
GENERAL INFORMATION REGARDING APPLICATION PROCESS

GREENE - WOODSIDE MANOR I and II APARTMENTS are USDA Rural Development apartments. The Management Company follows the rules and regulations of Rural Development. We maintain a waiting list for all applicants. An application is attached. Thank you for your interest in our complex.

1. **Qualifications:** Family Housing – You must meet income qualifications. Priority for all applicants is given to the very low-income level.

Income qualifications for this property are:

Very low income for 1 person = **\$29,200** adjusted yearly income.

Very low income for 2 people = **\$33,400** adjusted yearly income.

2. You MUST complete all questions on the application and return it with the following items:
 - A. **Driver's license, Photo ID and social security card**
 - B. Elderly Status (62 or Older) - copy of your **social security letter or birth certificate**
 - C. Handicapped/Disabled Status - copy of your **SSI or SSD award**, or a statement by a qualified individual. ****The nature of your handicap/disability DOES NOT have to be disclosed.****
3. You will be placed on the waiting list according to the date and time we receive a completed application, your income level, and your apartment request. You may request upstairs, downstairs, or special features for handicap disability.
4. When your application is received in the main office, we will send you a notification via mail. Please keep this information for future reference. **** If you change your phone number, address, or income level, please notify our office.** If you do not accept an apartment when your name comes up on the wait list or if we are unable to contact you due to out of date phone numbers or address, you will be removed from the wait list.
5. Rent is based upon your total household yearly gross income, assets and medical, childcare, handicap expenses according to Rural Development Regulations, **rent will not be determined until an applicant is called for a pre-rental meeting.** **You will pay basic rent OR 30% of your adjusted monthly income, whichever is lower.** A security deposit and a one-year lease are required.

Please keep this coversheet as a reference for you to contact us at the above address and phone.

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



"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, or at any USDA office, or call (866) 632-9992 to request the 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."



Woodside Manor I and II Apartments

13 Grace Drive – APT. E2 – OFFICE

Greene, NY 13778

Phone: (607)875-4117

Fax: 607-962-8328

WOODSIDE MANOR I and II APARTMENTS, GREENE, NEW YORK

13 Grace Drive, Apt. E2 - OFFICE

Greene, New York 13778

Phone: (607) 875-4117

Office Use Only

Date Received: _____

Time Received: _____

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 your social security card. ALL information is kept confidential.

****If you are unable to fill out this application, someone may fill it out for you. That person must sign the last page as the person whose handwriting appears on the form. If you need additional assistance, you may contact this office.**

1. Verification: Read all sections and complete as directed. Please include the following items with this application (as applicable):

- A. Driver’s license, Photo ID and Social Security Card**
- B. Elderly Status (62 or Older) - copy of your social security letter or birth certificate**
- C. Handicapped/Disabled Status - copy of your SSI or SSD award, or a statement by a qualified individual.**
****The nature of your handicap/disability DOES NOT have to be disclosed.**

*****ALL BLANKS MUST BE FILLED IN OR MARKED AS N/A NON-APPLICABLE*****

Name: _____

Number of Bedrooms needed: _____

Current Address: _____

Home Phone: () _____

City, State, Zip: _____

Cell Phone: () _____

Household: List yourself and all persons who will be living in your home: YOU MUST INCLUDE SS#'s

| Name | M/F | Date of Birth | Relation to head of house | Social Security # <i>For all members</i> | Are you a US citizen? |
|------|-----|---------------|---------------------------|---|-----------------------|
| | | | Head of Household | | Yes / No |
| | | | Co-Head/Tenant | | Yes / No |
| | | | Minor – Member | | Yes / No |
| | | | Minor – Member | | Yes / No |
| | | | Minor – Member | | Yes / No |
| | | | Minor – Member | | Yes / No |

A. Please list any other names you were known as (i.e., maiden names or aliases): _____



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

C. Does ANY household member have any unusual expenses related to employment such as a care attendant or auxiliary apparatus for a handicapped or disabled family member? Yes No
If yes, please explain: _____

D. Do you require a handicap accessible unit reasonable accommodation due to disability? Yes No

E. Apartment location and bedroom size: **You may indicate more than one**
 1 Bedroom 2 Bedroom
 Upstairs Downstairs Handicapped accessible unit

| |
|--|
| <u>Qualify for bedroom size as follows:</u> 1 person = 1 bedroom apt. 2 people = 1 or 2 bedroom apt. 3-4 people = 2 or 3 bedroom apt. 4-5 people = 3 bedroom apt. |
|--|

