



### MIDDLETOWN FAMILY HOUSING / MIDDLETOWN HOUSING AUTHORITY / MIDDLETOWN HOUSING ASSOCIATES, L.P.

#### 22 SWEEZY AVENUE **MIDDLETOWN, NEW YORK 10940**

PHONE: (845) 343-1168 FAX: (845) 343-2833

<b>FOR OFFICE USE ONLY</b>
DATE:
APP NUMBER:
# BEDROOMS:

## **RENTAL APPLICATION**

SUMMITFIELD AND DAVID MOORE HEIGHTS APARTMENT COMPLEXES

#### APPLICANT MUST BE OVER 18 AND HAVE THE LEGAL CAPACITY TO SIGN A LEASE.

This application is to be completed fully and in detail. The application will be returned to the applicant if sections or questions are left blank. The information provided will be used in the tenant selection process by the landlord, and is subject to verification by the landlord. In the event that any information provided is later determined to be false, the landlord may terminate any lease. Please print clearly and legibly. This form must be completed by the HEAD of Household.

Please Print:		T <sub>pe</sub> rel	tjasmal vi				
		Date of application:					_
Co-Applicant's full na		Email <u>:</u>					
Home phone #:			and addison	<u>Wor</u>	k phone #:		
Driver's license no. or	r State ID no.	D no. State:				A TURNE OF A CO.	
Current Residence:							
Address:		Ant:	City:		State:	7in	
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	<u> </u>		Ant: Cit	۸.	State: Zin:		
Phone #:					ctate zip.		_
Previous Residence #	1.	reduction	iomp to appli	Jant			_
Address:		Ant:	City		State:	7in	
	to				otate		
Reason for moving:				, . ayo <u>v</u>			
Landlard name:			1112 - 1721-E		Es de la red de la companya della companya de la companya della co	110	
Address:			City:		State:	7in	
Phone #:		Relation	oity	cant:	otate		•
Previous Residence #		rtolation	iomp to appli	Jan			
Address:		Ant <sup>.</sup>	City:		State:	7in	
Lived there from	to						
Reason for moving:				ny raymona <u>v</u>			
Landlord name:			and the second	THE PART OF		-	
Address:		Apt:	City:		State:	Zin	):
Phone #:							
NAMES OF HOUSEHOLD MEMBERS	RELATION	ISHIP	SOCIAL SECURITY	PLAC	E DATE		FULL TIME STUDENT?
(FIRST, MIDDLE INITIAL, LA			NUMBER		H (MM/DD/		
	HEA	D					

	ecked "Yes," please explain:	□ N
DISABILI If you che	TY STATUS: Do you, or anyone who will reside with you, have special needs? □ Yes ecked "Yes," please explain:	□ No
GENERA	L INFORMATION: FAILURE TO ANSWER THESE QUESTIONS IS AN AUTOMATIC REJEC	CTION
	APPLICATION	TION
	your spouse, or any other proposed occupant ever:	
	been evicted from any residence?    Yes	□ No
	willfully or intentionally refused to pay rent?	
	been arrested and convicted of a misdemeanor or felony?	
4)	been arrested and convicted for possession, sale, or delivery of any illegal or controlled subs	
5)	or methamphetamine?	□ No
	cooperate with the recertification procedure?   □ Yes	
6)	Is anyone who is listed on this application a registered lifetime sex offender in any	
	state? □ Yes	$\square$ N
	ever rented or resided at Middletown Housing Authority/Middletown Family Housing? I	f yes,
	ever rented or resided at Middletown Housing Authority/Middletown Family Housing? I	f yes,
nclude da	ates of residency.	f yes,
nclude da	ates of residency.	
nclude da	ates of residency.  8: Section 8 recipient?	□ No
nclude da	ates of residency.	
nclude da	ates of residency.  8: Section 8 recipient?	□ No
nclude da	ates of residency.  8: Section 8 recipient?	□ No
nclude da	ates of residency.  8: Section 8 recipient?	□ No
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nclude da	ates of residency.  8: Section 8 recipient?	□ No
nclude da	ates of residency.  8: Section 8 recipient?	□ No
SECTION Are you a	8: Section 8 recipient? Yes ve your own Section 8 voucher? Yes	□ No

#### INCOME: All information must be filled out or the application will be returned to the applicant.

- I. RURAL DEVELOPMENT, USDA, and SECTION 42 of the Internal Revenue Code regulations require that all applicants/residents reveal all sources of income and assets.

  Applicants/residents for housing in this RURAL DEVELOPMENT/USDA property must complete this disclosure form by filling in the requested information and certifying this form. This form

  MUST be completed ENTIRELY. Please provide the mailing address and phone number for each of these sources in the area provided.
- II. To determine your eligibility to occupy a unit in this project, we need the total amounts of all income sources earned by your household. You must list any income in which you and your household members receive.

