

Interfaith towers

66 Washington Street
Poughkeepsie, New York 12601
Tel: 845-452-1172
Fax: 845-452-0106

SIXTY-SIX WASHINGTON ST., INC.

Date: _____

Dear Applicant:

Your application for residency in Interfaith Towers is attached. Please complete it and return it to our office as soon as possible. It must be accompanied by a copy of your last Income Tax Return or a "verification of non-filing status" letter from the IRS indicating that you did not file (see attached instructions).

The waiting period is approximately 1 – 2 years, depending on size unit desired. When your name reaches the top of our waiting list, you will be asked to verify your eligibility and, if eligible, offered an apartment. Two refusals are allowed before it is necessary to re-apply.

If you have any questions, please feel free to contact our office between 8 a.m. and 4 p.m., Monday through Friday.

Sincerely,

Interfaith Towers



Interfaith Towers has 135 rental units. All utilities are included in the rent, however, there are surcharges for privately owned air conditioners, second refrigerators or freezers and cablevision. There is also a surcharge for the use of a parking space.

68 Junior One Bedroom Apartments (1 person*)

Basic Rent \$586 ----- Fair Market Rent \$702

56 Senior One Bedroom Apartments (1 or 2 people*)

Basic Rent \$681 ----- Fair Market Rent \$816

11 Two Bedroom Apartments (2 to 4 people*)

Basic Rent \$871 ----- Fair Market Rent \$1044

* All people must meet occupancy standards as set forth in Interfaith Towers Apartments Tenant Selection Plan.

HUD Income Limits:	Individual	- \$44,750
	Two People	- \$51,150

Eligibility Requirements:

- * U.S. Citizen or eligible alien status is required.
- * Individuals required to register as a Sex Offender are ineligible.
- * Credit, Criminal, Eviction and Sex Offender background of all applicants is reviewed.
- * Head of household or spouse must be 62 years of age or older.
- * The annual income of an applicant family cannot be more than stated above.

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SIXTY-SIX WASHINGTON ST., INC.

A requirement of applicants to Interfaith Towers is that you provide us with either a copy of last year's income tax return or a letter from the IRS indicating that no return was filed.

For those of you that do not file income tax returns and who need to receive a letter to that effect, the following should be of help:

Toll free # for the IRS: 1-800-829-1040

Ask to receive a "verification of non-filing status" letter to be used in verification of eligibility for senior citizen housing. You will be asked for:

1. Your Social Security number
2. The tax year in question
3. Your prior address and present address
4. Where return was filed (Andover, MA)



INTERFAITH TOWERS DOES NOT DISCRIMINATE ON THE BASIS OF HANDICAP STATUS.
504 Coordinator – Mary Scileppi / 66 Washington Street / Poughkeepsie, New York 12601 / (845) 452-1172

Interfaith Towers Apartments

Sixty-Six Washington Street Inc.

66 Washington Street, Poughkeepsie, NY 12601 - (845) 452-1172

Application for Assisted Rental Housing

OFFICE USE ONLY DATE: _____ LOG#: _____

APPLICANT (Head or Spouse) MUST BE 62 YEARS OF AGE OR OLDER

NAME _____

ADDRESS _____ CITY, STATE, ZIP _____

HOME PHONE # _____ WORK # _____ CURRENT RENT \$ _____

DO YOU PAY FOR UTILITIES? _____ AVERAGE MONTHLY BILLS \$ _____ (EXCLUDE PHONE COSTS)

LIST TWO PERSONAL REFERENCES (RELATIVES OR FRIENDS)

NAME & RELATIONSHIP _____ PHONE # _____

ADDRESS _____ CITY, STATE, ZIP _____

NAME & RELATIONSHIP _____ PHONE # _____

ADDRESS _____ CITY, STATE, ZIP _____

LIST YOURSELF AND ANYONE ELSE WHO WILL BE RESIDING WITH YOU

FULL NAME	RELATIONSHIP	BIRTH DATE	BIRTH PLACE	SS#	ALIEN REG #
1)					
2)					

HOUSING STATUS (PLEASE ANSWER ALL QUESTIONS)

HOW MANY PEOPLE RESIDE IN YOUR PRESENT HOME? _____

WHY DO YOU WISH TO MOVE? _____

ARE YOU BEING EVICTED? _____ HAVE YOU EVER BEEN EVICTED? _____

IF SO, FROM WHERE AND WHEN? _____

ARE YOU NOW IN A GOVERNMENT SUBSIDIZED RENTAL UNIT? _____

HAVE YOU EVER APPLIED FOR A GOVERNMENT SUBSIDIZED UNIT BEFORE? _____

IF SO, WHERE? _____

HOW LONG HAVE YOU RESIDED AT YOUR CURRENT RESIDENCE? _____

IS ANYONE IN YOUR HOUSEHOLD A FULL-TIME STUDENT? _____ YES _____ NO

DO YOU MEET THE QUALIFICATIONS UNDER HUD DEFINITION OF DISABLED? _____ YES _____ NO

(See attached definition)

