



Catholic Charities Housing Office

Dear Applicant:

Thank you for your interest in the housing programs offered by the Catholic Charities Housing Office.

Included in this package are the following: Tenant Selection Plan and an Application. As you begin the application process, **please first review the enclosed Tenant Selection Plan.**

The **application** must be **completed in full, signed and dated** in order for your application to be deemed “**Active**” and added to the Screening List. In order to maintain this “Active” status you must contact the Screening and Intake Coordinator (SIC) at **(518) 378-6441** within **30 days of submitting the application** and you **must continue** to make contact with the SIC **at least once every 30 days** to keep your application active. Failure to follow this **30 day rule** will result in the removal of your application from the active screening list.

Please note that when making contact with the Screening and Intake Coordinator you must update your current housing status, including location and contact numbers.

If you have any questions or require assistance in reading, understanding or completing this application please call the Housing Office at (518) 459-0183, Monday-Friday between 8:30 a.m. and 5:00 p.m. Please return all forms to:

**Catholic Charities Housing Office
41 North Main Avenue
Albany, NY 12203**

We look forward to receiving your application.

Rev. 10/7/09



Catholic Charities Housing Office

HOUSING APPLICATION

Catholic Charities Housing Office and the facilities it manages are pledged to the letter and the spirit of U.S. policy of achievement of equal housing opportunity throughout the nation. We encourage and support affirmative advertising and marketing programs in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

Please complete the ENTIRE application and submit to:

CATHOLIC CHARITIES HOUSING OFFICE
41 North Main Avenue
Albany, NY 12203
Tel: (518) 459-0183
Fax: (518) 459-0202

FOR OFFICE USE ONLY RECORD DATES:

REC'D AT #41 _____ SENI TO S C M _____
REC' BY S.C.M _____ REC'D BY C.M _____
REVIEWED WITH TEAM: (1) _____ (2) _____
DENIED _____ ACCEPTED: _____
WITHDRAWN: _____ ON WAITING LIST _____

Complete the entire application writing N/A (Non-Applicable) in any section that does not apply to your household. An incomplete or illegible application will delay processing.

ARE YOU APPLYING FOR: Please mark an X in the box that applies:

◆ Single Room Occupancy? Yes

◆ Family Apartments? Yes

APPLICANT NAME: _____	DATE: _____
CURRENT ADDRESS: _____	APT. #: _____
CITY: _____ STATE: _____	ZIP CODE: _____
HOME PHONE: _____	WORK PHONE: _____ CELL: _____
1. <u>PERSONAL DATA</u> : Date of Birth ___/___/___ Sex: Male ___ Female ___	
Social Security #: ___ - ___ - ___ Driver's License #: _____	
<u>Please supply another # where you can be contacted should you leave this location:</u> _____	

PLEASE MARK YOUR PREFERENCE. NOTE YOU MAY BE CALLED FOR THE BUILDING WITH THE FIRST OPENING

Blair Associates, L.P. Waldorf Residence 29 Maiden Lane Albany, NY 12207 (518) 465-2612 <input type="checkbox"/>	Branson Associates, L.P. DePaul Residence 504 Central Avenue Albany, NY 12206 (518) 482-3248 <input type="checkbox"/>	St. Peter's Residence 2335 5 th Avenue Troy, NY 12180 (518) 273-3291 <input type="checkbox"/>	Swyer Residence 472 Western Avenue Albany, NY 12203 (518) 459-0183 <input type="checkbox"/>	Oneonta SRO's Maple Street Grand Street State Street (607) 436-9250 <input type="checkbox"/>
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() Family Apartments (459-0183)

Household composition

List the head of household and all other members who will be living in the requested housing unit. Give the relationship of each member to the head of household.

Full Name	Relationship	Birth date	Age	Social Security #
				- -
				- -
				- -
				- -
				- -
				- -
				- -

4. Do you plan to have anyone living with you in the FUTURE who is not listed above? ()Yes ()No
 Explain if you answered yes: _____

5. Please identify any special housing needs your household has: _____

6. Have you previously lived in a Residence Operated by Catholic Charities? ()Yes ()No

If you answered **YES** complete the following:

Residence Name or Address: _____
 Move-in-Date ____/____/____ How long did you reside there ____ yrs ____ mths.
 Reason for leaving: _____

7. Are you currently on Probation or Parole? ()Yes ()No

If you answered **YES** complete the following:

Parole/Probation Officer: _____
 Address: _____ Phone: _____

8. HAVE YOU EVER: Been charged with arson? ()Yes ()No
 Been convicted of a felony? ()Yes ()No

10. HAVE YOU EVER: Been evicted from housing ()Yes ()No
 (or any member of your family?) How many times? _____
 Explain: _____

Note. You must complete a police background check form on the back of this application for all adults in the household above 18 years of age.

11. Are you a full time or part-time student? () Yes () No

If you answered **YES** complete the following:

School Name: _____
 Address: _____
 Enrolled: ____ Full-time ____ Part-time Schedule: _____ Days ____ Evenings

PREVIOUS RENTAL HISTORY

Please complete for your **two** most recent landlords. They **will be** contacted as part of your screening. Please speak with our case managers at interview time if this is a problem.

Current Landlord	Landlord Name:	
	Address:	
	Phone #:	
	<i>Your</i> Apartment Address	
	Dates living there?	From _____
	Rent?	\$ _____ per month
	Reason for wanting to move?	_____ _____
Landlord Prior to Present	Landlord Name:	
	Address:	
	Phone #:	
	<i>Your</i> Apartment Address	
	Dates living there?	From _____
	Rent?	\$ _____ per month
	Reason for moving/Leaving?	_____ _____

- Please ensure that you sign the attached Release of Information form(s), and return it (them) with this application
- The signed Release of Information forms will be used by the Housing Office only for the purposes of determining your housing eligibility, which includes landlord history, and your ability to pay for your housing.

