

Ohav Sholom Apartments

Independent Senior Living

115 Krumkill Road

Albany, New York 12208

Phone: (518) 489-5531 / Fax: (518) 935-2572



EQUAL HOUSING OPPORTUNITY



RENTAL APPLICATION

APPLICANT

CO-APPLICANT

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Date of Birth _____

Date of Birth _____

Social Security # _____

Social Security # _____

U.S. Citizen YES NO

U.S. Citizen YES NO

Have a Pet YES NO

Have a Pet YES NO

If yes: Type _____ Breed _____ Weight _____

Do you or any member of your household require an accessible unit? YES NO

GROSS MONTHLY INCOME

APPLICANT

CO-APPLICANT

Social Security..... \$ _____

Pension..... \$ _____

Annuity..... \$ _____

Wages/Salary..... \$ _____

Interest Income..... \$ _____

Investment Income..... \$ _____

Other (unemployment, alimony,
Worker's Compensation, etc)..... \$ _____

TOTAL..... \$ _____

ASSETS – LIST TOTAL AMOUNTS

Savings Accounts..... \$ _____

Checking Accounts..... \$ _____

Certificates of Deposit.....	\$ _____	\$ _____
Stocks & Bonds.....	\$ _____	\$ _____
IRA/Retirement Account.....	\$ _____	\$ _____
Trust Accounts.....	\$ _____	\$ _____
Life Insurance Policies.....	\$ _____	\$ _____
Home/Property.....	\$ _____	\$ _____

Have you or co-applicant disposed of any assets for less than fair market value during the past two years? YES NO

CRIMINAL HISTORY

Are you or any member of your family currently using an illegal substance? YES NO

Have you or any member of your family ever been convicted of a felony? YES NO

Have you or any member of your family been convicted of a violent crime? YES NO

Have you or any member of your family been convicted of a drug-related crime? YES NO

Are you or any member of your family a registered sex offender? YES NO

RENTAL HISTORY

Note: This section does not apply if applicant currently owns and resides in their own home.

Current Landlord:

Name _____ Phone _____ Current Rent _____

Address _____ City _____ State _____ Zip _____

Previous Landlord:

Name _____ Phone _____ Previous Rent _____

Address _____ City _____ State _____ Zip _____

Have you always paid your rent on time? YES NO

Have you ever been served a late rent notice? YES NO

Have you or any member of your family ever been evicted from housing? YES NO

Are you or any member of your family currently facing eviction? YES NO

May we contact you by email? If so your email address _____

If you do not have an email address is there a family member or other contact person we may use to contact you? If so:

Name _____ email address _____

HOW DID YOU LEARN ABOUT OHAV SHOLOM APARTMENTS?

I/we hereby certify that all information in this application is true. I/we authorize and request the release of information available from screening services, credit bureaus, employers, landlords, police records, court records and government agencies about me/us. I/we understand that false statements or information will result in the cancellation of this application or termination of tenancy after occupancy.

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an Applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

Ohav Sholom does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

Signature of applicant

Date

Signature of co-applicant

Date



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