WOULD YOU BENEFIT FROM A REASONABLE ACCOMMODATION? _____ YES _____ NO (If yes, please explain on the attached Reasonable Accommodation Sheet)

ARE YOU A VETERAN OR SURVIVING SPOUSE OF A VETERAN? _____ YES _____ NO

(If yes, please provide copy of discharge papers to be considered for preference. Veterans Preference for those who served on Active Duty in time of war as defined in Section 8.5 of the Civil Service Law (summary attached), and reside in New York State.)

LIST CURRENT AND FORMER LANDLORD

CURRENT LANDLORD _____ PHONE # _____

ADDRESS _____ CITY, STATE, ZIP _____

FORMER LANDLORD _____ PHONE # _____

ADDRESS _____ CITY, STATE, ZIP _____

SOURCES OF INCOME

LIST ALL INCOME SOURCES. THIS INCLUDES, BUT IS NOT LIMITED TO, FULL TIME AND/OR PART-TIME EMPLOYMENT, ALL INCOME FROM SOCIAL SERVICES AGENCIES, SOCIAL SECURITY, PENSIONS, SSI, DISABILITY, ARMED FORCES RESERVES, ALIMONY, CHILD CARE, UNEMPLOYMENT COMPENSATION, GRANTS, RENTAL INCOME, INTEREST ON ASSETS, DIVIDENDS, ANNUITIES, CD'S, MONEY MARKET ACCOUNTS, T BILLS, US SAVINGS BONDS, REGULAR CONTRIBUTIONS FROM PEOPLE NOT RESIDING WITH YOU, ETC.

SOURCE AND TYPE OF INCOME

ANNUAL GROSS INCOME

ASSETS

DO YOU OWN A CAR? MAKE _____ MODEL _____ YEAR _____

DRIVER'S LICENSE NUMBER / ISSUING STATE: _____

DO YOU OWN A HOME? _____ IF SO, ANTICIPATED GROSS SALE PRICE \$ _____

DO YOU OWN ANY BONDS? _____ IF SO, NOTE FACE VALUE \$ _____

DO YOU OWN ANY STOCKS? _____ IF SO, NOTE VALUE \$ _____

CHECKING ACCOUNT # _____ BANK _____ BALANCE _____

SAVINGS ACCOUNT # _____ BANK _____ BALANCE \$ _____

INDICATE APARTMENT SIZE DESIRED: JR. ONE BEDROOM _____ TWO BEDROOM _____
SR. ONE BEDROOM _____

I AGREE TO GIVE MANAGEMENT THE AUTHORITY TO INVESTIGATE MY CREDIT RATING AND MY CURRENT AND PAST RENTAL RECORD. THE INFORMATION OBTAINED WILL BE USED FOR MANAGEMENT PURPOSES ONLY AND WILL BE HELD IN CONFIDENCE.

ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

Interfaith Towers Apartments does not discriminate on the basis of handicapped status and is an equal opportunity provider.



INTERFAITH TOWERS APARTMENTS

Sixty-Six Washington Street, Inc.
66 Washington Street
Poughkeepsie, New York 12601
(845) 452-1172

Definition of Disability

A person with disabilities for purposes of program eligibility is determined, pursuant to HUD Regulations, to have a physical, mental, or emotional impairment that

- (A) Is expected to be of long-continued and indefinite duration
- (B) Substantially impedes his or her ability to live independently, and
- (C) Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

Do you qualify as disabled under this definition? Yes ___ No ____

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Reasonable Accommodation

Interfaith Towers Apartments is an equal housing opportunity provider and does not discriminate against our applicant/residents with disabilities. It is our policy to provide reasonable accommodations that includes structural modifications to our applicants/residents who are disabled and because of that disability need a change or exception to our usual rules or policies or a structural modification to be able to fully use and enjoy this community. If the need for the accommodation or modification is not obvious, it will be necessary to obtain documentation of the need for the requested accommodation/modification.

Do you require a Reasonable Accommodation? Yes ___ No ____

Explanation for Reasonable Accommodation:

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Full-Time Student Status

Are you a full-time student? Yes _____ No _____

Signature

Date

Optional and Supplemental 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.

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

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.	

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.

