

**CLAYTON IMPROVEMENT ASSOCIATION, LTD.
 FRENCH BAY ELDER COTTAGES
 915 STRAWBERRY LANE
 CLAYTON, NY 13624**

APPLICATION FOR HOUSING - PLEASE PRINT

This is an application for housing in the French Bay Elder Cottage Project located in Clayton, NY, 13624. Please complete this application and return to the above address. Completed applications are placed in order of date and time received. The Clayton Improvement Association, LTD. is an Equal Housing Opportunity Company, and is in compliance with 504 and Fair Housing Regulations. The Clayton Improvement Association, LTD. accommodates any applicants who need assistance in filling out this application.

TDD# 1-800-662-1220



A. GENERAL INFORMATION

Applicant Name(s) _____

Address _____

Date: _____ Phone No.: _____

Present Monthly Rent \$ _____ No. of Bedrooms in Current Unit _____

Approximate Monthly Cost of Utilities Paid by You (excluding phone & cable TV) \$ _____

Check Utilities Paid by You: Heat _____ Electricity _____

Gas _____ Other _____

Bedroom Size Requested: One _____ Handicap BR _____

Please list ALL persons who will live in the Cottage. List Head of Household first:

NAME	RELATIONSHIP	BIRTH DATE	PLACE OF BIRTH	SOCIAL SECURITY NUMBER
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1. HEAD

2.

B. INCOME: Please list ALL SOURCES OF GROSS INCOME as requested below:

FAMILY MEMBER

NAME	SOURCE OF INCOME	GROSS AMOUNT
_____	a. Social Security . . . Monthly Amount	\$ _____
_____	Social Security . . . Monthly Amount	\$ _____
_____	b. Pension Monthly Amount	\$ _____
_____	Pension Monthly Amount	\$ _____
	Source of Pension(s) _____	
_____	c. Veterans Benefits . . Monthly Amount	\$ _____
_____	Veterans Benefits . . Monthly Amount	\$ _____
_____	d. SSI Benefits. Monthly Amount	\$ _____
_____	SSI Benefits. Monthly Amount	\$ _____
_____	e. Unemployment Comp . . Monthly Amount	\$ _____
_____	Unemployment Comp . . Monthly Amount	\$ _____
_____	f. AFDC Monthly Amount	\$ _____
_____	g. Wages Gross Monthly Amount	\$ _____
	Employer _____	
	Position Held _____	
	How long employed _____	
	Wages Gross Monthly Amount	\$ _____
	Employer _____	
	Position Held _____	
	How long employed _____	
_____	h. Earned Income Tax Credit - ANNUAL Amount	\$ _____
_____	i. Alimony Monthly Amount	\$ _____
_____	j. Interest Income . Monthly Amt	\$ _____ Source _____
_____	Interest Income . Monthly Amt	\$ _____ Source _____
_____	k. Other Income . . Monthly Amt	\$ _____ Source _____
_____	Other Income . . Monthly Amt	\$ _____ Source _____

TOTAL GROSS ANNUAL INCOME: \$ _____

(Base this on the monthly amounts listed above and multiply x 12)

Do you anticipate any changes in this income in the next 12 months?

YES _____ NO _____ If YES, Explain: _____

Does anyone in the household receive any regular contributions or gifts from non-household members? Yes No Explain _____

Does anyone in the household receive any income from property? Yes No Explain _____