#### Check "Yes" if you receive income from the listed source, and "No" if you do not.

THE HOUSEHOLD INCOME SOURCES	CHECK YES OR NO	HOUSEHOLD MEMBER WHO RECEIVES THE INCOME	MONTHLY GROSS AMOUNT RECEIVED (SEE PART II ABOVE)	COMPANY NAME, PHONE #, ADDRESS TO SEND VERIFICATION FORM (MUST PROVIDE)
Salary / Wages / Employment Tips / Bonuses	□ YES		3.19	
Self Employment / Unearned Income / Workers Comp.	□ YES		2.71.4	
Social Security Benefits	□ YES		5_9	eredatijustski i veri
SSI	□ YES			a ya yaya Naya
Disability Pension / Death Benefits	□ YES			To Steen that it is
Pension / Retirement Funds	□ YES		A STATE OF THE STA	ari su a se
AFDC / TANF / Social Services	□ YES		ey :	
Rental Income	□ YES			(P. 1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Child Support / Unearned Income from a family member under seventeen (17) years old	□ YES □ NO			of the company to
Alimony	□ YES			
Military Paper / G.I. Bill / VA	□ YES	··· inulaens ( <u>es</u>	eut "oW" pr " xal	r Kasmar Holling II, 1988,
Unemployment	□ YES		n capi edd cire.	
Net Farm / Business Income	□ YES		i i incompara	y hada e tan ara ara
Payment recorded on real estate / Rental income or income form a contract sale of real estate	□ YES	n rgirnjorg ku	M. C. S. S.M., of The Section	as practical design of the second of the sec
Interest on Checking / Savings Account	□ YES	- A A A A A A A A A A A A A A A A A A A		) daptatii tala 1999 - Tala Tala 1999 - Tala 1999 - Ta
Interest on Bonds / CD's	□ YES			
Investment dividends	□ YES			
Stock dividends / Annuities / Trusts	□ YES		_ p = 1°g = 1 · L · · · · · ·	
Recurring gifts / Monetary or not	□ YES		Sahensia tar	y za protopyta bosi Jasty
Other	□ YES		artost vallage of yo	m bada igga sittir të 19

# ASSETS: All information must be filled out or the application will be returned to the applicant.

## All information below must be filled out completely.

TYPE OF ASSETS	CHECK YES OR NO	VALUE	ACCOUNT#	ORGANIZATION NAME, PHONE NUMBER, ADDRESS	FOR OFFICE USE ONLY
Checking Account	□ YES				
Debit Account	□ YES				
Savings Account	□ YES				
Cash App or Paypal	□ YES				
Cash on hand / at home	□ YES				
Trust accounts / Revocable or Irrevocable	□ YES				
CD's	□ YES				
Investment accounts/Credit Union	□ YES				
IRA's / Pensions / 401k / Mutual Funds	□ YES				
Stocks / Bonds / Money Account	□ YES				
Whole Life Insurance	□ YES				
Safety Deposit Box	□ YES				
Savings Bonds	□ YES				
Personal Property held as an investment	□ YES				
Recurring monetary gifts	□ YES □ NO				

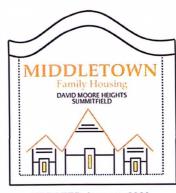
REAL ESTATE (check "Yes" or "No" for each question): Do you:  1) own any property?	□ No
If you checked "Yes," what is the type of property you own?	
What is the location of your property?	
What is the appraised market value of your property?\$	
2) have any land contracts?	□ No
What is the appraised market value of your property?\$	
3) receive any rent from your property? □ Yes	□ No
If you checked "Yes," what is the type of property you own?	
What is the location of your property?	
What is the appraised market value of your property?\$	

In considering this application, the landlord will rely heavily on the information the applicant (s) provide and a tenant screening background check. It is important that the information the applicant (s) provide is <u>accurate</u> and <u>complete</u>. By signing this application the applicant (s) represents the accuracy of the information and authorizes the management to verify any of the references that the applicant (s) have listed. Any indication of a criminal history will require the applicant (s) to obtain a disposition of charges. The applicant (s) will have the right to review, contest, and explain the information contained in these documents and it will be the applicant (s) right to present evidence of rehabilitation.

I do hereby certify that the information listed on this form and the questions answered are true and complete to the best of my knowledge. I further certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form (other personal property). I realize that false statements are fraudulent and are a criminal offense which is punishable by fine or imprisonment or both. Rural Development has also established a process to match resident wage and benefit date with federal and state records to assure that applicants/residents are fully disclosing income. I hereby consent to release wage matching data to Rural Development and Landlord. I hereby certify that if I am applying for a Federally subsidized apartment, it will serve as my permanent residence, and that I will not maintain a separate subsidized rental unit in a different location.

PROVIDING FALSE OR INACCURATE INFORMATION WILL RESULT IN <u>IMMEDIATE</u> REJECTION OF YOUR APPLICATION. <u>APPLICATION MUST BE FILLED OUT COMPLETELY OR IT WILL DELAY PROCESSING AND RETURNED TO THE APPLICANT.</u>

Applicant Signature	Today's Date (MM/DD/YYYY)
Co-Applicant Signature	Today's Date (MM/DD/YYYY)



**UPDATED January 2023**