



For Use By project Owner

Date: _____

Time: _____

Chronological I.D. # _____

FINIAN SULLIVAN TOWER
1 Father Finian Sullivan Drive, Yonkers, NY 10703
(914) 965-1659 • www.hhmgmt.com/finian

Finian Sullivan Tower does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

TENANT APPLICATION

IT IS IMPORTANT THAT ALL INFORMATION BE COMPLETED. MAIL ONLY ONE (1) APPLICATION PER FAMILY BY REGULAR MAIL TO:

FINIAN SULLIVAN TOWER
1 Father Finian Sullivan Drive
Yonkers, New York 10703
Phone: (914) 965-1659

Head of Household: _____

Current Address: _____

City/State/Zip Code: _____

All Family members must complete the following:

Full Name:	Relationship (Head of Household, Spouse, etc):	Date of Birth:	Age:	Sex:	Social Security #:	Disability: (Yes or No)	Accessible Unit: (Yes or No)	Full-Time Student: (Yes or No)

Applicants must disclose and provide verification of the complete and accurate SSN assigned to each household member.

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ E-mail Address: _____

CITIZEN STATUS:

Head of Household: United States Citizen Eligible Non Citizen

Other Household Member: United States Citizen Eligible Non Citizen

FUNCTIONAL STATUS:

Does anyone live with you now who is not listed above?

Yes No

If Yes, please explain: _____

Are you or any member of the household subject to a state lifetime sex offender registration in any state?

Yes No

APPLICANT SUBSIDY:

Are you subsidized through Section 8?

Yes No

If "Yes", is the Section 8 voucher in your name and transferable?

Yes No

INCOME AND ASSET INFORMATION:

Please answer each of the following questions. For each Yes provide details in the charts below. Does any member of your household:

- Yes No 1. Work full-time, part-time, or seasonally?
- Yes No 2. Expect to work for any period during the next year?
- Yes No 3. Work for someone who pays them cash?
- Yes No 4. Expect a leave of absence from work due to layoff, medical, maternity, or military leave?
- Yes No 5. Now receive or expect to receive unemployment benefits?
- Yes No 6. Now receive or expect receive child support?
- Yes No 7. Have an entitlement to child support that he/she is not now receiving?
- Yes No 8. Now receive or expect to receive alimony?
- Yes No 9. Have an entitlement to receive alimony that is not currently being received?
- Yes No 10. Now receive or expect to receive public assistance (TANF/General Assistance)?
- Yes No 11. Now receive or expect to receive Social Security or disability benefits?
- Yes No 12. Now receive or expect to receive income from a pension or annuity?
- Yes No 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- Yes No 14. Receive income from assets including interest on checking or savings accounts; interest and dividends from certificates of deposit, stocks or bonds; or income rental property?
- Yes No 15. Own real estate or any assets for which you receive no income (checking account, cash)?
- Yes No 16. Have you sold or given away real property or other assets (including cash) in the past two years?

NAME	SOURCE OF INCOME/TYPE OF INCOME	GROSS ANNUAL INCOME

ASSETS:

List all checking accounts, savings accounts, IRAs, Keogh accounts, Certificates of Deposit, Mutual Funds and any other assets held by all household members:

NAME	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

List all stocks, bonds, trusts, real estate, life insurance, or other assets and their value owned by any household member:

TYPE	VALUE

TYPE	VALUE

Have you given away an asset or made any contributions? Yes No

If "Yes", please list the assets, value, and date of transaction: _____

DISABILITY:

A person with disabilities for purposes of program eligibility is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that:

Is expected to be a long-continued and indefinite duration

Substantially impedes his or her ability to live independently, and

Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

Do you qualify as disabled under the definition described above? Yes No

Do you require a Reasonable Accommodation? Yes No

LANDLORD INFORMATION:

How long have you lived at your current residence? _____

If less than 5 years, provide prior landlord's name and phone number:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

List of states all family members have resided: _____

ELIGIBLE NON-CITIZEN CONSENT:

For family members who declare eligible non-citizen status:

I, _____ hereby consent to the following:

- 1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
- 2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual

PROGRAM INFORMATION:

How did you hear about this development?

- Newspaper
- Local organization or church
- Friend or family
- Brochure or pamphlet
- Other (example: Fair Housing Counseling Center, Office of the Aging, etc.)

The following information is required for statistical purposes so that the Department of HUD may determine the degree to which its programs are utilized. This information should be completed. It will not affect the processing of this application.

RACIAL GROUP IDENTIFICATION: (Used for statistical purposes only). Please check one group which identifies the Head of Household. This information is required for statistical purposes so that the Department of HUD may determine the degree to which its programs are utilized. This information should be completed. It will not affect the processing of this application.

- White (Non Hispanic Origin)
- Black or African American (Non Hispanic Origin)
- Hispanic
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Other

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION, FILING OR PROCESSING OF THIS APPLICATION FOR SUBSIDIZED HOUSING.

Each application received will be recorded. Since so many elderly need housing, this development will not be able to accommodate all who are eligible. As families can be reached, they will be called in for an interview.

Admission preference given to all veterans or their surviving spouses, who served on active duty in time of war, as defined in Section 85 of the Civil Service Law, and reside in New York state.

Signature: _____ Date: _____

PLEASE DO NOT MAIL MORE THAN ONE APPLICATION PER FAMILY. IF MORE THAN ONE APPLICATION IS RECEIVED, ONLY THE LATEST APPLICATION AS OF THE RECEIVED DATE WILL BE PROCESSED.