

Congregation Chav Shalom



HOUSING DEVELOPMENT FUND COMPANY, INC.



115 New Krumkill Road
Albany, New York 12208
Phone: (518) 489-5531 / Fax: (518) 489-5532

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

Own a Vehicle [] YES [] NO

Own a Vehicle [] YES [] NO

Have a Pet [] YES [] NO

Have a Pet [] YES [] NO

Are you enrolled as a student in an institute of higher education? [] YES [] NO

Type of Accommodation: Efficiency _____ One Bedroom _____ Either _____

Number of Occupants _____

Do you require an accessible unit? [] YES [] NO

MONTHLY INCOME

APPLICANT

CO-APPLICANT

Social Security

\$ _____

\$ _____

Pension & Annuities

\$ _____

\$ _____

Employment

\$ _____

\$ _____

Interest Income

\$ _____

\$ _____

Dividends

\$ _____

\$ _____

Other (specify)

\$ _____

\$ _____

TOTAL

\$ _____

\$ _____

- 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
 Are you or any member of your family a registered sex offender? [] 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

Residence and Landlords for the past five years.

Dates	Address	Landlord	Phone

How did you learn about Ohav Sholom Apartments?

- [] Referred by someone who lives at Ohav Sholom Apartments: (Name) _____
 [] Saw Advertisement in: _____
 [] Referred by Agency, please specify: _____
 [] Other, please tell us: _____

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 at 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

