

# APPLE VALLEY SENIOR HOUSING CORP., INC.

1 Apple Valley Drive, A-7

Peru, NY 12972-9674

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PROJECT NAME APPLE VALLEY SENIOR HOUSING CORP, INC.

ADDRESS 1 APPLE VALLEY DRIVE, A-7, PERU NY 12972

OFFICE USE ONLY: DATE & TIME RECEIVED \_\_\_\_\_

THIS FORM SHOULD 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 NUMBER CARD. LIST APPLICANT FIRST, CO-APPLICANT SECOND. 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 \_\_\_\_\_ PHONE # \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

RENT \$ \_\_\_\_\_ UTILITIES INCLUDED ? YES OR NO \_\_\_\_\_

A. LIST ALL PERSONS WHO WILL BE LIVING IN YOUR HOME (**this includes yourself. Your date of birth and social security number is required to process your application**)

NAME	DATE OF BIRTH	RELATION TO HEAD OF HOUSEHOLD	SOCIAL SECURITY #

B. Do you have unusual expenses related to employment, such as care attendant or auxiliary apparatus for a handicapped or disabled family member? Yes \_\_\_ or No \_\_\_

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

Will any alterations to the apartment be necessary for you or a member of your family?

Yes \_\_\_ or No \_\_\_. If yes, please explain: \_\_\_\_\_

**DO YOU REQUIRE A HANDICAP ACCESSIBLE UNIT OR REASONABLE ACCOMODATION DUE TO A DISABILITY? YES \_\_\_ OR NO \_\_\_**



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

**NAME OF FAMILY MEMBER      SOURCE OF INCOME**

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_____	a.	Social Security monthly amount	\$ _____
_____		Social Security monthly amount	\$ _____
_____	b.	Pension monthly amount	\$ _____
_____		Pension monthly amount	\$ _____
		Source of Pension(s) _____	
_____			
_____	c.	SSI Benefits monthly amount	\$ _____
_____		SSI Benefits monthly amount	\$ _____
_____	d.	Wages Gross monthly amount	\$ _____
Employer's Name _____			
Employer's Address _____			
_____		Wages Gross monthly amount	\$ _____
Employer's Name _____			
Employer's Address _____			
_____	e.	Unemployment Comp. monthly amount	\$ _____
_____		Unemployment Comp monthly amount	\$ _____
_____	f.	Social Services monthly amount	\$ _____
_____		Social Services monthly amount	\$ _____
_____	g.	Alimony monthly amount	\$ _____
_____		Alimony monthly amount	\$ _____
_____	h.	Other Income monthly amount	\$ _____
		Source _____	
_____		Other Income monthly amount	\$ _____
		Source _____	
_____	i.	Income from investments monthly amount	\$ _____
_____		Income from investments monthly amount	\$ _____
_____	j.	Interest income monthly amount	\$ _____
_____		Interest income monthly amount	\$ _____

Do you anticipate any changes in this income during the next 12 months? Yes  or No

Does anyone in the household receive any regular contributions or gifts from non-household members? Yes  or No . Please explain: \_\_\_\_\_

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Does anyone in the household receive any income from property? Yes  or No

Do you expect anyone not listed on this application to be moving in with you in the future? Yes  or No

**D. PLEASE LIST ALL ASSETS FOR ALL HOUSEHOLD MEMBERS**

(Bank checking, savings accounts, credit union accounts, C.D.'s , stocks)

	ACCOUNT #	BANK	BALANCE	INTEREST RATE
Checking Account				
Savings Account				
C.D.'s				
Savings Bonds				
Other (property held as an investment				

Real Property: Do you own any property? Yes \_\_\_ or No \_\_\_

If yes, type of property \_\_\_\_\_

Where is property located \_\_\_\_\_

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

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

If yes, what type of property \_\_\_\_\_

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

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

Have you disposed of any assets in the last 2 years (Example: Given away money to relatives, set up irrevocable trust accounts? Yes \_\_\_ or No \_\_\_ If yes, describe asset \_\_\_\_\_

Date of Disposition \_\_\_\_\_ Amount disposed \$ \_\_\_\_\_

Do you have any other assets not listed above (excluding personal property) Yes \_\_\_ or No \_\_\_

**E. MEDICAL/CHILD CARE /HANDICAP ASSISTANCE EXPENSES**

A deduction is allowed for households where head or co-head is elderly, (62 or older), handicapped or disabled (regardless of age).

Are you or anyone in your household seeking this deduction Yes \_\_\_ or No \_\_\_

If yes, you must provide evidence in the form of a statement by a qualified individual. THE NATURE OF A HANDICAP OR DISABILITY DOES NOT HAVE TO BE DISCLOSED.



3. Are you currently under eviction or have you ever been evicted?  
Yes \_\_\_\_ or No \_\_\_\_ If yes, why \_\_\_\_\_  
\_\_\_\_\_
4. Are you a current illegal user of a controlled substance or have you ever been convicted of using a controlled substance? Yes \_\_\_\_ or No \_\_\_\_
5. Are you a drug dealer or have you ever been a drug dealer? Yes \_\_\_\_ or No \_\_\_\_
6. If you answer yes to either question F4 or F5, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? Yes \_\_\_\_ or No \_\_\_\_

**CRIMINAL HISTORY:**

1. Have you ever been convicted of or pleaded guilty or “no contest” to a misdemeanor (whether or not resulting in a conviction)? Yes \_\_\_\_ or No \_\_\_\_
2. Have you ever been convicted of or pleaded guilty or “no contest” to a misdemeanor involving sexual misconduct (whether or not resulting in a conviction)? Yes \_\_\_\_ or No \_\_\_\_
3. Are you or any member of your household subject to State lifetime sex offender registration in any states. \_\_\_\_\_Yes \_\_\_\_\_NO
4. Please provide (attach) a list of all states that you and any household members have lived

**CREDIT REFERENCES:**

NAME	ADDRESS	PHONE NUMBER

**PERSONAL REFERENCES (NO RELATIVES)**

NAME	ADDRESS	PHONE NUMBER

IN CASE OF AN EMERGENCY, NOTIFY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

**LIST THE FOLLOWING INFORMATION FOR YOUR VEHICLE.**

YEAR	MAKE	COLOR	PLATE NUMBER

Do you own any pets: Yes \_\_\_\_ or No \_\_\_\_ If yes, describe: \_\_\_\_\_

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 management in order to properly process your application.

A security deposit and a one-year lease are required. Copies of birth certificates or acceptable proof of age will be required for all household members.

I/We certify that all information in this application is true to the best of my/our knowledge and that 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. I/We certify that if accepted for tenancy, this unit will be my/our permanent residence and I/We will not maintain a separate subsidized rental unit in a different location.

SIGNATURES

_____	_____
Applicant	Co-Applicant
_____	_____
Date Signed	Date Signed

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 \_\_\_\_\_ Asian \_\_\_\_\_

American Indian/Alaska Native \_\_\_\_\_ Native Hawaiian Other Pacific Islander \_\_\_\_\_

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

AUTHORIZATION

I/WE DO HEREBY AUTHORIZE APPLE VALLEY SENIOR HOUSING FORP, INC AND ITS STAFF OR AUTHORIZED REPRESENTATIVES 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 APPLE VALLEY SENIOR HOUSING CORP.

SIGNATURES:

_____ Applicant	_____ Co-Applicant
_____ Date Signed	_____ Date Signed

\_\_\_\_\_  
Signature of Person Filling Out Form for Tenant

"This institution is an equal opportunity provider and employer.

**"This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office or call (866) 632-9992 to request a form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)."**