



RECEIPT DATE: _____

RECEIVED BY: _____

Senior Housing Development Rental Application

99 Blooming Grove Drive

Troy, New York 12180

Telephone: (518) 283-3435 Fax: (518) 286-2013

TDD relay service: 800-662-1220

R.O.U.S.E. RPC offers moderate to low income housing to senior citizens, age 55 and older if qualified. R.O.U.S.E. RPC communities prohibit pets and have a No Smoking Policy (see attached).

It is hereby understood that all information in the application for residency, including statement of finances, background checks and personal interviews, will be treated confidentially. Any misrepresentation or material omission by applicant may render any agreement for residence void at the option of the owner.

Please check the Senior Housing Community or Communities to which you would like to apply:

- Brunswick**
 Blooming Grove
 Brookside
 Nassau
 1 Bedroom *2 Bedrooms*
 1 Bedroom Only
 1 Bedroom Only
 1 Bedroom Only
 Cottage

List all household members who will live in the apartment. Be sure to include any temporarily absent family members.

Full Name	Relationship	Date of Birth	Social Security #
_____	<u>APPLICANT</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Address

(Street) (Telephone #)

(City) (State) (Zip Code)



Are you a full time student? Yes _____ No _____

Are you presently, or were you ever, a resident of the Town of

West Sand Lake: _____ Yes _____ No
Nassau: _____ Yes _____ No
Brunswick: _____ Yes _____ No
North Greenbush: _____ Yes _____ No

INCOME INFORMATION

Please indicate each source of income that any member of your household receives or anticipates receiving in the next twelve (12) months as specified below:

(List Gross Amounts)

Description	Household Member		Amount Received Monthly
	(1)	(2)	
Employment	_____	_____	\$ _____
Social Security	_____	_____	\$ _____
Disability	_____	_____	\$ _____
Unemployment	_____	_____	\$ _____
Pension/Annuity	_____	_____	\$ _____
Severance Pay	_____	_____	\$ _____
Workers Compensation	_____	_____	\$ _____
Child Support/Alimony	_____	_____	\$ _____
Recurring Gifts	_____	_____	\$ _____
Rental Income	_____	_____	\$ _____
Veteran Benefits	_____	_____	\$ _____
Other Income	_____	_____	\$ _____



ASSET INFORMATION

Assets Include: Cash, trust corpus, equity in real estate or capital investments, notes receivable, stocks, bonds, money market accounts, certificates of deposit, IRAs, retirement and pension funds, luxury person property (gems, jewelry, art, coin collections, etc.). You must also include the value of any assets disposed of in the past 24 months at less than fair market value.

<u>Description</u>	<u>Household Member</u>		<u>Acct. Balance</u>	<u>Earned Income</u>
	(1)	(2)		
Checking Acct	_____	_____	\$ _____	\$ _____
Savings Acct	_____	_____	\$ _____	\$ _____
Trust Account	_____	_____	\$ _____	\$ _____
Stocks/Bonds	_____	_____	\$ _____	\$ _____
Treasury Bills	_____	_____	\$ _____	\$ _____
CD/Money Markets	_____	_____	\$ _____	\$ _____
Annuity/IRA w/o regular withdraw	_____	_____	\$ _____	\$ _____
Whole Life Ins.	_____	_____	\$ _____	\$ _____
Other Assets	_____	_____	\$ _____	\$ _____

Real Estate: Do you own any property? Yes _____ No _____
 If yes, type of property _____
 Appraised Market Value \$ _____
 Mortgage or outstanding loans balance due \$ _____

Have you disposed of any assets in the past 2 years - (example: give away money to relatives, setup Irrevocable trust accounts or sold assets for less than fair market value)?

