income.....	Monthly Amount	\$ _____ Source _____
_____	m.	Interest Income.....	Monthly Amount	\$ _____
_____		Interest Income.....	Monthly Amount	\$ _____
_____	n.	Social Services.....	Monthly Amount	\$ _____
_____		Social Services.....	Monthly Amount	\$ _____
_____	o.	Other Income.....	Monthly Amount	\$ _____
_____		Other Income.....	Monthly Amount	\$ _____

TOTAL GROSS ANNUAL INCOME (monthly amounts listed above multiplied x 12) \$ \_\_\_\_\_

Does anyone in the household receive any regular contributions or gifts from non-household members?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, amount \$ \_\_\_\_\_

Does anyone in the household receive any income from property? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

**D. MEDICAL/CHILDCARE/DISABILITY ASSISTANCE EXPENSES**

Are you or anyone in your household seeking an elderly household deduction? Yes \_\_\_ No \_\_\_  
If yes, you must provide evidence in the form of a statement by a qualified individual. THE NATURE OF A DISABILITY DOES NOT HAVE TO BE DISCLOSED.

Medical Costs: Complete this part ONLY if Head or Co-Head is aged 62 years or older, or disabled (regardless of age).

Medicare Premiums.....Monthly Amount \$ \_\_\_\_\_  
.....Monthly Amount \$ \_\_\_\_\_

Medical Insurance Coverage - Name of Insurance Company \_\_\_\_\_  
Address \_\_\_\_\_

Monthly Amount \$ \_\_\_\_\_

Anticipated Medical/Drug/Prescription Costs NOT Covered by Insurance or Reimbursed:

Monthly Amount \$ \_\_\_\_\_

Please include name and address of all pharmacies/companies from which you obtain prescriptions:

Company \_\_\_\_\_ Address \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

Medical bills or outstanding costs You are making monthly payments for:

Balance Due \$ \_\_\_\_\_ Monthly Payments \$ \_\_\_\_\_

Payable to: Name & Address \_\_\_\_\_

Name and Address of all Physicians you are seeing on a regular basis (Please include Dentist and Eyecare, etc.)

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Any other Medical Expenses: List type & amounts: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**DISABILITY ASSISTANCE EXPENSES:** Complete ONLY if Disability Expenses allow a member of the household to work or attend school. List type of expenses, weekly amount, paid to whom:

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

**E. PROGRAM INFORMATION**

Are You Displaced? Yes \_\_\_ No \_\_\_

If YES, Displacement Agency \_\_\_\_\_

Is Your Current Unit Condemned/Substandard? Yes \_\_\_ No \_\_\_

If YES, Describe \_\_\_\_\_

Are You Paying More Than 50% of Your Gross Income for Rent and Utilities? Yes \_\_\_ No \_\_\_

Are you a drug dealer or have you ever been a drug dealer? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

Are you currently using illegal drugs? Yes \_\_\_ No \_\_\_

How did you hear about this housing? \_\_\_\_\_

Will you take an apartment when one is available? Yes \_\_\_ No \_\_\_

Briefly describe your reasons for applying \_\_\_\_\_

\_\_\_\_\_

**F. REFERENCE INFORMATION - WE RESERVE THE RIGHT TO REFUSE AN APPLICANT BASED SOLELY ON NEGATIVE REFERENCES.**

Current Landlord: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Previous Rental Information:  
Prior Landlord \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Prior Landlord \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Are you currently under eviction? Yes \_\_\_\_\_ No \_\_\_\_\_. Have you ever been evicted? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please explain: \_\_\_\_\_

**Credit References:**

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Personal Non-Related References:**

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Name of Person to Contact in Case of Death ( If Different from Above)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**G. OTHER REQUIRED INFORMATION**

Vehicles: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangement with management will be necessary for more than one vehicle.)

Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_  
License Plate # \_\_\_\_\_  
Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_  
License Plate # \_\_\_\_\_

PETS: Do you own any pets? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, Describe \_\_\_\_\_



**CERTIFICATION**

I/We hereby certify that I/We do/will not maintain a separate rental unit in another location.

I/We also certify that this will be my/our permanent residence.

Acceptance of this application does not guarantee rental of an apartment. All applicants must meet screening criteria, including landlord and credit checks. Changes in family income, size and address and phone number must be reported promptly to the management in order to properly process your application.

A security deposit and a one year lease are required.

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.

