

# Application

Return to: Hudson Art Haus c/o Multifamily Management Corporation, 4 Executive Boulevard, Suite 100, Suffern, New York 10901

Check the size of apartment you are applying for:

1 BR \_\_\_\_\_ 2 BR \_\_\_\_\_ 3BR \_\_\_\_\_

## Applicant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Address \_\_\_\_\_ Apartment.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell # \_\_\_\_\_

## CO-APPLICANT INFORMATION, if applicable

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Address \_\_\_\_\_ Apartment.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell # \_\_\_\_\_

## Co-APPLICANT INFORMATION, if applicable

**Please fill in your previous address here: (if at current address for less than 2 years)**

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Employment information:** Employer \_\_\_\_\_ How Long Employed? \_\_\_\_\_

Employer/Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Occupation \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Choose One: Annual Gross Income \_\_\_\_\_ Weekly Gross Income \_\_\_\_\_ Monthly Gross Income \_\_\_\_\_

Other Sources of Income \_\_\_\_\_

Total Gross Income Earned By Co-Applicant in 20\_\_\_\_ \$ \_\_\_\_\_

## **ADDITIONAL OCCUPANTS THAT WILL BE LIVING IN HOME:** **(include everyone that will be living in the house including co-applicant)**

First Name	Last Name	Middle Initial	Age	Sex	Relation to Applicant
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Gross Household Income in 20\_\_\_\_ \$ \_\_\_\_\_

**CURRENT LANDLORD:**

**PREVIOUS LANDLORD BEFORE THAT:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Building  
Address & City: \_\_\_\_\_

Building  
Address & City: \_\_\_\_\_

Landlord  
Address & City: \_\_\_\_\_

Landlord  
Address & City: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**RENTAL SOURCES:**

Will any of your rent money come from sources other than the employment listed above? \_\_\_\_\_

If yes, please list other sources of income or rent payments:

<u>Source of Income</u>	<u>Monthly amount</u>
1. SOCIAL SECURITY: _____	_____
2. PENSION: _____	_____
3. OTHER: _____	_____
4. OTHER: _____	_____

How Did You Hear About Us? \_\_\_\_\_

I agree to authorize Multifamily Management Corporation/Hudson Art Haus Apartments or their agents to use this copy of my signature as an approval to verify my credit, employment, assets and former tenancies, in conjuncture with my application or future tenancy in an apartment. All verifications will be sent directly back to those authorized and will be used only for purposes connected with the apartment.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF CO- APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**IF YOU HAVE ANY QUESTIONS  
PLEASE CALL (518) 419-5077**

ALL PERSONS OVER THE AGE OF 18 THAT WILL BE LIVING IN THE APARTMENT MUST PROVIDE INCOME INFORMATION AND SIGN THE APPLICATION.

\*\*\* An Equal Housing Opportunity\*\*\*

## **Criminal & Sex Offender Background Information**

Federal law requires us to obtain drug and criminal background and sex offender registration information for all adult household members applying for assisted housing. To enable us to do this, all adult household members must answer the questions below. These questions ask about drug-related and other criminal activity that could adversely affect the health, safety or welfare of other residents of this development.

Please answer all of the following questions accurately:

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years? \_\_\_\_\_yes \_\_\_\_\_no
2. Do you currently use illegal drugs or abuse alcohol? \_\_\_\_\_yes \_\_\_\_\_no
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? \_\_\_\_\_yes \_\_\_\_\_no
4. Have you been convicted of any drug related crime within the past five years? \_\_\_\_\_yes  
\_\_\_\_\_no
5. Have you been convicted of any felony within the past five years? \_\_\_\_\_yes \_\_\_\_\_no
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? \_\_\_\_\_yes \_\_\_\_\_no
7. Have you ever been convicted of any crime involving violence?  
\_\_\_\_\_yes \_\_\_\_\_no
8. Are you currently charged with any of the above criminal activities? \_\_\_\_\_yes \_\_\_\_\_no
9. Please list all states in which you have lived or have held licenses to drive (include driver's license numbers) \_\_\_\_\_  
\_\_\_\_\_
10. Have you ever used or been known by any other name? \_\_\_\_\_yes \_\_\_\_\_no  
if yes, please list names used \_\_\_\_\_

Applicants name (print): \_\_\_\_\_ Date: \_\_\_\_\_  
Applicants signature: \_\_\_\_\_

This site 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. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR Part 8 dated June 2, 1988)  
Name: Claire Kotchmar Address: 4 Executive Blvd., Suite 100, Suffern NY 10901 Voice: (845) 368-2400 ext. 311