

# Kingsborough Hotel Apartments

34 South Main Street  
Gloversville, New York 12078  
Phone: (518) 725-6200 / Fax: (518) 725-0173



EQUAL HOUSING OPPORTUNITY



## RENTAL APPLICATION

### APPLICANT

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

U.S. Citizen             YES  NO

U.S. Military Veteran    YES  NO

Have a Pet               Yes  NO

If yes: Type \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_

### CO-APPLICANT

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

U.S. Citizen             YES  NO

U.S. Military Veteran    YES  NO

Have a Pet               YES  NO

### GROSS MONTHLY INCOME

	APPLICANT	CO-APPLICANT
Social Security.....	\$ _____	\$ _____
Wages/Salary.....	\$ _____	\$ _____
Public Assistance.....	\$ _____	\$ _____
Pension.....	\$ _____	\$ _____
Annuity.....	\$ _____	\$ _____
Interest Income.....	\$ _____	\$ _____
Investment Income.....	\$ _____	\$ _____
Other (unemployment, alimony, Worker's Compensation, etc).....	\$ _____	\$ _____
TOTAL Income .....	\$ _____	\$ _____

**ASSETS – LIST TOTAL AMOUNTS**

Savings Accounts.....	\$ _____	\$ _____
Checking Accounts.....	\$ _____	\$ _____
Certificates of Deposit.....	\$ _____	\$ _____
Stocks & Bonds.....	\$ _____	\$ _____
IRA/Retirement Account.....	\$ _____	\$ _____
Trust Accounts.....	\$ _____	\$ _____
Life Insurance Policies.....	\$ _____	\$ _____
Home/Property.....	\$ _____	\$ _____

Have you or co-applicant disposed of any assets for less than fair market value during the past two years?  YES  NO

**CRIMINAL HISTORY**

Are you or any member of your family currently using an illegal substance?  YES  NO

Have you or any member of your family ever been convicted of a felony?  YES  NO

Have you or any member of your family been convicted of a violent crime?  YES  NO

Have you or any member of your family been convicted of a drug-related crime?  YES  NO

Are you or any member of your family a registered sex offender?  YES  NO

**RENTAL HISTORY**

**Note: This section does not apply if applicant currently owns and resides in their own home.**

**Current Landlord:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Current Rent \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Previous Landlord:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Previous Rent \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you or any member of your household require an accessible unit?  YES  NO

List all states where you have resided: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Have you always paid your rent on time?  YES  NO

Have you ever been served a late rent notice?  YES  NO

Have you or any member of your family ever been evicted from housing?  YES  NO

Are you or any member of your family currently facing eviction?  YES  NO

Are you a victim of declared presidential disaster? (Hurricane, Earthquake)  YES  NO

Please explain: \_\_\_\_\_

Are you lacking a fixed nighttime residence?  YES  NO

Are you fleeing/attempting to flee violence?  YES  NO

May we contact you by email? If so your email address \_\_\_\_\_

If you do not have an email address is there a family member or other contact person we may use to contact you? If so:

Name \_\_\_\_\_ email address \_\_\_\_\_

**HOW DID YOU LEARN ABOUT KINGSBOROUGH HOTEL APARTMENTS?**

\_\_\_\_\_

**I/we hereby certify that all information in this application is true. I/we authorize and request the release of information available from screening services, credit bureaus, employers, landlords, police records, court records and government agencies about me/us. I/we understand that false statements or information will result in the cancellation of this application or termination of tenancy after occupancy.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of co-applicant

\_\_\_\_\_  
Date



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**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification from is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$ 5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

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Kingsborough Hotel Apartments does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent allows a Kingsborough Hotel Apartments representative to speak with current and past land lords, employers, Social Service agencies, Housing Authorities Agents and Section 8 Administrators.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



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