F. In case of emergency, notify: _____
Address: _____ Town: _____ State: _____ Zip: _____
Phone: Home: (____) _____ Work: (____) _____ Cell: (____) _____
Relationship to tenant: _____

G. List year, make, color and license plate # for all vehicles in your household:
Year/Make: _____ Color: _____ License Plate #: _____
Year/Make: _____ Color: _____ License Plate #: _____

H. Does ANY member of your household own any pets: Yes No
 Cat (number of) _____ Dog (number of) _____ Other (number of) _____
If yes, describe: _____

3. Real Property:

A. Does ANY member of your household own any property? Yes No
If Yes, Type of property: _____
Property location: _____
Appraised market value: \$ _____
Does anyone in the household receive any income from property? Yes No
Amount: \$ _____

B. Has ANY member of your household sold or disposed of any property in the last 2 Years? Yes No
If yes, type of property: _____
Market value when sold/disposed of: \$ _____
Amount sold/disposed for: \$ _____
Date of transaction: _____

C. Has ANY member of your household disposed of any other assets in the last 2 years? Yes No
(Example: Given away money to Relatives, Set up Irrevocable Trust Accounts)
If yes, describe asset: _____
Date of disposition: _____
Amount disposed: \$ _____

4. **Income:** List ALL sources of household income as requested below: Include ALL members with income

| Name of Family Member | Source of Income | Monthly Amount | Annual Amount |
|-----------------------|------------------------------------|----------------|---------------|
| | Social Security (Head) | \$ | \$ |
| | Social Security (Co-Head) | \$ | \$ |
| | Pension (Head) | \$ | \$ |
| | Pension (Co-Head) | \$ | \$ |
| | SSI Benefits (Head) | \$ | \$ |
| | SSI Benefits (Co-Head) | \$ | \$ |
| | Wages-Gross | \$ | \$ |
| | Wages-Gross | \$ | \$ |
| | Secondary Wages-Gross | \$ | \$ |
| | Secondary Wages-Gross | \$ | \$ |
| | Unemployment or Severance | \$ | \$ |
| | Unemployment or Severance | \$ | \$ |
| | Social Services (DSS) | \$ | \$ |
| | Social Services (DSS) | \$ | \$ |
| | Alimony | \$ | \$ |
| | Child Support | \$ | \$ |
| | Grants/Loan for FT Student over 18 | \$ | \$ |
| | Grants/Loan for FT Student over 18 | \$ | \$ |
| | Earned Income Credit | \$ | \$ |
| | Earned Income Credit | \$ | \$ |
| | Other Monthly Income | \$ | \$ |
| | Other Monthly Income | \$ | \$ |
| | Income from Investments | \$ | \$ |
| | Income from Investments | \$ | \$ |
| | Income Interest | \$ | \$ |
| | Income Interest | \$ | \$ |
| | Military pay or allotment | \$ | \$ |
| | Military pay or allotment | \$ | \$ |

- A. Does ANY member of your household anticipate any changes in this income during the next 12 months? Yes No
If yes, explain and list amount: _____
- B. Does ANY member of your household work for someone who pays in cash? Yes No
- C. Does anyone outside of your family give money to any member of your household? Yes No
- D. Is ANY member of your household self-employed? Yes No
- E. Does ANY member of your household receive any other type of payments not mentioned here? Yes No
If yes, explain and list amount: _____

5. **Assets:** list ALL assets for ALL household members:

| | Account number | Bank | Balance | Interest rate |
|----------------|----------------|------|---------|---------------|
| Checking | | | | |
| Savings | | | | |
| Credit Union | | | | |
| CD'S | | | | |
| Money Market | | | | |
| Stocks / Bonds | | | | |
| Annuities | | | | |
| IRA'S | | | | |
| Life Insurance | | | | |
| Loans | | | | |
| Cash on hand | | | | |

A. Does ANY member of your household have any other assets not listed above? (*Excluding personal property*) Yes No
 If yes, list: _____

6. **Landlord References:** **Requires complete address or application will be returned to you for completion**

Current Landlord:

Name: _____ Phone: (____) _____ Dates: _____ to _____
 Address: _____ Town: _____ State: ____ Zip: _____

Previous Landlord:

Name: _____ Phone: (____) _____ Dates: _____ to _____
 Address: _____ Town: _____ State: ____ Zip: _____

**List all states you have resided in: _____

A. Are ANY household members currently under eviction or have ever been evicted or had a lease terminated? Yes No
 If yes, who: _____ Why: _____

