

FAIR & AFFORDABLE RENTAL APARTMENTS
DRUMHILL SENIOR LIVING COMMUNITY
AN INDEPENDENT COMMUNITY FOR SENIORS 62+*

FOR OFFICE USE ONLY

Submit Application to:

117 Washington Avenue Pleasantville, NY 10570
office@trinityassociatesllc.com Fax: 914-789-5104

*All household members must be 62 or older.

1. APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____ Do you use your email regularly? Yes No

2. CO-APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____ Do you use your email regularly? Yes No



3. HOUSEHOLD COMPOSITION:

	NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SS# (Last 4 Digits)	OCCUPATION	STUDENT Yes OR No
Head						
Co-App						

Have there been any changes in household composition in the last twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	
Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	
Is there someone not listed above who would normally be living in the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	
Are you living with anyone now who will not be moving into this apartment with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	

4. CURRENT RESIDENCE:

What is your Current Monthly Rent or Mortgage Payment \$ _____

How long have you lived at your current residence? _____

Is any portion of your rent subsidized? Yes No Agency Name: _____

Check Utilities paid monthly by you now:

\$ _____ Heat \$ _____ Electricity \$ _____ Gas \$ _____ Water \$ _____ Other



5. EMPLOYMENT:

HOUSEHOLD MEMBER NAME:	
EMPLOYER:	
POSITION HELD:	
HOW LONG EMPLOYED:	MONTHLY GROSS INCOME:

HOUSEHOLD MEMBER NAME:	
EMPLOYER:	
POSITION HELD:	
HOW LONG EMPLOYED:	MONTHLY GROSS INCOME:

PREVIOUS EMPLOYMENT (within last 60 days)

HOUSEHOLD MEMBER NAME:	
EMPLOYER:	
POSITION HELD:	
HOW LONG EMPLOYED:	MONTHLY GROSS INCOME:



6. INCOME:

List ALL sources of income as requested below. If a section doesn't apply, write "NA" for not applicable.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Other Financial Aid (excluding loans)	\$
	Regular payouts from Annuities (list sources)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments (e.g. 403(b) & 401(k), interest dividends (specify source)	\$

Are you **legally entitled** to receive alimony? Yes No

If yes, list the amount the amount you are entitled to receive:

Do you receive alimony? Yes No

If yes, list the amount you receive

ADDITIONAL INCOME: (If Any)

(Baby-sitting, care-giving, income from rental property)

Source:		Monthly Amount:	\$
Source:		Monthly Amount:	\$



Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household likely to receive income assistance (monetary or not) from someone who is not a member of the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, explain:	
Is the income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. STATISTICAL INFORMATION

a. The following information is needed for statistical purposes only in order to determine the degree to which programs are utilized by people of different racial & ethnic backgrounds. Provide information for the head of household only.

RACIAL GROUP IDENTIFICATION: Used for statistical purposes only. (Please check only one from this group for the head of household only).

Single Race

- _____ White
- _____ Black or African American
- _____ Asian
- _____ American Indian or Alaska Native
- _____ Native Hawaiian or Other Pacific Islander

Multi-Race

- _____ American Indian or Alaska Native & White
- _____ Asian & White
- _____ Black or African American & White
- _____ American Indian or Alaska Native & Black or African American
- _____ Other Multi Racial

b. **ETHNICITY:** (check **only one** from this group) _____ Hispanic _____ Non-Hispanic

ACCESSIBILITY/ADAPTABILITY:

Would any household member benefit from special features of an accessible apartment?

Check all that apply: ___ Wheelchair accessible? _____ Hearing Impaired? ___ Visually Impaired?

REASONABLE ACCOMMODATION: If you are an individual with disabilities you may make a request for a reasonable accommodation. If you would like more information on how to make a request for a reasonable accommodation, contact Housing Action Council at (914) 332-4144 or hac@affordablehomes.org.



8. ASSETS

If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Direct Deposit Cards for SS, SSI, SSP, TANF, Child Support and Work	#	Bank	Balance \$
	#	Bank	Balance \$
Certificates of Deposit	#	Bank	Balance \$
	#	Bank	Balance \$
Money Market Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Bond	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
Life Insurance Policy	#		Cash Value \$
	#		Cash Value \$
Mutual Funds/ Name	# of Shares	Interest or Dividend \$	Value \$
Stocks/ Bonds	# of Shares	Interest or Dividend \$	Value \$



	# of Shares	Interest or Dividend \$	Value \$

9. REAL ESTATE PROPERTY AND OTHER ASSETS

Do you own any property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Type of property	
Address of property	
Estimated Market Value	\$
Mortgage or outstanding loans balance	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$
Is the property subject to foreclosure, bankruptcy or eviction?	\$
If yes, describe	

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of your household? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe:	
Do they have access to the asset(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you sold/ disposed of any property in the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, type of property:	
Market Value when sold/disposed	\$
Amount sold/ disposed for	\$
Date of transaction	\$
Have you disposed of any other assets in the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (Example: Given away money to relatives, set up Irrevocable Trust Accounts)	
If yes, describe the asset:	



Date of disposition	
Amount of disposition	\$
Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:	

10. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
Briefly describe your reasons for applying to Drum Hill Flats:	

11. APPLICATION ASSISTANCE

Did anyone help/ assist you in filling out this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who assisted and what was the reason for the assistance?	

12. HOW DID YOU HEAR ABOUT THIS DEVELOPMENT?

- Friend If friend, how did your friend hear about this? _____
- Employer Sign Posted on Site
- Website/ Internet _____ (list site)
- Church/ Synagogue (Identify): _____
- Community Organization (Identify): _____ Other (Identify): _____

Type text here



CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All applicants must sign application.

I agree to authorize Trinity Management Associates and Housing Action Council or their agents to use this copy of my signature as approval to verify my credit, employment, criminal history, assets and former tenancies in connection with my application or future tenancy in an apartment. All verifications will be sent directly back to those authorized and will be used only for purposes connected with the apartment.

SIGNATURE (S):

Applicant _____ Date: _____

Applicant _____ Date: _____

Co-Applicant _____ Date: _____

Co-Applicant _____ Date: _____

Checks are payable to: Drum Hill Associates, LP

Application Fee: \$850.00
\$350.00 will be applied towards 1st months rent

Community Fee: Equivalent of one months rent, refundable within year one of occupancy

Pet Rent: \$35.00 per month

First Months Rent: Due at lease signing

Desired Unit: _____

Back Up Unit: _____

Desired Move In Date: _____

