

**OFFICE USE ONLY:** Date and time received

**Please return application to:**

Belvedere Housing, L.P.  
207 Lake Drive, Newburgh, NY 12550  
Phone: 845-561-4190 Fax: 845-561-4199

## LAKE STREET APARTMENTS – RENTAL APPLICATION

**Please note that the rent is a standard rate. It will not be any more/less based on your household income. Please circle all bedroom sizes you would like to apply for:**

**Studio (\$895)   1 BR (\$1,181)   2BR (\$1,344)   3BR (\$1,411)   4BR (\$1,502)   5BR (\$1,542)**

**List all of the people who will live in the unit. Include any expected additions (pregnancy, live-in aide, etc.).**

|   | Name (Last, First) | Relationship to Head of Household | M/F (optional) | Social Security Number | Date of Birth | Full Time Student Y/N |
|---|--------------------|-----------------------------------|----------------|------------------------|---------------|-----------------------|
| 1 |                    | Self                              |                |                        |               |                       |
| 2 |                    |                                   |                |                        |               |                       |
| 3 |                    |                                   |                |                        |               |                       |
| 4 |                    |                                   |                |                        |               |                       |
| 5 |                    |                                   |                |                        |               |                       |
| 6 |                    |                                   |                |                        |               |                       |

**Please list all the places you have lived in the last five years:**

1. Current Address: \_\_\_\_\_

Length of time at this address: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Landlord Name/Phone Number: \_\_\_\_\_

2. Previous Address: \_\_\_\_\_

Length of time at this address: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Landlord Name/Phone Number: \_\_\_\_\_

3. Have you ever lived at Lake Street Apartments before? (circle)   Yes   No

a. If Yes, list when and the reason for leaving: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact (Name and relation to you): \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any pets? (circle) Yes No If yes, how many and what kind? \_\_\_\_\_

Is your rent currently being subsidized through Section 8 or another agency? (circle) Yes No  
If yes, please list the agency providing subsidy: \_\_\_\_\_

Have you disposed of any assets for less than fair market value in the last two years? (circle) Yes No  
If yes, please explain: \_\_\_\_\_

Do you currently own real estate? (circle) Yes No  
If yes, please explain and list current value: \_\_\_\_\_

**Please be aware that all household members, age 18+, will be subject to a credit, criminal and sex offender background check before a unit will be offered. The fee for the background check is \$20.00 and must be paid by the applicant. You will be asked to remit this payment once you are contacted to begin the intake process. PLEASE DO NOT SUBMIT ANY PAYMENTS AT THIS TIME.**

**Please note: Should you wish to forgo the credit check, you may instead supply proof that your rent has been paid on time and in full for the last 12 consecutive months.**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Has any household member ever filed for bankruptcy, had a pattern of rent delinquency, had an unpaid balance with a previous landlord or been evicted?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you, or any household member, been convicted of a felony within the past five years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you, or any household member, been convicted of any crime involving violence, assault, weapons, theft, or fraud in the past five years?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Has any household member been evicted from federally assisted housing for drug-related activity or been convicted of any drug related crime in the past five years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Does any household member have a pattern of alcohol abuse that would interfere with the health, safety, or right of peaceful enjoyment of the premises by the other residents?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes to the drug/alcohol related questions above, is the household member currently enrolled in or completed an approved supervised rehabilitation program? (Leave blank if it does not apply)   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you, or any household member, been convicted of a sexual offense and/or are subject to a lifetime sex offender registry or program in any state?<br>(Please note: If you are lifetime registered sex offender, it results in immediate disqualification) | <input type="checkbox"/> | <input type="checkbox"/> |

Please list all the states where you, and any other household member, have lived: \_\_\_\_\_

Have you, or any household member, ever used or been known by, a different name or social security number than the one listed on this application? (circle) Yes No

If yes, please list alternate names: \_\_\_\_\_

*The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. The U.S. Department of Housing and Urban Development is the federal agency that oversees that Belvedere Housing, L.P. is in compliance with VAWA. If you otherwise qualify for housing at Belvedere Housing, L.P., you cannot be denied admission because you are, or have been, a victim of domestic violence, dating violence, sexual assault or stalking.*

Are you, or anyone in your household, a victim of domestic violence? (circle) Yes No

**HUD Definition of Disability:** Federal law defines a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such manual tasks, and caring for oneself. mental retardation that substantially limits one or more major life activities including walking, talking, hearing, seeing, breathing, learning, performing impairment; or is regarded as having such impairment." In general, a physical mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS related Complex, and manual tasks, and caring for oneself.

**Definition of Veteran:** All veterans, or their surviving spouses, who served in active duty in time of war, as defined in Section 85 of the Civil Service Law, and reside in New York State. Veterans eligible for the preference are those who: (A) were members of the Armed Forces of the U.S. (B) served on active duty for other than training purposes in time of war (C) were discharged honorably or released under honorable circumstances (D) are residents of New York State; and (E) have documented their eligibility by submitting Form DD 214 (NAVPERS-553/NAVMC-78PD/WDAG)-53.98) and for service in Lebanon, Grenada, or Panama, the award of an appropriate expeditionary medal.