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 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 applicable income limits and by management's 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. All adult applicants, 18 or older, must sign application.

SIGNATURES:

Head of household

Print Name

Date

Co-head of household

Print Name

Date

INCOME SOURCE INFORMATION

Employment:

Are you employed? Yes No

If yes please complete the following. When called for interview all Household members 18 and over must supply information on their income to establish income eligibility and for verification purposes.

Head of Household Current Employer:
 Name of Business: _____ Telephone # _____
 Business Address: _____ Supervisor Name: _____
 Position: _____ Length of employment: _____ yrs _____ mths
 Current wages: \$ _____ per: hour week bi-weekly month year (circle one)
 Avg hours worked/ week: _____ Avg tips/week \$ _____

Do you have a second job [] Yes [] No
If yes, please attach a page declaring income for second job.

Income Sources:

List each type of income & the amount of income that you expect to receive in the next 12 months (e.g. **Wages/salaries, PA, social security, SSI, SSD, pension, unemployment, workers compensation, alimony, child support**, etc.) – gross amounts (i.e. amounts before taxes and any deductions).

- Families please list each type of income that your **household** receives:

Household Member	Source of Income	Monthly Income	Annual Income

If on Public Assistance please give the name of your worker and their telephone number:

Are you in the 45-day period for PA? If so when did it start?

Please note that prior to an offer of housing you must provide documentation of your income and the property agent will verify this. Such documentation includes but is not limited to: employment verification; DSS budget sheet; SS award letter; Veterans awards; pension notifications; unemployment support notifications and child support among other sources of income.



HOUSING and PROPERTY MANAGEMENT SERVICES

Sponsored by the Roman Catholic Diocese of Albany

DePaul Housing Management ♦ Catholic Charities Housing Office ♦ McCloskey Community Services

Telephone (518) 459-0183 Fax (518) 459-0202

Applicant Authorization

I hereby authorize Catholic Charities Housing Office and/or its agents—Blair Associates, L.P.; Branson Associates, L.P.; Conroy L.P.—to conduct a criminal background check including, but not limited to, a screening of the lifetime sex offender registration list for any state in which I've lived.

I hereby authorize RentGrow, Inc. and/or any certified police agency to obtain and verify such information by accessing a criminal record search.

I have been notified that a consumer report will be requested and understand that the information that RentGrow, Inc. and/or any certified police agency obtains will be used in the processing of my rental application.

I hereby release and hold harmless Catholic Charities Housing Office and/or its agents—Blair Associates, L.P.; Branson Associates, L.P.; Conroy L.P., RentGrow, Inc. and/or any certified police agency, its affiliates, employees, agents and any other organization that provides information from any and all liabilities arising out of the use of such information in connection with RentGrow, Inc. and/or any certified police agency.

Complete in full for each adult household member, 18 years of age or older—please print legibly:

First & Last Name of each adult household member	Social Security #	Date of Birth	List any states lived in

An address must be provided here for your household. If your household has no current address of residence, please list any applicable mailing or temporary address:

Current Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Each adult household member must sign below:

Applicant's Signature

Date

Co-Applicant's Signature

Date

Other Adult Applicant's Signature

Date

For internal office use only—screening conducted for tenancy at:

Blair L.P. Branson L.P. Conroy L.P. St. Peter's Residence CCHO Family/Swyer

Findings: _____ Date: _____ Completed by: _____



CATHOLIC CHARITIES HOUSING OFFICE

AUTHORIZATION FOR RELEASE OF INFORMATION

PURPOSE: In signing this consent form, you are authorizing the Catholic Charities Housing Office to request information from all of your income sources. The Catholic Charities Housing Office needs this information to verify your household's income, in order to ensure that you are eligible for housing and to determine the level of rental payments.

This will also serve as a release to contact previous landlords including current landlord to obtain a landlord reference(s).

SOURCE OF INFORMATION TO BE OBTAINED:

Income information will be obtained directly from (a) current employer concerning salary and wages, (b) current budget information from Public Assistance agencies, (c) current child support payments, (d) alimony/support payments, (e) unemployment benefits, (g) income from retirement/pension plans, (g) financial institutions concerning checking/savings accounts and unearned income (i.e. interest and dividends). I understand that the income information obtained from these sources will be used to verify information that I provided in order to determine eligibility for housing and the level of rental payments.

USES OF INFORMATION TO BE OBTAINED:

The Catholic Charities Housing Office is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Catholic Charities Housing Office may disclose information (other than tax return information) for certain routine uses, such as government agencies for law enforcement purposes,

to Federal agencies for employment suitability purposes and to Housing Agencies for the purpose of determining housing assistance. The Catholic Charities Housing Office is also required to protect the income information it obtains in accordance with any applicable State privacy law.

WHO MUST SIGN THE CONSENT FORM:

Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household and whenever a member of the household becomes 18 years of age.

FAILURE TO SIGN CONSENT FORM:

Your failure to sign the consent form may result in the denial of eligibility for housing with the Catholic Charities Housing Office.

CONSENT: I Consent to allow the Catholic Charities Housing Office request and obtain income information from the sources referred to in this form for the purpose of verifying my eligibility and rental payments.

Applicant/tenant signature

Date

Co-Applicant/Co-head tenant signature

Date