

Application For Admission



Green Island Senior Housing Facility

20 Clinton St., Green Island, NY 12183
Tel: (518) 273-2201 • Fax: (518) 273-2235

OFFICE 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: Eligible for Admission
 Ineligible for Admission

Initials _____ Application # _____

GENERAL INFORMATION: Fill out completely.

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

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

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

Maiden name of wife or alias: _____

Please describe your current housing:

HANDICAPPED: Do you need special accommodations in your housing due to a disability? Yes No

Explain in detail (use additional paper if needed)

REFERENCES: List three references — PLEASE DO NOT USE RELATIVES.

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

Income Information

Income Information: *Please indicate each source of income that any member of your household receives or anticipates receiving in the next twelve (12) months as specified below. Please use gross figures.*

Description	Household Member		Amount Received
	(#1)	(#2)	
Wages	_____	_____	\$ _____
Social Security	_____	_____	\$ _____
Disability	_____	_____	\$ _____
Unemployment	_____	_____	\$ _____
Pension/Annuities	_____	_____	\$ _____
Severance Pay	_____	_____	\$ _____
Income from Persons Permanently Confined to Nursing Home, Etc.	_____	_____	\$ _____
Worker's Compensation	_____	_____	\$ _____
Recurring Gifts/ Contributions	_____	_____	\$ _____
Lottery Payments (<i>periodic</i>)	_____	_____	\$ _____
Rental Income	_____	_____	\$ _____
VA Benefits	_____	_____	\$ _____

Income Information *(continued)*

Asset Information: *Assets include cash, trust corpus, equity in real estate, including vacation or summer homes or capital investments, notes receivable, stocks bonds, money market accounts, certificates of deposit, IRA's, retirement and pension funds. You must also include the value of any assets disposed of in the past 24 months at less than fair market value.*

Description	Household Member (#1)	Amount Received
Checking Account	_____	\$ _____
Savings Account	_____	\$ _____
Trust Account	_____	\$ _____
Stocks/Bonds	_____	\$ _____
Treasury Bills	_____	\$ _____
CD/Money Markets	_____	\$ _____
Real Estate Property (Appraised Value less Mortgage)	_____	\$ _____
Assets disposed of in the past 2 years sold for less than fair Market Value	_____	\$ _____
Other	_____	\$ _____

IN CASE OF EMERGENCY CONTACT

Please list three (3) people to contact in case of an emergency:

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

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: _____

I (head of household) _____, (spouse) _____, 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 Village of Green Island through any agent, whether said records are of a public, private or confidential nature. I further release any credit agent and Village of Green Island from any and all liability which may be incurred as a result of collecting and supplying the above-listed firm with said information.

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 Housing Development Funding Corp. of Green Island* of any changes in income, address, phone number or family composition.

(Signature of Head of Household)

(Signature of Spouse)

(Date)

Interviewer Comments

OFFICE USE ONLY

Home Visit Comments

Interviewed By: _____ Date: _____

Interviewed By: _____ Date: _____

Approved By: _____ Date: _____