B. Has ANY household member paid fees for late payment of rent? Yes No

C. Has ANY household member owed money to a landlord for damages or non-payment of rent? Yes No

D. Has ANY household member owed money to a Public Housing Authority or Management Company? Yes No

E. Has ANY household member been detained or incarcerated by the police? Yes No

F. Are ANY household members current illegal users of a controlled substance, or ever been convicted for the same, or ever been convicted for the manufacture or distribution of a controlled substance? Yes No

If yes, who: _____
 Why: _____

If Yes, has that household member successfully completed a controlled substance abuse program or is currently enrolled in a program? Yes No

- G.** Has ANY household member ever been convicted of or pleaded guilty or “no contest” to a felony?
**Whether or not resulting in a conviction.* Yes No
 Yes No If yes, who: _____
 Why: _____
- H.** Has ANY household member ever been convicted of or pleaded guilty or “no contest” to a misdemeanor?
**Whether or not resulting in a conviction.* Yes No
 If yes, who: _____
 County: _____
 Charge: _____
- I.** Has ANY household member ever been convicted of or pleaded guilty or “no contest” to a misdemeanor involving sexual misconduct? **Whether or not resulting in a conviction.* Yes No
 If yes, who: _____
 What county/state: _____
- J.** Is ANY household member listed on this application subject to a lifetime registration requirement under ANY state sex offender registration program? Yes No
 If yes, who: _____

*****IF NOTHING APPLIES TO YOUR HOUSEHOLD, YOU MUST MARK N/A*****

- 7. Medical/Childcare/Handicap Assistance Expenses: **Complete this ONLY if head of household or co-tenant is age 62 or older, or handicapped/disabled regardless of age. ****
- A.** Medicare premium(s): _____ Monthly amount: \$ _____
 Medical insurance premiums(s): _____ Monthly amount: \$ _____
 Insurer's name: _____
- B.** Anticipated expenses NOT covered by insurance or reimbursed:
 Medical monthly amount: \$ _____
 Prescription monthly amount: \$ _____
- C.** Medical bills you are making monthly payments for:
 Balance due: \$ _____ Monthly amount: \$ _____
 Payable to: _____
- D.** Other medical expenses: _____ Monthly amount: \$ _____
 Payable to: _____
- E.** Childcare cost: complete ONLY if you have children 12 years or younger.
 What are your weekly costs for childcare due to employment or education?
 Weekly amount: \$ _____
 Payable to: _____
 Reason for expense: _____
- F.** Handicap assistance expenses: complete ONLY if handicap expense allows a member of the household to work or attend school:
 Weekly amount: \$ _____
 List type of expenses: _____
 Payable to: _____

8. Credit References: *Bank, Charge Card, Car Loan, Etc.*

Name: _____ Phone: (____) _____
Address: _____ Town: _____ State: _____ Zip: _____

Name: _____ Phone: (____) _____
Address: _____ Town: _____ State: _____ Zip: _____

9. Personal References: *No Relatives*

****Requires complete address or application will be returned to you for completion****

Name: _____ Phone: (____) _____
Address: _____ Town: _____ State: _____ Zip: _____

Name: _____ Phone: (____) _____
Address: _____ Town: _____ State: _____ Zip: _____

10. SIGNATURES:

I/we certify that I/we do/will not maintain a separate rental unit in a different 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 applications must meet screening criteria. Changes in family income, size, address or 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.

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.

Applicant Date signed.

Co-Applicant Date signed.

11. AUTHORIZATION:

I/we do hereby authorize Community Progress, Inc and its staff or authorized representative 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/recertification for housing in the property managed by Community Progress, Inc.

This will include police/background checks and credit checks. This will include a criminal/background check done ANNUALLY for ALL members of the household 18 years of age and older.

Applicant Date signed.

Co-Applicant Date signed.

Signature of person filling out application for applicant Date signed

*****Please remember to attach a copy of your Driver's license or photo ID & Social Security Cards with this application*****

Community Progress, Inc. and its employees do not discriminate on the basis of handicapped/disabled status in the admission or access to, or treatment, or employment in, its federally assisted programs and activities. "In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs)

COMPLETION OF THIS SECTION IS OPTIONAL:

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color national origin, religion, sex, familial status, age, and disability are complied with. You are not required to provide this information. This information will not be used in evaluating your application or to discriminate against you in any way.

| | |
|---|---|
| <p><u>Applicant #1:</u> Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p>Race: <i>(Mark one or more if applicable)</i> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or another Pacific Islander <input type="checkbox"/> Other: _____</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> | <p><u>Applicant #2:</u> Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p>Race: <i>(Mark one or more if applicable)</i> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or another Pacific Islander <input type="checkbox"/> Other: _____</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> |
|---|---|



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