SIGNATURE: \_\_\_\_\_  
Applicant  
Date \_\_\_\_\_  
Co-Applicant  
Date \_\_\_\_\_

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. 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, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

**Ethnicity:**  
Hispanic or *Latino* \_\_\_\_\_  
Not Hispanic or Latino \_\_\_\_\_  
**Race: (Mark one or more)**  
White \_\_\_\_\_ Black or *African American* \_\_\_\_\_  
American Indian/Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_  
*Native Hawaiian or Other Pacific Islander* \_\_\_\_\_

**Gender:**  
Male \_\_\_\_\_ Female \_\_\_\_\_

**AUTHORIZATION**

I/WE DO HEREBY AUTHORIZE CATSKILL MOUNTAIN HOUSING DEVELOPMENT CORPORATION AND ITS STAFF OR AUTHORIZED REPRESENTATIVE TO OBTAIN A CREDIT REPORT AND TO CONTACT ANY AGENCIES, OFFICES, GROUPS OR ORGANIZATIONS TO OBTAIN AND VERIFY ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY/OUR APPLICATION FOR HOUSING IN THIS PROPERTY MANAGED BY CATSKILL MOUNTAIN HOUSING DEVELOPMENT CORPORATION.

SIGNATURE: \_\_\_\_\_  
Applicant  
Date \_\_\_\_\_  
Co-Applicant  
Date \_\_\_\_\_

\_\_\_\_\_  
Signature of person filling out form for applicant

CATSKILL MOUNTAIN HOUSING DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY STATUS IN THE ADMISSION OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, ITS FEDERALLY ASSISTED PROGRAMS AND ACTIVITIES.

CATSKILL MOUNTAIN HOUSING DEVELOPMENT CORP., 448 MAIN ST., CATSKILL, NY 12414  
PHONE (518) 943-6700 / TDD RELAY SERVICE (800) 662-1220  
HAS BEEN DESIGNATED TO COORDINATE COMPLIANCE WITH THE NONDISCRIMINATION REQUIREMENTS CONTAINED IN THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT'S REGULATIONS IMPLEMENTING SECTION 504 (24 CFR PART 8 DATED JUNE 2, 1988).

Catskill Mountain Housing Development Corporation  
P. O. Box 473/448 Main Street, Catskill, NY 12414  
(518) 943-6700 FAX (518) 943-0113

**CRIMINAL BACKGROUND/CREDIT CHECK**

**WAIVER AND AUTHORIZATION TO RELEASE CONFIDENTIAL &  
PRIVILEGED INFORMATION**

Application #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State \_\_\_\_\_  
Zip \_\_\_\_\_

AKA Name(s) \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

YOU ARE HEREBY AUTHORIZED AND REQUESTED TO disclose, make available all information, records, and reports, or copies thereof, relation to \_\_\_\_\_ including arrest records, if any, final dispositions of such arrests, etc., as may be shown on any local, State or Federal criminal information records and criminal computer upon request by Catskill Mountain Housing Development Corporation upon submission of the Authorization, signed by the individual who is the subject of this record search.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*"Catskill Mountain Housing Development Corporation does not discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin."*



**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 11/30/2009)

Name of Property \_\_\_\_\_ Project No. \_\_\_\_\_ Address of Property \_\_\_\_\_

Name of Owner/Managing Agent \_\_\_\_\_ Type of Assistance or Program Title: \_\_\_\_\_

Name of Head of Household \_\_\_\_\_ Name of Household Member \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

\*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.



## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

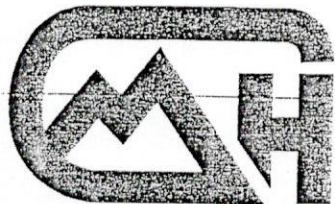
1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



# CATSKILL MOUNTAIN HOUSING DEVELOPMENT CORPORATION

448 MAIN STREET • POST OFFICE BOX 473 • CATSKILL, N.Y. 12414  
(518) 943-6700 • FAX (518) 943-0113 • CMHDC.ORG  
TDD (800) 662-1220

## Application Notification/Acknowledgement

Dear Applicant,

Catskill Mountain Housing Development Corporation properties is adopting a smoke-free policy. This includes Autumn Grove, Orchard Estates, Fairground Estates, Windham Willows and Hemlock Nob. Kaaterskill Manor is already designated as smoke free. Effective immediately, leases for all new tenants will include a smoke-free addendum.

The smoke-free policy will prohibit smoking in all indoor areas, including living units and common areas. Smoking will be prohibited in all outdoor areas, including patios and terraces, except for designated area away from all buildings. This policy will apply to all tenants, guests and visitors, management staff and service personnel.

In order to placed on the waiting list all applicants for any site must sign and return this acknowledgement. If more than one adult will be occupying a unit, each one must sign in the space provided. Your name will be not be placed on the waiting list if the form is not returned and signed

Applicant #1:

I understand and agree to abide by the smoke-free policy that will be included in my lease from the time that it is signed.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant #2:

I understand and agree to abide by the smoke-free policy that will be included in my lease from the time that it is signed.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

