

# PINE STREET HOMES PRE-APPLICATION

15 HIGHVIEW COURT, NYACK NY 10960

**INCOME GUIDELINES ARE AS FOLLOWS:**

Household Size	1	2	3	4	5	6
Maximum Income	44,280	50,640	56,940	63,240	68,340	73,380

**1. HEAD OF HOUSEHOLD INFORMATION**

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

*Physical Address* (where you are currently living, a PO Box will **NOT** be accepted):

\_\_\_\_\_

Telephone Number \_\_\_\_\_ Alternate Telephone Number \_\_\_\_\_

**2. INFORMATION ABOUT SPOUSE**

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

**3. LIST ALL THE PEOPLE THAT WILL LIVE IN THE UNIT (Please Include Yourself)**

Name	Relationship	Age	Date of Birth	Social Security Number
	Self			

**4. WE CURRENTLY HAVE A PREFERENCE FOR PERSONS WITH MOBILITY IMPAIRMENT. WOULD YOU LIKE TO BE CONSIDERED FOR THIS PREFERENCE?**     Yes     No

**5. FOR STATISTICAL PURPOSES ONLY (used for statistical purposes only)**

Race of Head of Household: (Check Only One)

White     Black     American Indian/Alaskan Native     Asian     Native Hawaiian     Other

Ethnicity of Head of Household (Check Only One)

Hispanic or Latino     NOT Hispanic or Latino

**6. SOURCE(S) OF FAMILY INCOME; CHECK ALL THAT APPLY, IDENTIFY GROSS AMOUNT AND FREQUENCY:**

- |   |   |
|---|---|
| <input type="checkbox"/> Wages _____ PER _____<br><input type="checkbox"/> Social Security _____ PER _____<br><input type="checkbox"/> TANF/Welfare _____ PER _____<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Wages _____ PER _____<br><input type="checkbox"/> SSI _____ PER _____<br><input type="checkbox"/> Child support _____ PER _____<br><input type="checkbox"/> NO INCOME IN HOUSEHOLD |
|---|---|

7. LIST ALL ASSETS FOR ANYONE LISTED ON PREVIOUS PAGE .....  NO ASSETS

(Checking accounts, savings accounts, stocks, bonds, CDs, Money Markets, real estate, trusts, etc)

<i>Type of Asset</i>	<i>Owner</i>	<i>Amount</i>	<i>Interest %</i>

8. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

The undersigned hereby understands that the above information is required to determine eligibility for residency. I/We Certify that the answers to the above questions are true and complete to the best of our knowledge. I/We understand that making false statements on this form is grounds for rejection, or termination of their lease.

We hereby authorize the Village of Nyack Housing Authority and Nyack Housing Assistance Corporation to verify the above information, and I/WE consent to the release of the necessary information to determine eligibility. I/We authorize the Village of Nyack Housing Authority and Nyack Housing Assistance Corporation to complete a national criminal background check as well as authorize law enforcement agencies to release criminal records and/or sex offender registration information to the Village of Nyack Housing Authority. In addition I/We authorize the Village of Nyack Housing Authority to do credit checks.

**APPLICANTS AND ALL OTHER HOUSEHOLD MEMBERS WHO ARE 18 YEARS OF AGE OR OLDER MUST SIGN BELOW.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTICE OF NON DISCRIMINATION ON THE BASIS OF DISABILITY STATUS:** Village of Nyack Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs or activities. Marilyn Troy, at the above address, has been designated to coordinate compliance with the nondiscrimination requirement contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

**FOR OFFICE USE ONLY**

