

South Mall Towers
 101 South Pearl Street, Albany NY 12207
 Phone 518-463-0294 Fax 518-463-1276

APPLICATION FOR RESIDENCE

Number of Persons	Income Limit
1	\$32,820
2	\$37,500

It is hereby understood that all information in the Application for Residence, including your statement on finances and the personal interview, will be treated confidentially and that said information is correct and true. Any misrepresentation or material omission by the applicant may render any agreement for residence void at the option of the owner.

List all household members who will live in the apartment. Be sure to include any temporarily absent family members.

Full Name	Relationship	Date of Birth	Social Security #

Marital Status

Single Married Divorced Widowed Legally Separated

Current Address

(STREET) (PHONE #)

(CITY) (STATE) (ZIP CODE)

List all states in which you have lived: _____

- | | | |
|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a veteran? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you subject to a lifetime sex offender registry? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you disabled? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you require a reasonable accommodation? |

RESIDENCE HISTORY

Address: _____
City: _____ State: _____ Zip Code: _____
Do you: _____ Rent _____ Own your home? _____ Month and Year moved in: _____
Monthly Rent \$ _____ Utilities included: _____ yes _____ no
If utilities not included, What is the monthly cost \$ _____
Reason for leaving : _____
Landlord : _____ Phone : () _____
Landlord address : _____ Zip Code: _____
Previous address : _____
City : _____ State: _____ Zip Code: _____
Month & Year Moved In : _____ Moved Out: _____ Monthly Rent \$ _____
Utilities Included : _____ Yes _____ No
If utilities not included, what is your monthly utility cost \$ _____
Reason for leaving : _____
Landlord : _____ Phone : () _____
Landlord address : _____ Zip Code: _____

OTHER INFORMATION

Bank Name : _____
_____ Checking# _____ Savings# _____
Drivers License # _____ State: _____ Date Expires: _____
Vehicle Make: _____ Year: _____ License Plate# _____ Color _____
Vehicle Make: _____ Year: _____ License Plate# _____ Color _____

I certify that the information set forth here is complete and correct to the best of my knowledge. I understand that deliberately submitting false information or withholding information constitutes fraud. Federal law specifies fines up to \$10,000 and prison terms up to five years for fraud and may be grounds for eviction. Should any statement above be a misrepresentation or not a true statement of the facts, the entire deposit will be retained to offset agent's cost, time, and effort in processing my application.

By signing, the applicant gives his/her permission that the Landlord or his agent may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Landlord.

I also understand that this form is only an application for residency and that the submission of this application does not reserve, nor in any way, guarantee a unit.

Applicant _____ Date _____

Applicant _____ Date _____

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:

INCOME INFORMATION
(List Gross Amounts)

<u>Description</u>	<u>Household Member</u>		<u>Gross Amount Received Annually</u>
	(1)	(2)	
Employment	_____	_____	\$ _____
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 (periodic)	_____	_____	\$ _____
Rental Income	_____	_____	\$ _____
VA Benefits	_____	_____	\$ _____

Assets Include: Cash, trust corpus, equity in real estate or capital investments, notes receivable, stocks, bonds, money market accounts, certificates of deposit,

IRAs, retirement and pension funds, whole life insurance, and luxury personal property (gems, jewelry, art, coin collection, etc.) You must also include the value of any assets disposed of in the past 24 months at less than fair market value.

ASSET INFORMATION

<u>Description</u>	<u>Household Member</u>		<u>Average</u>
	(1)	(2)	<u>Balance</u>
Checking account	_____	_____	\$ _____
Savings Account	_____	_____	\$ _____
Trust Account	_____	_____	\$ _____
Stocks/Bonds	_____	_____	\$ _____
CD/Money Markets	_____	_____	\$ _____
Pension/Annuities	_____	_____	\$ _____
Whole Life Insurance	_____	_____	\$ _____
Real Estate Property (Appraised value less mortgage)	_____	_____	\$ _____
Assets disposed of in the Past 2 years sold for less Than Fair Market Value?	_____	_____	\$ _____

PERSONAL REFERENCES

Please list three (3) people who you have known at least two (2) years and are not related to or work with.

Name	Address	Phone Number
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**Albany Housing Authority
Section 8 Program
200 South Pearl Street
Albany, NY 12207
Attn: Gail Turner
(518) 641-7548 – Fax**

South Mall Towers Application Request

Date _____

Name _____

Address _____ **Apartment#** _____

City _____ **State** _____ **Zip Code** _____

Please check size of unit you are requesting:

1 Bedroom _____

2 Bedroom _____

Studio _____

Efficiency _____

Please be advised that once apartment has been selected and moved into, South Mall Towers does not move a tenant to another apartment.