Yes _____ No _____ If YES, describe asset _____
 Date of disposition _____ Amount disposed \$ _____

Do you have any other assets not listed above excluding personal property? Yes _____
 No _____

If YES list _____



EMERGENCY CONTACTS

Please list three (3) people to contact in case of emergency:

1. Name: _____ Phone: _____
Address: _____ Relationship: _____
2. Name: _____ Phone: _____
Address: _____ Relationship: _____
3. Name: _____ Phone: _____
Address: _____ Relationship: _____

RESIDENCE HISTORY

Current Address:

Do you Rent or Own a home? _____ Month/year moved in _____

What is your monthly rent or monthly mortgage? _____

If utilities are not included, what is your monthly utility cost \$ _____

Reason for leaving: _____

Landlord: _____

Landlord Address: _____

Previous Address:

(Street) _____

(City) _____ (State) _____ (Zip Code) _____

Month/year moved in: _____ Moved out: _____ Monthly rent: \$ _____

If utilities were not included, what was your utility cost: \$ _____

Reason for leaving: _____

Landlord: _____

Landlord Address: _____



OTHER INFORMATION

Driver License# _____ State _____ Date Exp. _____

Driver License# _____ State _____ Date Exp. _____

Vehicle Make _____ Year _____ License Plate# _____ Color _____

Vehicle Make _____ Year _____ License Plate # _____ Color _____

Would any member of your family benefit from a special design accessible unit? Yes ___ No ___

Will any alterations to the apartment be necessary for a member of your family? Yes ___ No ___

It is hereby understood that all information in the application for residency, including statement of finances, background checks and personal interviews, will be treated confidentially. Any misrepresentation or material omission by the applicant may render any agreement for residence void at the option of the owner.

Any applicant that is rejected has the right to review, contest and explain the information contained in the application or in the background check and has the right to present evidence of rehabilitation, if the applicant was rejected due to their criminal history.

I certify that the information set forth here is complete and correct to the best of my knowledge. I understand that deliberately submitting false information or withholding information constitutes fraud. Federal law specifies fines up to \$10,000 and prison terms up to five years for fraud and may be grounds for eviction. Should any statement above be a misrepresentation or not a true statement of facts, the entire deposit will be retained to offset the agent's cost, time, and effort in the processing of this application.

I also understand that this form is only an application for residency and that the submission of this application does not reserve, nor in any way, guarantee a unit.

Applicant Signature

Date

Co-Applicant Signature

Date



ROUSE RPC Non-Smoking Policy

All ROUSE RPC managed communities, including:

ROUSE at Brunswick Senior Housing

Blooming Grove Senior Housing

Brookside Senior Housing

Nassau Senior Housing

Effective July 1, 2016, all new leases to any above community will have a No Smoking Policy. Due to the increased risk of fire, increased maintenance costs, escalating insurance costs and the known health effects of secondhand smoke, smoking will be prohibited in all areas of the property, including all buildings, all common areas, inside apartment dwelling units, and within 25 feet of the building(s) including entry ways, porches, and patios. Residents are responsible for ensuring that family members and guests comply with this rule.

Phase In of Policy: All new residents to our communities with leases commencing July 1, 2016 and after are applicable to this policy. Existing residents will be grandfathered in with the exception of smoking will be prohibited within 25 feet of all buildings, including all common entryways, porches, and patios. Please be aware that you may have neighbors whose current lease does not prohibit smoking, so smoking will be allowed for these residents for the duration of their residency.

Definition: **SMOKING:** The term ‘smoking’ means any inhaling, breathing, burning or carrying any lighted cigar, cigarette, pipe or other tobacco product or similarly lighted product in any manner or form.

Disclaimer: Resident acknowledges that Landlord’s adoption of a No Smoking Policy does not make the landlord or any of its managing agents the guarantor of Resident’s health or of the smoke free condition of the property.

Lease Violation: Residents are responsible for the actions of their household, their guests and their visitors. Failure to adhere to any of the conditions of this policy is construed as a material violation of the lease and subjects the resident to possible legal sanctions, up to and including termination of tenancy and possible financial costs to remove smoke odor or residue from the unit.

Reasonable Accommodation Requests: For those who request the use of medical marijuana for medicinal use, HUD regulations allow a landlord to evict you for any activity related to any controlled substance, including medical marijuana.