C. ASSETS

Checking Account(s) # _____ Bank _____ Balance \$ _____

_____ Bank _____ Balance \$ _____

Savings Account(s) # _____ Bank _____ Balance \$ _____

_____ Bank _____ Balance \$ _____

_____ Bank _____ Balance \$ _____

Trust Accounts # _____ Bank _____ Balance \$ _____

Certificates (CDs) # _____ Bank _____ Balance \$ _____

_____ Bank _____ Balance \$ _____

_____ Bank _____ Balance \$ _____

_____ Bank _____ Balance \$ _____

Credit Union # _____ Name _____ Balance \$ _____

_____ Name _____ Balance \$ _____

Savings Bonds # _____ Maturity Date _____ Value \$ _____

_____ Maturity Date _____ Value \$ _____

Life Insurance Policy # _____ Face Value \$ _____

Real Property: Do you own any property? Yes No

If YES, Type of Property _____

Location _____

Appraised Market Value \$ _____

Mortgage/Outstanding Loans Balance Due \$ _____

Amount of Annual Insurance Premium \$ _____

Amount of Most Recent Tax Bill \$ _____

Have You Sold/Disposed of Any Property in the Last 2 Years? YES NO

If YES, Type of Property _____

Market Value When Sold/Disposed \$ _____

Amount Sold/Disposed For \$ _____

Date of Transaction _____

Have You Disposed of Any Other Assets in the Last 2 Years (Example: Given Away Money to Relatives, Set Up Irrevocable Trust Accounts)? YES ___ NO ___

If YES, Describe Asset _____

Date of Disposition _____

Amount Disposed \$ _____

Do You Have Any Other Assets Not Listed Above (Excluding Personal Property)? YES ___ NO ___

If YES, List _____

D. PERSONAL INFORMATION

Are you, or anyone in your household Handicapped or Disabled? ___ Yes ___ No

Would anyone in your household benefit from a wheelchair accessible unit?

___ Yes ___ No

Are you a Veteran? ___ Yes ___ No If YES, Dates of Service _____

Are you currently living in Subsidized Housing? ___ Yes ___ No

Have you ever resided in a Project financed and/or subsidized by the Govt? ___ Yes ___ No

If YES, Name & Address _____

Have you ever been evicted from Public Housing or any other Federal Housing Program? ___ Yes ___ No

If YES, Where _____ When _____

Describe Reasons _____

Have you ever been evicted from other Housing? ___ Yes ___ No

How did you hear about this Housing? _____

Will you take a Cottage when one is available? ___ Yes ___ No

Briefly describe your reasons for applying _____

E. REFERENCE INFORMATION

Current Landlord: Name: _____
Address: _____
Home Phone _____ Business Phone _____

Previous Rental Information:
Prior Landlord _____
Address _____
Prior Landlord _____
Address _____

Credit References:

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

Personal References: (ONLY NON-RELATED REFERENCES)

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

In case of Emergency, Notify: _____
Address _____
Phone _____
Relation _____

F. OTHER REQUIRED INFORMATION

VEHICLES: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.) DL # & State Issued _____

Type of Vehicle _____ Year/Make _____
Color _____ License Plate # _____
Type of Vehicle _____ Year/Make _____
Color _____ License Plate # _____

PETS: Do you own any pets? ____ Yes ____ No

If YES, Describe _____

* * * * * N O T I C E * * * * *

THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND TO THE BEST OF YOUR KNOWLEDGE. IF SOMETHING DOES NOT APPLY, WRITE N/A. ANY APPLICATION I RECEIVE THAT IS NOT FILLED OUT COMPLETELY WILL BE RETURNED, AND YOUR NAME WILL NOT BE PUT ON THE WAITING LIST UNTIL IT IS RECEIVED CORRECTLY. IF YOU NEED ASSISTANCE IN FILLING OUT THIS APPLICATION, PLEASE CALL ME AT 686-4386.

THANK YOU!!!

MANAGER
French Bay Elder Cottages

G. CERTIFICATION/AUTHORIZATION

CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that I/We must pay a security deposit for this Cottage prior to occupancy. I/We understand that my eligibility for housing will be based on the U.S. HUD Home Program income/occupancy limits and by Clayton Improvement Association, LTD. selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge, and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE:

HEAD

SPOUSE

DATED _____

DATED _____

AUTHORIZATION

I/We do hereby authorize the Clayton Improvement Association, LTD. and its staff or authorized representative to contact any agencies, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administered/managed by the Clayton Improvement Association, LTD.

SIGNATURE:

HEAD

SPOUSE

DATED _____

DATED _____

FAMILY HOUSEHOLD COMPOSITION:

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Gender: Male_____

Female_____

Race: (Please mark one or more)

White_____

Black or African American_____

American Indian/Alaska Native_____

Asian_____

Native Hawaiian or Other Pacific Islander_____

Ethnicity:

Hispanic or Latino_____

Not Hispanic or Latino_____