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Does any household member qualify as handicapped/disabled?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Does any household member require reasonable accommodations?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Is anyone in the household a U.S. Military Veteran or the Surviving Spouse of a Veteran? | <input type="checkbox"/> | <input type="checkbox"/> |

**Please fill in the name and check appropriate categories for each household member.**

|   | Name of Household Member | Ethnic Category (select one)   | Racial Category (select all that apply – see descriptions below)  | Decline to Answer        |
|---|--------------------------|--|---|--------------------------|
| 1 |                          | <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Not Hispanic | <input type="checkbox"/> American Indian or Native Alaskan<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> White<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Native American or Pacific Islander<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> |
| 2 |                          | <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Not Hispanic | <input type="checkbox"/> American Indian or Native Alaskan<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> White<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Native American or Pacific Islander<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> |
| 3 |                          | <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Not Hispanic | <input type="checkbox"/> American Indian or Native Alaskan<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> White<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Native American or Pacific Islander<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> |
| 4 |                          | <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Not Hispanic | <input type="checkbox"/> American Indian or Native Alaskan<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> White<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Native American or Pacific Islander<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> |
| 5 |                          | <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Not Hispanic | <input type="checkbox"/> American Indian or Native Alaskan<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> White<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Native American or Pacific Islander<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> |
| 6 |                          | <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Not Hispanic | <input type="checkbox"/> American Indian or Native Alaskan<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> White<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Native American or Pacific Islander<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> |

**Hispanic:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Not Hispanic:** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

**Black or African American:** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Other:** If you do not fit into any of the categories above, please fill in your racial category on the line provided.

**Applicant Certification**

I understand that this application must be filled out completely to be accepted. I understand that the above information contained and provided on this application is required to determine eligibility for residency. I certify that I have revealed all sources of income and all assets current held or previously disposed of. I authorize Belvedere Housing, L.P. and its agent to verify the above information and consent to the release of necessary information to determine eligibility. I authorize Belvedere Housing, L.P. to conduct a credit check. I authorize law enforcement agencies to release criminal records and/or sex offender registration information to Belvedere Housing, L.P. and its agent. I understand that all information provided on this form will be kept confidential and only persons involved in administering this program will have access to this information. I understand that making false statements on this form is grounds for rejection or termination of the lease and I certify that the answers to the above questions are true and correct to the best of my knowledge.

**All applicants, age 18 or older, acknowledge that they agree to the above certification statements by signing below.**

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTICE OF NONDISCRIMINATION ON THE BASIS OF DISABIITY STATUS: Belvedere Housing, L.P. (Lake Street Apartments) does not discriminate on the basis of disability status in admission or access to, or employment in, it's federally assisted programs and activities to the project. The individual named below has been designated to coordinate compliance with the non-discrimination requirements contained in the HUD regulations. Our rental office is handicapped accessible by way of signs that direct you where to park. Take the first left into the parking lot off of Lake Drive to the top left of the parking lot and see the handicapped parking. There is a walkway that leads directly to the rental office entrance at 207 Lake Drive, Newburgh, NY 12550. For those who have a hearing or speech disability and wish to reach us via Telecommunications Relay Service (TTY) please dial 711 and a TRS operator will be available to assist you. Compliance Coordinator: Matt Judge, 901 Main Street, Suite 300, Peekskill, NY 10566, Phone: 914-736-7368.

**INCOME AND ASSET INFORMATION – ADULT**

**Each adult in the household must fill out a separate page listing their INDIVIDUAL information.**

Household Member’s Name: \_\_\_\_\_

Employed full time       Employed part time       Self-Employed       Not Employed

1. Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Employer’s address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Hourly Rate / Salary: \_\_\_\_\_

Tips/Bonuses: \_\_\_\_\_ Avg. hours worked per week: \_\_\_\_\_ Avg. OT per week: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Employer’s address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Hourly Rate / Salary: \_\_\_\_\_

Tips/Bonuses: \_\_\_\_\_ Avg. hours worked per week: \_\_\_\_\_ Avg. OT per week: \_\_\_\_\_

| INCOME FROM OTHER SOURCES                       | YES                      | NO                       | Anticipated Amount per Month |
|---|--------------------------|--------------------------|------------------------------|
| Alimony   | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Child Support                                   | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Unemployment Benefits                           | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Workers Compensation                            | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Public Assistance (AFDC / TANF)                 | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| SNAP Benefits (Food Stamps)                     | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Social Security / SSI / SSD / Survivor Benefits | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Social Security Dual Entitlement                | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Veteran's Benefits                              | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Retirement / Pension /Annuities                 | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Regular pay as an Armed Forces Member           | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Regular pay from a settlement or inheritance    | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Regular pay from lottery winnings               | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Regular payment from real estate                | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Recurring monetary gifts from family/others     | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Any source not listed. Explain _____            | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| ASSETS  | YES                      | NO                       | VALUE                        |
| Checking account                                | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Savings account                                 | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Direct benefit card (SSA)                       | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Pre-Paid debit card                             | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Money market account                            | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Stocks / Bonds                                  | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| 401k, 403b, IRA, Keogh                          | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Trust account                                   | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Real Estate                                     | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Boat, Trailer, Recreational Vehicle             | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Life Insurance Policy                           | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Cash at Home                                    | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Personal Property held as Investment            | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Any source not listed. Explain: _____           | <input type="checkbox"/> | <input type="checkbox"/> |                              |

**INCOME AND ASSET INFORMATION – CHILD (UNDER THE AGE OF 18)**

**Fill out a separate page for each child in the household.**

Household Member's Name: \_\_\_\_\_

| INCOME                                      | YES                      | NO                       | Anticipated Amount per Month |
|---|--------------------------|--------------------------|------------------------------|
| Social Security                             | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| SSI/SSP                                     | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| SSD   | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Survivor Benefits                           | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Recurring monetary gifts from family/others | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| Any source not listed. Explain _____        | <input type="checkbox"/> | <input type="checkbox"/> |                              |

| ASSETS                                | YES                      | NO                       | VALUE |
|---------------------------------------|--------------------------|--------------------------|-------|
| Checking account                      | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Savings account                       | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Pre-Paid debit card                   | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Money market account                  | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Stocks / Bonds                        | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Trust account                         | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Life Insurance Policy                 | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Any source not listed. Explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |       |