APPLICATION

Mail only one (1) application per family by regular mail
(DO NOT SEND BY REGISTERED OR CERTIFIED MAIL)

MAIL TO: BAYTOWNE VILLAGE
33 N. CLINTON AVENUE
BAYSHORE, NY 11706

Each application received will be recorded. Since so many families/elderly need housing, this development will not be able to accommodate all who are eligible. As families are reached, they will be called in for an interview.

NO PAYMENTS OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION, FILING OR PROCESSING OF THIS APPLICATION FOR SUBSIDIZED HOUSING.

THIS INFORMATION IS TO BE FILLED OUT BY THE APPLICANT:

Name _____ Age _____

Street Address _____ Apt.No. _____

City _____ Town _____State_____Zip_____

Home phone number _____

If you are not at home please list a phone number of family or friend _____

Social Security Number _____

Do you presently own a home? _____ Rent an apartment? _____

Live with Family? _____ Other _____

Are you subject to lifetime sex offender registration? Yes_____ No_____

Please list all states that you have resided in_____

_____

FUNCTIONAL STATUS

If Disabled or Handicapped, Does your (or any member or your family's) disability/handicap require special accessibility features? YES or NO

If "YES" enter features desired_____

CITIZENSHIP

Are you a citizen or national of the United States? YES or NO

If "YES" no further information is required. Sign and date below

_____ _____

Signature Date

If you are a non-citizen with eligible immigration status please check the appropriate statement below:

I am a non-citizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101 (a) (15) of the INA (8 U.S.C. 1001 9 (a) (20) and 1101 (a) (15), respectively [immigrants]. This category includes a non-citizen admitted under section 210 or 210A of the INA (8 U.S.C 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status. YES _____ NO _____

I am a non-citizen who entered the united States before January 1, 1972, or such later date as enacted by law and has continuously maintained residence in the United State since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by an Attorney General under section 249 of the INA (8 U.S.C. 1259) YES _____ NO _____

I am a non-citizen who is lawfully present in the United States pursuant to an admission under section 207 or the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a) (7) of the INA (8 U.S.C. 1153) (a) (7) who entered the United States before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity. YES _____ NO _____

I am a non-citizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d) (5) of the INA (8 U.S.C. 1182) (D) (5) [parole status]. YES _____ NO _____

I am a non-citizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 U.S.C. 1153) (h) [threat to life or freedom].
YES _____ NO _____

I am a non-citizen lawfully admitted for temporary or permanent residence under section 254A of the INA (8 U.S.C. 12255a) [amnesty granted under INA 245A]. YES _____ NO _____

PROJECT BASED OR TENANT BASED SUBSIDY

Do you live in Public Housing, State Housing or Federal Housing and receive the benefit of a monthly assistance payment? YES _____ NO _____

If "YES" please enter:

Name of Project: _____

Address: _____

Project Manager Name: _____

Telephone Number: _____

Have you been subsidized through a housing subsidy program in the past? YES _____ NO _____

If "YES" please enter:

Name of Project: _____

Address: _____

Project Manager Name: _____

Telephone Number: _____

FAMILY COMPOSITION

How many persons are in your household? _____

How many bedrooms do you have? _____

List all persons who will live with you in this Federally subsidized development (list yourself as "HEAD")

	NAME	RELATIONSHIP TO HEAD	D.O.B.	SEX AGE	M/F	CHECK IF IN SCHOOL	SOCIAL SECURITY #	OCCUPATION
1.		HEAD						
2.								
3.								
4.								

INCOME

List all full and/or part-time employment for all household members who are applying for this apartment. Include self-employed earnings.

HOUSEHOLD MEMBER	NAME & ADDRESS OF EMPLOYER	GROSS EARNINGS
_____	_____	$_____ PER_____
_____	_____	$_____ PER _____
_____	_____	$_____ PER_____

OTHER SOURCES OF INCOME

Welfare, Social Security, SSI, pension disability compensation, unemployment compensation, interest, baby sitting, caretaking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants.

HOUSEHOLD MEMBER	TYPE OF INCOME	AMOUNT
_____	_____	$_____ PER _____
_____	_____	$_____ PER _____
_____	_____	$_____ PER_____

The following information is required for statistical purposed so that the Department of Housing and Urban Development (HUD) may determine the degree to which its programs are utilized. This information must be completed. It will not affect the processing of this application.

RACIAL GROUP IDENTIFICAION (USED FOR STATISTICAL PURPOSED ONLY)

Please check one group which identifies the *HEAD OF HOUSEHOLD*.

White (non Hispanic) _____ Black (non Hispanic) _____ Hispanic _____

American Indian or Alaskan Native _____ Asian or Pacific Islander _____

CURRENT ASSETS

Checking Accounts Bank _____ A/C #_____ $_____

Bank _____ A/C#_____$_____

Passbook Savings Bank _____ A/C# _____$_____

Bank _____ A/C# _____$ _____

Savings Certificates Bank _____ A/C# _____ $_____

Bank _____ A/C#_____$ _____

Stocks and Bonds (Value) $_____

Investments (Value) $_____

Do you own Real Estate? YES or NO
If "YES" what is the value $_____

Other Assets:

Type _____ Value $_____

Type _____ Value $_____

Assets recently disposed of : Has any family member disposed of any assets for less than flat market value during the past two years? YES or NO

If "YES" provide with following information:

Asset	Market Value at time of Disposition	Date of Disposition	Amount Received
_____	$_____	_____	$_____
_____	$_____	_____	$_____
_____	$_____	_____	$_____

Are there any penalties, broker/legal fees or settlement costs in connection with the recent disposition of assets?

YES or NO

If "YES" please give Amount $_____

MEDICAL EXPENSES

This allowance is permitted only for households whose HEAD or SPOUSE are age 62 or older, handicapped or disabled.

Consider only medical expenses that will not be paid by an outside source (Insurance, Medicare, grants by a state agency or charitable organization).

What are the medical expensed anticipated to be paid by your household in the coming 12 month period?
$_____

HANDICAP EXPENSES

This allowance applies only if a family member is Handicapped or Disabled.

Consider only handicap expensed that will not be paid or reimbursed by an outside source (Insurance, Medicare, grants by a state agency or charitable organization) and not paid to a family member living in the household.

What are the handicap expenses anticipated to be paid by the household in the coming 12 month period?
$_____

Will this expense enable an adult member of the household to work? YES or NO

CHILD CARE EXPENSES

This allowance applies only to amounts paid for the care of children (include foster children) **UNDER THE AGE OF 13.**

Do you pay for babysitting while you or your family work or attend vocational or academic courses? YES or NO

If "YES" list babysitters:

Name _____ Address _____

_____

Number _____

Cost of babysitting: per week $_____ per month $_____ per year $_____

PROGRAM INFORMATION

How did you hear about this development

Sign Posted on Building _____ Newspaper _____ Local Organization or Church _____

Friend or Family _____ Assisted Housing List _____ Brochure/Pamphlet _____

Other _____ (Fair Housing Counseling Center, Office of the Handicapped, etc…)

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLCIATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

WARNING: WILLFUL, FALSE STATEMENT OR MISREPRESENTATION IS A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE.

Signature _____ Date_____

PLEASE DO NOT MAIL MORE THAN ONE APPLICATION PER FAMILY. IF MORE THAN ONE APPLICATION IS RECEIVED, ALL APPLICATIONS SUBMITTED BY THE FAMILY WILL BE MOVED TO THE BOTTOM OF THE LIST.