

Vincent's Village
Application

(845) 507-0049

info@hhimgnt.com

<https://hoghillmanagement.com/properties/vincentsvillage/>

**Mail application by regular mail to:
Vincent's Village, 160 Convent Road, Nanuet, NY 10954**

HEAD OF HOUSEHOLD: Please print legibly

Last Name:		First Name:	
Address, City, State & Zip Code			
Email Address:	Home Phone #	Mobile Phone #	Work Phone #:
Date of Birth:	Does anyone in the household qualify as disabled: (Yes or No)	Does the household require an accessible unit: (Yes or No)	Are any of the household members full time students: (Yes or No)

BEDROOM SIZE: ____ 1 Bedroom ____ 2 Bedroom

OTHER HOUSEHOLD MEMBER(S): List all persons who will be living in the unit

Last Name	First Name	Relationship to Head of Household	Date of Birth	Age	Sex

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APPLICANT SUBSIDY:

Are you subsidized through Section 8 or a similar rental subsidy program? ___ Yes ___ No

Please Explain: _____

If Yes, is your voucher in your name & transferrable? ___ Yes ___ No

INCOME & ASSET INFORMATION:

Please answer each of the following questions. For each **YES**, provide details in the charts below. Does any member of your household?

<input type="radio"/>	Yes	<input type="radio"/>	No	Work full-time, part-time or seasonally?
<input type="radio"/>	Yes	<input type="radio"/>	No	Expect to work for any period during the next year?
<input type="radio"/>	Yes	<input type="radio"/>	No	Work for someone who pays them cash?
<input type="radio"/>	Yes	<input type="radio"/>	No	Expect a leave of absence from work due to layoff, medical, maternity or military leave?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive unemployment benefits?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive child support?
<input type="radio"/>	Yes	<input type="radio"/>	No	Have an entitlement to child support that he/she is not now receiving?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive alimony?
<input type="radio"/>	Yes	<input type="radio"/>	No	Have an entitlement to alimony that he/she is not now receiving?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive alimony that is not currently being received?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive public assistance? (Welfare, TANF, General Assistance, etc.)?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive Social Security, State Supplemental Income or disability benefits?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive income from a Pension or Annuity?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
<input type="radio"/>	Yes	<input type="radio"/>	No	Receive income from assets including interest on checking or savings accounts; interest or dividends from CDs, stocks or bonds; or income from rental property?
<input type="radio"/>	Yes	<input type="radio"/>	No	Own real estate or any assets for which you receive no income (checking account, cash)?
<input type="radio"/>	Yes	<input type="radio"/>	No	Have you sold or given away real property or other assets (including cash) in the past two years for less than fair market value?

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Name:	Source/Type of Income	Gross Annual Income

ASSETS:

List all Checking, Savings, CDs, IRAs, Keogh, Retirement accounts, Mutual Funds, Stocks, Bonds, Life Insurance policies, Annuities, Trusts, Real Estate and any other asset held by all household members:

Name:	Bank Name:	Type of Account:	Account #:	Balance:

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

Sustainably impeded 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

If Yes, please explain:

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LANDLORD INFORMATION:

How long have you lived at your current residence? _____

Please provide current landlord information, and if less than 5 years, previous landlord(s) name and contact information:

Name:	Best Phone #:	Email Address:

ADMISSION PREFERENCE:

_____ You or a member of the household is a Veteran 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.

_____ Resident of Clarkstown. We will require a utility bill to verify residency at the initial interview.

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

Signature: _____

Date: _____

Please note: Unsigned applications will be returned to the applicant and will need to be returned to us within 7 business days to be considered an active applicant.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Vincent's Village NY-21-90407 / 2587 160 Convent Road, Nanuet, NY 10954

Name of Property	Project No.	Address of Property
Hog Hill Management Corp.		LIHTC
Name of Owner/Managing Agent		Type of Assistance or Program Title:

Name of Head of Household	Name of Household Member
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Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.