

**Clayton Improvement Association, LTD.  
 Regis Court Apartments  
 P.O. Box 69  
 Deferiet, New York 13628**

APPLICATION FOR HOUSING - PLEASE PRINT

This is an application for housing in the Regis Court Apartments Project located in Deferiet, NY, 13628. 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 \_\_\_\_\_ Two \_\_\_\_\_ Handicap BR \_\_\_\_\_

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

NAME	RELATIONSHIP	BIRTH DATE	PLACE OF	SOCIAL SECURITY
			BIRTH	NUMBER
1. _____	HEAD	_____	_____	_____
2. _____		_____	_____	_____
3. _____		_____	_____	_____
4. _____		_____	_____	_____

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

FAMILY MEMBER

NAME	SOURCE OF INCOME	GROSS AMOUNT
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_____	a. Social Security . . . Monthly Amount	\$ _____
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_____	Social Security . . . Monthly Amount	\$ _____
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_____	b. Pension . . . . . Monthly Amount	\$ _____
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_____	Pension . . . . . Monthly Amount	\$ _____
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Source of Pension(s) \_\_\_\_\_

_____	c. Veterans Benefits . . Monthly Amount	\$ _____
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_____	Veterans Benefits . . Monthly Amount	\$ _____
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_____	d. SSI Benefits. . . . . Monthly Amount	\$ _____
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_____	SSI Benefits. . . . . Monthly Amount	\$ _____
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_____	e. Unemployment Comp . . Monthly Amount	\$ _____
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_____	Unemployment Comp . . Monthly Amount	\$ _____
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_____	f. AFDC . . . . . Monthly Amount	\$ _____
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_____	g. Wages . . . . . Gross Monthly Amount	\$ _____
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Employer \_\_\_\_\_

Position Held \_\_\_\_\_

How long employed \_\_\_\_\_

Wages . . . . . Gross Monthly Amount \$ \_\_\_\_\_

Employer \_\_\_\_\_

Position Held \_\_\_\_\_

How long employed \_\_\_\_\_

_____	h. Earned Income Tax Credit - ANNUAL Amount	\$ _____
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_____	i. Alimony . . . . . Monthly Amount	\$ _____
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_____	j. Interest Income . Monthly Amt	\$ _____	Source _____
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_____	Interest Income . Monthly Amt	\$ _____	Source _____
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_____	k. Other Income . . Monthly Amt	\$ _____	Source _____
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_____	Other Income . . Monthly Amt	\$ _____	Source _____
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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) (Name of Bank & Phone Number)

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 is 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 an apartment 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.)

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 or 493-9060.

THANK YOU!!!

MANAGER  
Regis Courts Apartments

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 Apartment prior to occupancy. I/We understand that my eligibility for housing will be based on the U.S. HUD Section 8 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 \_\_\_\_\_