



Sacandaga Senior Apartments  
 302 S. First St.  
 Northville, NY 12134

Tel: (518) 725-2114 Fax: (518) 725-1225 TDD #711 Relay



**APPLICATION ASSISTANCE AND INFORMATION STATEMENT**

If you are disabled, or have difficulty completing this application, please advise us of your needs when you receive this application, or call us to schedule assistance.

Sacandaga Senior Apartments phone number is 518-725-2114. If you have a hearing impairment, the TDD relay service number is # 711.

Appropriate assistance will be provided in a confidential manner and setting.

*Answering questions on your application:*

Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowances, rent, family composition or prior resident history *is grounds for rejection*. Additionally, you should be aware that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

*Answering questions relating to a disability:*

Answers to questions on your application concerning disability status are *optional*, but please note that families with disabled members may be entitled to (1) certain deductions from income that affect rent or (2) units designed to be accessible for individuals with disabilities. So, without this information we may not be able to calculate your rent correctly or verify your eligibility to live in an accessible unit.

If you answer the questions relating to disability, we will need to verify that you or a household member is disabled. We do not need to know the nature, extent, or current condition of the disability, but we will need to know that you meet the federal definitions that apply to these terms and that you can abide by the terms of our lease.

Information you provide on a disability status will be treated as confidential by management. In accordance with program regulations, information may be released to appropriate federal, state or local agencies.

*Housing Requirements Questionnaire:*

Please complete the Housing Requirements Questionnaire that accompanies your application. This information is needed so that we may assign you a unit appropriate to any needs that exist for your household. Your answers will be verified. If, however, there are no household members with a disability, or if you do not wish to complete the document for any reason, simply indicate that choice in the space provided at the top of the document. The choice not to complete this document will not in any way affect the processing of your application for an apartment.

**Notice to All Applicants: Options for  
Applicants with Disabilities**

This property is managed by Fulton County Community Heritage Corporation, P.O. Box646, Gloversville, NY, 12043. We provide assisted housing to the general public under New York State. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, familial status or disability. In addition, we have an obligation to provide "reasonable accommodations" to applicants if they or any household members have a disability. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the programs under which we operate. Examples of reasonable accommodations and structural modifications include, but are not limited to:

- Making reasonable alterations to a unit so it could be used by a household member with a wheelchair;
- Installing strobe type flashing-light smoke detectors in an apartment for a household with a hearing-impaired member;
- Permitting a household to have a seeing-eye dog to assist a vision-impaired household member where existing pet rules would not allow the dog;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;

- Making a sign language interpreter available to a hearing-impaired applicant during the application process;
- Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria.

An applicant household that has a member with a disability must still be able to meet essential obligations of tenancy--they must be able to pay rent, to maintain their apartment in a safe and sanitary condition, to report required information to the building manager, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your household have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

The next page of this application is a *Housing Requirements Questionnaire*. If you wish to complete the document and provide management with information regarding any household member with a disability, please do so. If no household member has a disability, or if you do not wish to complete the questionnaire for any reason, please indicate so, sign the form, and return to the manager.

## Housing Requirements Questionnaire

Please read the following regarding this questionnaire:

This questionnaire is administered to every applicant at Sacandaga Senior Apartments. It is used to determine whether your household needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Completing this questionnaire is optional on your part. If you choose not to complete

this form, please check the box that indicates that choice, sign and date the form, and return it to the manager. The choice not to complete this questionnaire will not in any way affect the processing of your application for an apartment.

If you choose to complete this form, please check the box that indicates your choice to furnish this information, complete the information requested, sign and date the form and return it to the manager.

### Applicant election to provide special needs information:

Name of Head of Household \_\_\_\_\_ SS#: \_\_\_\_\_

I choose to complete this form.

I choose NOT to complete this form.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Manager's signature \_\_\_\_\_ Date \_\_\_\_\_

### Information relative to the housing requirements of applicant's household:

- Do you, or does any member of you household, have a condition that requires:  
 A separate bedroom  
 One-level apartment  
 Unit for hearing-impaired  
 A barrier-free apartment  
 Other  
 Unit for vision-impaired  
 Physical modifications to a typical apt.  
 Special parking space  
 Bedroom/Bath on first floor
- If you checked any of the above-listed categories of units, please explain exactly what you need to accommodate your situation: \_\_\_\_\_  
\_\_\_\_\_
- What is the name of the household member who needs the features identified above?  
\_\_\_\_\_
- Do you or any of your household members need special features to go up and down stairs other than traditional railings?  Yes  No  
If "Yes", please indicate how we may accommodate your household. \_\_\_\_\_  
\_\_\_\_\_
- Will you or any of your household members require a live-in aide to assist you?  Yes  No
- Who should be contacted to verify your need for the features you have identified above (e.g. a doctor or social service agency)?  
Name \_\_\_\_\_ Tel #: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

### Disabled Veterans Preference:

Are you claiming Disabled Veteran Status? \_\_\_\_\_ YES \_\_\_\_\_ NO

(2021)



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**TDD Relay: 711 Relay**



**APPLICATION**

**PROJECT NAME:** Sacandaga Senior Apartments  
**ADDRESS:** 302 S. First St.  
 Northville, New York 12134

**OFFICE USE ONLY**  
**Date Received:** \_\_\_\_\_  
**Time Received:** \_\_\_\_\_  
**Estimated Income:** \_\_\_\_\_  
**Income Category:** \_\_\_\_\_

**THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. LIST TENANT FIRST, CO-TENANT SECOND, OTHER MEMBERS OF HOUSEHOLD THIRD ETC. ALL INFORMATION IS KEPT CONFIDENTIAL.**

**(If you are unable to fill out this application someone will fill it out for you or you may choose someone to fill it out. That person must sign the last page as the person whose handwriting appears on the form.)**

**APPLICANT** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_  
**PRESENT ADDRESS** \_\_\_\_\_  
 \_\_\_\_\_  
**APARTMENT SIZE REQUESTED** \_\_\_\_\_

<b>A. HOUSEHOLD COMPOSITION</b>							
List ALL persons who will live in the apartment. List the head of household first.							
	Name	Relationship to head	Marital Status D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Student Y/N
Head							
Co-T							
3.							
4.							
5.							
6.							
7.							

Do you anticipate any additions to the household in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain

Does the household need any specific features or unit designs such as wheelchair accessibility, visual aids, or, apparatus for hearing assistance? YES / NO. If so, please describe:

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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? í Yes    í No

If yes then please list all students: \_\_\_\_\_

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?	í Yes	í No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	í Yes	í No
Are any full-time student(s) a TANF or a title IV recipient?	í Yes	í No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	í Yes	í No

<b>B. INCOME</b>		List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.
<b>Household Member Name</b>	<b>Source of Income</b>	<b>Gross Monthly Amount</b>
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Disability	\$
	Workman's Compensation	\$
	Full-Time Student Income (18 & Over Only)	
	Interest Income form Assets (source)	\$
	Interest Income form Assets (source)	\$
	Interest Income form Assets (source)	\$
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	

	How long employed:	
<b>Household Member Name</b>	<b>Source of Income</b>	<b>Gross Monthly Amount</b>
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	Are you <i>entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, explain:</b>		

Does anyone in the household receive any regular contributions or gifts from non-household members?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does anyone in the household receive any income from property?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

What is the amount of your cash on hand? \_\_\_\_\_

C. ASSETS			
If your assets are too numerous to list here, please request an additional form.			
If a section doesn't apply, cross out or write NA.			
Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Account	#	Bank	Balance \$

Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property			Appraised Value \$	

Real Estate Property: <b><i>Do you own any property?</i></b>	↑ Yes   ↑ No
<b><i>If yes</i></b> , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Have you sold/disposed of any property in the last 2 years?	↑ Yes   ↑ No
<b><i>If yes</i></b> , 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 (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?		Yes	No
<i>If yes, describe the asset</i>			
Date of disposition			
Amount disposed			\$

Do you have any other assets not listed above (excluding personal property)?		Yes	No
<i>If yes, please list:</i>			

<b>D. ADDITIONAL INFORMATION</b>			
Have you or any member of your household ever been convicted of manufacture or distribution of a controlled substance?		Yes	No
Have you or any member of your family ever been convicted of a crime?		Yes	No
<i>If yes, describe</i>			
Have you or any member of your family ever been evicted from any housing?		Yes	No
<i>If yes, describe</i>			

#### F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	



In case of emergency notify:

Address:

Relationship:

Phone #:

**G. VEHICLE AND PET INFORMATION** (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:

License Plate #:

Year/Make:

Color:

Type of Vehicle:

License Plate #:

Year/Make:

Color:

Do you own any pets?

Yes

No

*If yes, describe:*

**Acceptance of this application does not guarantee rental of an apartment. All applicants must meet screening criteria, including landlord and credit checks. Changes in family income, size and address and phone number must be reported promptly to management in order to properly process your application.**

**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 and sign a one year lease 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 adult applicants, 18 or older, must sign application.

SIGNATURE (S):

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

**The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.**

(2021)

**Ethnicity:**

Hispanic or Latino \_\_\_\_\_

Not Hispanic or Latino \_\_\_\_\_

**Race: (Mark One or More)**

1 American Indian/Alaska Native \_\_\_\_\_

2 Asian \_\_\_\_\_

3 Black or African American \_\_\_\_\_

4 Native Hawaiian or Other Pacific Islander \_\_\_\_\_

5 White \_\_\_\_\_

Gender : Male \_\_\_\_\_ Female \_\_\_\_\_

**AUTHORIZATION**

**I/WE DO HEREBY AUTHORIZE SACANDAGA SENIOR APARTMENTS AND ITS STAFF OR AUTHORIZED REPRESENTATIVES TO CONTACT ANY AGENCIES, OFFICES, GROUPS OR ORGANIZATIONS TO OBTAIN AND VERIFY ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY/OUR APPLICATION FOR HOUSING IN THIS PROPERTY MANAGED BY FULTON COUNTY COMMUNITY HERITAGE CORPORATION.**

**SIGNATURES:**

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Co-Applicant**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Signature of Person Filling Out Form for Tenant**

The Fair Housing Act prohibits discrimination in the sale, rental, or financing of housing on the basis of race, color, religion, sex, disability, familial status, or national origin. This is an Equal Opportunity Program. Federal laws prohibit discrimination. Complaints of discrimination may be filed with the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, 451 Seventh St. SW, Washington, DC 20410-2000 or to Fair Housing HUB, US Department of HUD, 26 Federal Plaza, Rm 3532, New York, NY 10278-006. Email : complaints\_office\_office\_02@hud.gov