



Application For Admission
VAN RENSSELAER
VILLAGE

2400 Second Avenue, Watervliet, NY 12189
 Tel: 518/273-4717 Fax: 273-4730
 E-Mail: Office@WatervlietHousing.org

WHA USE ONLY	Bedroom Size _____
Date _____	Time _____
On the basis of the determinations set forth the, applicant family named herein has been found to be:	
Preliminary:	<input type="checkbox"/> Eligible for Admission
Initials:	<input type="checkbox"/> Ineligible for Admission
Priority Ranking 1 2 3	
Application # _____	

GENERAL INFORMATION: Fill out completely.

Name _____ Phone (Home) _____ (Bus.) _____
 Address _____ City _____ State _____ Zip _____
 Alternate Person to contact: Name _____ Phone: _____

Floor	
1st.	<input type="checkbox"/>
2nd.	<input type="checkbox"/>
Front	<input type="checkbox"/>
Rear	<input type="checkbox"/>
Whole	<input type="checkbox"/>

FAMILY COMPOSITION: (Persons who will move into the apartment) *E-Mail Address* _____

Family Member No.	Name of Family Members	Relation to Family Head	Date of Birth	Age	Sex	Occupation	S. S. #

Absent Parent's Name _____ Absent Parent's Address _____
 Absent Parent's Name _____ Absent Parent's Address _____
 Absent Parent's Name _____ Absent Parent's Address _____
 Anticipated Changes in Family Composition: _____

The following information is being requested to comply with Equal Opportunity requirements and to assure that no discrimination occurs. Your answers will not affect (either positively or negatively) your selection for the program.
 Is the head of household? White Asian Black Hispanic American Indian

INCOME: (Total income, e.g. wages, social security, pension, social services, interest and other.)

Family Member No	Source of Income or Name of Employer	Address	Gross income per year

Did you file a federal income tax return last year? _____
 What is your present monthly rent? _____ What is your monthly utilities cost? _____
 If you pay for utilities, please check below what utilities you pay for:
 Heating: gas oil electric Cooking: gas electric Electric Lights: Yes No
 No. of bedrooms in your apt: _____ Water Heating: gas oil electric

CURRENT HOUSING CONDITIONS: Describe your present housing conditions: _____

Were you ever evicted? Yes No If yes, give reason: _____
 Do you have roaches? Yes No

ASSETS: (List all assets, e.g. home, stocks, bonds, savings accounts, etc.)

Name of bank for checking account: _____ Account # _____
 Name of bank for checking account: _____ Account # _____
 Any others: Name: _____ Account # _____
 List any others: _____
 Does anyone outside of your household pay for any of your bills or give you money? Yes No If Yes, list: _____
 Have you sold any real estate in the last two years? Yes No Do you own any stocks or bonds? If Yes List: _____
 Do you own a car? Yes No Model _____ Year _____ Plate # _____



VETERAN: (*Watervliet resident only*)

If you are a Watervliet Resident — are you or any member of your family been in or is in the Military? Yes No

HANDICAPPED: Do you claim to be disabled or handicapped for the purpose of Housing? Yes No
Do you need a handicapped accessible unit? Yes No

GENERAL: Explain in detail (use additional paper if needed) why you want or need to move?

REFERENCES: List three references — DO NOT USE RELATIVES.

Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____

Mothers Name: _____ Address: _____ Phone: _____
Fathers Name: _____ Address: _____ Phone: _____

PAST/PRESENT LANDLORDS: List your landlords for the **past 5 years**, including your present landlord.

- (1) Date: From _____ To _____
Landlord Name: _____ Their Address: _____
Apt Address: _____ Landlord Phone #: _____
Reason for leaving: _____
- (2) Date: From _____ To _____
Landlord Name: _____ Their Address: _____
Apt Address: _____ Landlord Phone #: _____
Reason for leaving: _____
- (3) Date: From _____ To _____
Landlord Name: _____ Their Address: _____
Apt Address: _____ Landlord Phone #: _____
Reason for leaving: _____

MISC:

Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes No If Yes, explain: _____

Maiden name of wife or alias: _____

Have you ever lived in Public Housing? Yes No If yes, where? _____

Have you ever lived in the City of Watervliet? Yes No If yes, where? _____

Address: _____ How Long? _____ Landlords Name: _____

Have you or anyone in your household ever been convicted of any crime other than traffic violations? Yes No
If Yes, explain: _____

Have you ever committed any fraud in a Federal Assistance Housing Program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes No

If Yes, explain: _____

I understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein. A letter will be sent to me as proof I filed an application within 7-10 days. I must keep this letter for my records. Also every year I will be sent a letter to return if I am still interested. I must return this letter or my application will be pulled. I understand I must notify the WHA of any changes in income, address, phone number or family composition.

I/We _____, _____, do hereby authorize a review and full disclosure of all consumer credit records concerning myself and authorize any and all references to verify my past as a tenant or character, including counselors, landlords, etc. to the Watervliet Housing Authority through any agent, whether said records are of a public, private or confidential nature. I further release any credit agent and Watervliet Housing Authority from any and all liability which may be incurred as a result of collecting and supplying the above-listed firm with said information.

(Signature of Head of Household)

(Signature of Spouse)

(Date)

Interviewer Comments

Home Visit Comments

Orientation:
(1) Husband _____
(2) Spouse _____

Home Visit By: _____ Date: _____

Interviewed By: _____ Date: _____

Approved By: _____ Date: _____