



Application For Occupancy

Capitol Green
400 Central Avenue
Albany, NY 12206
Phone: 518-438-6834
Fax: 440-597-3614
TTY: 711

Capitolgreen@related.com

Capitol Green is a Smoke-Free Community

For Related Affordable Management
Office Use Only:

Date/Time Received: _____

Application #: _____

This application is to be completed by the head of household. All questions must be answered. If any questions are left blank, the application will be returned. If a question does not apply, please write "N/A." Head of household and all adult family members must sign the last page.

Head of Household Full Name:		
Street Address/Apartment Number:	City, State:	Zip Code:
Home Phone: () -	Secondary Phone: () -	Email Address:
Check which size units you would like to be considered for: <input type="checkbox"/> Studio <input type="checkbox"/> Three Bedrooms <input type="checkbox"/> One Bedroom <input type="checkbox"/> Two Bedrooms	Are you requesting a unit with special accommodations for any member of your household due to the following disabilities? <input type="checkbox"/> Mobility <input type="checkbox"/> Visual <input type="checkbox"/> Hearing	

Housing Status

Complete each category as applicable, or write "N/A."

Current Landlord Name/Address:		Landlord Phone: () -
Current Managing Agent Name/Address:		Managing Agent Phone: () -
Check the size of your current residence: <input type="checkbox"/> Studio <input type="checkbox"/> Three Bedrooms <input type="checkbox"/> One Bedroom <input type="checkbox"/> Four Bedrooms <input type="checkbox"/> Two Bedroom <input type="checkbox"/> Other (specify):	How long have you lived at this address? __Years __Months	Is the lease in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you sharing your apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total monthly rent for your apartment: \$	Your portion of monthly rent: \$
Does your current rent include utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Average monthly utility expenses: \$	Is your landlord a relative? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay your own rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, who does?	Reason for wanting to move:
Do you currently have a portable Section 8 voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your current rent subsidized through Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently without a regular nighttime residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you relocating due to violent or unsafe conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Landlord Name/Address:		Previous Landlord Phone: () -
Previous Managing Agent Name/Address:		Previous Managing Agent Phone: () -
Previous monthly rent: \$	Reason for moving:	
Please list all states in which you and any household member have previously resided:		

If you or a member of your household was 62 years of age or older as of January 31, 2010 and do not have a social security number, state if you were receiving HUD rental assistance at another location on January 31, 2010:

Household Information

List all persons who will occupy the apartment, including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, live-in aides, etc.).

Household Member Full Name:	Relationship to Head of Household:	Sex: (Male, Female, or Decline to Answer)	Date of Birth:	Last 4 digits of SSN:
1.	Head of Household			
2.				
3.				
4.				
5.				
6.				
7.				

Please list all household members who have served in the **U.S. military**:

Income from Employment

List all **current** full-time and/or part-time employment income for all household members. (Include self-employment, gross earnings and net taxable income.) If you do not currently receive income from employment, please write "N/A." See next page for non-employment sources of income.

Household Member Full Name:	Occupation :	Employer Name/Address/Phone:	Start Date:	Gross Earnings (Before Deductions and Taxes):
1		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
2.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
3.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
4.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
5.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
6.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
7.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

Income from Other Sources

List any and all other income sources not previously reported, including but not limited to: Social Security, S.S.I., AFDC/TANF, pension, disability compensation, Armed Forces regular and special pay, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, recurring monetary contributions, etc. If you do not have any sources of additional income, please write "N/A."

Household Member Full Name:	Type of Income:	Income Amount:
1.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
2.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
3.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
4.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
5.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
6.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
7.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

Assets

Complete each category as applicable, or write "N/A."

Checking Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ _____ as of ____ / ____ / ____
Name/Address of Bank		
Additional Checking Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ _____ as of ____ / ____ / ____
Name/Address of Bank		
Savings Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ _____ as of ____ / ____ / ____
Name/Address of Bank		
Money Market Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ _____ as of ____ / ____ / ____
Name/Address of Bank		
Certificate of Deposit Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ _____ as of ____ / ____ / ____
Name/Address of Bank		
401K/Other Retirement Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ _____ as of ____ / ____ / ____
Name/Address of Bank		
Do you receive income in the form of a pre-paid debt card (e.g. Direct Express, EBT, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Current Balance as of Last Statement Date \$ _____ as of ____ / ____ / ____
Do you own any stocks/bonds ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the current value? \$ _____	
Do you own any savings bonds ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the current value? \$ _____	
Do you own any real estate ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the current value? \$ _____	
Have you ever owned any real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____ When was it sold? _____ For how much? \$ _____	

Has any adult family member sold, given away, or otherwise disposed of any assets for less than fair market value during the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list each asset and the amount received for each asset:	
	Type of Asset _____	Amount \$ _____
	Type of Asset _____	Amount \$ _____
	Type of Asset _____	Amount \$ _____

Student Status

List all household members that are currently enrolled in an educational program, or write "N/A."

