



APPLICATION FOR HOUSING

RESIDENT INFORMATION

Applicant: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Co-Applicant: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

HOUSEHOLD COMPOSITION

List all persons who will live in the apartment. List the head of household first.

	Full Name	Relationship to Head of Household	Date of Birth	Sex (M/F)	Student (Y/N)	Social Security Number
1		Head				
2						
3						
4						
5						
6						





Are you or any household member a Veteran of the Armed Forces of the United States? ☐ Yes ☐ No

Which Member? _____

Was this Veteran discharged honorably or released under honorable circumstances? ☐ Yes ☐ No

Would you or anyone in your household benefit from a special needs unit? ☐ Yes ☐ No

Mobility____Vision____Hearing____impairment?

HOUSING INFORMATION

If you have rented an apartment during the past two years, please list that information below:

Current Landlord's Name/Address	Your Address	Dates: from:	To:
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Name: _____ Lease Expires: ____ / ____ / ____

Address: _____ Rent Paid: _____

Phone: _____

Previous Landlord's Name/Address	Your Address	Dates: from:	To:
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Name: _____

Address: _____ Rent Paid: _____

Phone: _____

INCOME / ASSET INFORMATION

APPLICANT EMPLOYMENT INFORMATION

Name & Address of Employer Yrs on the job _____

Monthly Income \$

Phone:

CO-APPLICANT EMPLOYMENT INFORMATION

Name & Address of Employer Yrs on the job _____

Monthly Income \$

Phone:





10 Station Drive
Wyandanch, NY 11798
631-253-0004



Please answer yes or no to the following and if yes provide monthly amounts. Do you or any family member have income from:

Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
SSI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Pension/Annuity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Veteran's Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Unemployment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Workman's Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
TANF/ Public Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Employment Wages	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Do you receive Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Military Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Net Income from Business (Self –Employed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Contributions from Friends/Relatives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Income from Assets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Other Income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

TOTAL HOUSEHOLD GROSS ANNUAL INCOME: \$ _____

Do you file Income Tax Returns? ☐ Yes ☐ No

Do you or a family member have any of the following assets?

Checking Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stocks or Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Savings Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificates of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Trust Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Life Insurance**	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retirement Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Treasury Bills	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Type of Asset	Where is Asset?	What is its Value?	Income from Asset –Annual
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Life Insurance (Cash Value Only) : _____

TOTAL ASSET VALUE : _____

STUDENT STATUS





Will any of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ☐ Yes ☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return? ☐ Yes ☐ No
Are any student(s) enrolled in a job training program receiving Assistance under the Job Training Partnership Act? ☐ Yes ☐ No
Are any full-time student(s) a TANF or a title IV recipient? ☐ Yes ☐ No

DECLARATIONS

☐ Yes ☐ No Have you ever been convicted of a felony?
☐ Yes ☐ No Have you ever been convicted for illegal use, possession manufacturing or distribution of a controlled substance?
☐ Yes ☐ No Do you currently use, manufacture, or distribute illegal drugs?
☐ Yes ☐ No Have you ever been terminated/evicted from housing for non-payment of rent?

RENT SUBSIDY

Do you have a Housing Choice Voucher or other housing subsidy? ☐ Yes ☐ No

If yes, what is the amount of your rental subsidy? Tenant Share _____ Subsidy Amount _____ Total Contract _____

Name of voucher provider: ☐ CDCLI ☐ Town of Babylon ☐ Other:

Number of bedrooms preferred _____

Do you have any Pets? ☐ Yes ☐ No If so please list all
☐

pets _____

Demographics

The following information is being requested to comply with equal opportunity requirements and to assure no discrimination occurs.

Ethnicity
☐ Hispanic or Latino ☐ Not Hispanic or Latino
☐ I do not wish to furnish this information

Race
☐ American Indian or Alaskan Native ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ I do not wish to furnish this information





8. ACKNOWLEDGEMENT AND AGREEMENT

By signing below, you declare that all your statements in this application are true and complete. If you fail to answer any question or give false information, the property may reject your application, retain all application fees and deposits as liquidated damages for its time and expense, and terminate your right of occupancy.

By submitting this application, you are directing and authorizing Albanese Development Corporation, its affiliates, agents and assigns, to verify the information you've provided and obtain additional background information about you through any means, including (i) using a third party consumer reporting agency such as CoreLogic, to prepare a consumer report or an investigative consumer report and/or (ii) verifying information by contacting personal and professional references, employers, rental housing owners, and others. You further direct and authorize Albanese Development Corporation, its affiliates, agents and assigns, to obtain from any law enforcement agency, present or past employer or supervisor, landlord, finance bureau/office, credit bureau, collection agency, college, university or other institute of learning or certification, private business, military branch or the national personnel records center, personal reference and/or other persons, and authorize the same to give records or information that any such entities may have concerning your status as a registered sex offender (as allowed by law), criminal history (as allowed by law), motor vehicle/driving history, earnings history, credit history, character, general reputation, personal characteristics, mode of living, employment records, record of attendance and earned degrees or certificates, or any other information requested, whether the said records are private or public, and including those which may be deemed to be privileged or confidential in nature. Preparation of all consumer reports and investigative consumer reports will follow federal, state and local laws and regulations.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any consumer report or investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to tenants is an investigation into your prior rental history, education, and employment. You also acknowledge that our [Privacy Policy](#) is available to you.

I understand that by signing below, I am authorizing Albanese Development Corporation, its affiliates, agents, and assigns, to conduct the background check(s) described above .

If I am submitting this application electronically, I understand that typing my name below and clicking on the Submit Application button constitutes my electronic signature, dated as of when I click on the Submit Application button, and that by doing so:

- I am authorizing Albanese Development Corporation, its affiliates, agents, and assigns, to conduct the background check(s) described above.
- I am consenting to use electronic means to (i) sign this form, (ii) receive the Applicant Authorization appearing above, and (iii) receive any legal notices electronically.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:

Applicant Signature:_____ Date:_____

Co-Applicant Signature:_____ Date:_____

Other Adult Signature:_____Date:_____





WHERE TO SUBMIT APPLICATIONS

Applications may be submitted:

- (1) on-line at www.wyandanchvillage.com;
- (2) by mail delivered to the Wyandanch Village Leasing Office located at 10 Station Drive, Wyandanch, NY 11798; and,
- (3) due to the high number of people anticipated to come from the Wyandanch community, by delivery to a drop/lock-box to be sited at Wyandanch Village (applications received in the drop/lock-box will be retrieved daily) at the address listed above.

