

I am applying for: **Public Housing** \_\_\_\_\_ **Section 8** \_\_\_\_\_

**Application for Admission**

**Rensselaer Housing Authority**

85 Aiken Avenue

Rensselaer, New York 12144

Phone: 518-436-0230 Fax: 518-426-5245

**GENERAL INFORMATION; MUST BE FILLED OUT COMPLETELY**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Apt # \_\_\_\_\_ Floor: \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ Front \_\_\_\_\_ Rear \_\_\_\_\_ Whole house

E-Mail address: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ I.D. No.: \_\_\_\_\_

Alternate person to contact:

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

**FAMILY COMPOSITION: (Persons who will move into the apartment including applicant)**

Family Member No.	Name of Family Member	Relation to Family Head	Date of Birth	Age	Sex	Occupation	S.S. #
		<b>SELF</b>					

Absent Parent's Name: \_\_\_\_\_ Absent Parent Address \_\_\_\_\_

Absent Parent's Name: \_\_\_\_\_ Absent Parent Address \_\_\_\_\_

Absent Parent's Name: \_\_\_\_\_ Absent Parent Address \_\_\_\_\_

Anticipated changes in family composition: \_\_\_\_\_

The following information is being requested to comply with Equal Opportunity requirements and to assure that no discrimination occurs. Your answers will not affect (either positively or negatively) your selection for the program.

Is the head of household:  White  Asian  Black  Hispanic  American Indian

**INCOME: (Total income: e.g. wages, social security, pension, social services, interest and any other income received)**

Family Member No.	Source of income or Name of Employer	Address	Gross income per year

Did you file a Federal Income Tax Return last year? \_\_\_\_\_

What is your present monthly rent: \_\_\_\_\_ What the cost of your monthly utilities: \_\_\_\_\_

If you pay for utilities, please check below which utilities you pay for:

**Heating:**  gas  oil  electric    **Cooking:**  gas  electric    **Water heater:**  gas  electric  oil

Number of bedrooms in your apartment: \_\_\_\_\_ CURRENT HOUSING CONDITIONDS: Describe your present housing conditions: \_\_\_\_\_

**Were you ever evicted** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** If yes, give reason: \_\_\_\_\_

**Do you have roaches:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**      **Do you have bed bugs:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

ASSETS: (list all assets, e.g. home, stock, bonds, savings accounts etc.)

Name of bank for checking account: \_\_\_\_\_ Account # \_\_\_\_\_

Name of bank for savings account: \_\_\_\_\_ Account # \_\_\_\_\_

Any others: Name: \_\_\_\_\_ Account # \_\_\_\_\_

List any others: \_\_\_\_\_

Does anyone outside of your household pay for any of your bills or give you money?  Yes  No

If yes, list: \_\_\_\_\_

Have you sold any real estate in the last two (2) years?  Yes  No Do you own any stocks/bonds?  Yes  No

If yes, list: \_\_\_\_\_

Do you own a car?  yes  no Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate No. \_\_\_\_\_

Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate No. \_\_\_\_\_

If you are a Rensselaer Resident-have you or any member of your family been in or is in the Military?  Yes  No

**Handicapped:** Do you claim to be disabled or handicapped for the purpose of Housing?  Yes  No

Do you need a handicapped accessible unit?  yes  no

**GENERAL:** Explain in detail (use additional paper if necessary) why you want or need to move? \_\_\_\_\_

REFERENCES: List three (3) references—DO NOT USE RELATIVES;

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