Full Name of Student:	School Name/Address/Phone:	Enrollment Status:
1.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
2.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
3.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
4.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
5.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
6.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
7.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

Child Care and Medical Expenses

Complete each question as applicable, or write "N/A."

Do you pay child care expenses for any household member under the age of 13? <input type="checkbox"/> Yes <input type="checkbox"/> No Names of children requiring child care:	If yes, name/address/phone of child care provider: _____ _____ () -	Estimate of monthly child care costs: \$	
If you are 62 or older or disabled, do you anticipate any medical and/or health related expenses for the next 12 months that are not reimbursed by any medical plan/insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If yes, please indicate the estimated yearly expense amount: \$	Amount of monthly Medicare premium: \$	Amount of other medical insurance monthly costs: \$

Reasonable Accommodation or Modification Requests

If you or any member of your household has a disability, as defined in Section 223 of the Social Security Act, please note below as to how we may accommodate your needs. If applicable, please include any special unit features which may be required. A Reasonable Accommodation may include a wheelchair accessible unit, grab bars, a service animal or etc.

Do you or any member of your household have a disability as defined in Section 223 of the Social Security Act? Yes No
 If so, do you or any member of your household require a reasonable accommodation, i.e. a wheelchair accessible unit, grab bars, a service animal or etc.? If so, please indicate: _____

Program Information

Complete each category as applicable, or write "N/A."

Do you presently reside in a development where your rent is based upon your income? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Was any household member, age 62 or older as of January 31, 2010, receiving HUD rental assistance at another location?	
How did you hear about our development?	Why are you applying to our development?
Were you or any member of your household ever convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Explain circumstances briefly:	
Have you or any member of your household ever been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
If yes, was the eviction from federally assisted housing for drug-related criminal activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain circumstances briefly:	
Has anyone in your household been convicted of violating any drug-related laws? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Explain circumstances briefly:	
Is anyone in your household currently engaged in the use of illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain circumstances briefly:	
Is anyone in your household engaged in a pattern of alcohol abuse that could interfere with others' health, safety and right to peaceful enjoyment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain circumstances briefly:	
Are you or any member of your household subject to a lifetime sex offender registration requirement in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No	

You have certain rights under federal, state, and local laws with respect to your consumer report. In evaluating your application, a consumer reporting agency listed below may provide us with information.

Credit Bureaus:

- Experian (TRW), Attn: NCAC, P.O. Box 2002, Allen, TX 75013 (888) 397-3742
- TransUnion, Consumer disclosure center, 2 Baldwin Place, P.O. Box 1000, Chester, PA 19022 (800) 888-4213
- Equifax (CBI), PO Box 740241, Atlanta, GA 30374 (800) 685-1111

Civil Records:

- First American Registry, Inc., Attn: Consumer Relations, 11140 Rockville Pike, PMB 1200, Rockville, MD 20852 (888) 333-2413

Additionally, you have a right to (1) inspect and receive one free copy of such report by contacting the consumer reporting agencies listed above; (2) obtain a free copy of the report from each national consumer reporting agency annually, and/or a report from www.annualcreditreport.com; and (3) dispute any inaccurate information in the report with the consumer reporting agency.

By signing, you authorize us to contact any references listed and to obtain consumer reports, which may include credit, rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information.

Signature of Head of Household

Date

WARNING: MISLEADING WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS OF THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT FOR FULL COMPLETION (ONLY ONCE).

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

Signature of Head of Household

Date

Signature of Applicant Over Age 18

Date

Signature of Applicant Over Age 18

Date

Demographic Data

The following information is required only to determine program utilization for statistical purposes. This information will not affect the processing of this application.

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to Answer	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	

Attention

Please do not submit more than one application per household or copies of an application. The filing of this application in no way guarantees you an apartment.

Positively no pets, large appliances, or waterbeds are permitted without the owner's prior written approval and signed agreement.

We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.

Capitol Green does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally programs and activities. A senior executive has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). You may address your request for review or reconsideration to: Fair Housing Officer, RA Management, LLC, 410 Tenth Avenue, New York, NY 10001 • (212) 319-1200, NY TTY 1-800-662-1220.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)