

Senior Housing at Mahopac Hills

This is an application for Lakeview Apartments located at **170 Route 6, Mahopac, New York 10541**

This **non-smoking complex** consists of 24, one bedroom units. Eligibility is limited to persons 62 years of age or older. Income restrictions do apply. Applications are placed on a waiting list based on time and date received. Applications will be contacted and interviewed for tenancy once their name reaches the top of the waiting list.

Please mail completed application to the managing agent:

**Putnam County Housing Corporation
Property Management Office
170 Route 6
Mahopac, NY 10541**

For any questions, please contact Putnam County Housing Corporation at 845-628-0751 between the hours of 8:30 a.m. and 4:30 p.m. Monday through Friday. TDD Relay # 800-662-1220.

SENIOR APARTMENTS at MAHOPAC HILLS

Putnam County Housing Corporation
 11 Seminary Hill Road
 Carmel, New York 10512
 Tel. 845-225-8493

PRELIMINARY APPLICATION FOR ASSISTANCE

1. List each person who would live with you if you receive housing assistance.
 (Starting with yourself.)

Last name	First name	Age	Sex	Relationship	Date of Birth	Social Security

List Annual Income

Name	Other Income	Social Security Benefit	SSI	Pension/VA

2. Does anyone live with you now who is not listed above ___ Yes ___ No

3. Do you expect any changes in your household composition ___ Yes ___ No

4. If you answered yes to either #2 or #3, please explain: _____

5. **Current Address: Street:** _____ **City:** _____

State: _____ **Zip Code:** _____ **Apt. No:** _____

Daytime Phone : _____ **Evening Phone:** _____

6. Please identify any special needs your household has: _____

7. Do you need the design features of a handicapped accessible unit? ___ Yes ___ No

Check one box each "a" and "b" (For statistical purpose only)

a. **Is the head of your household?**

___ American Indian or Alaska Native ___ Asian ___ Black or African

___ Native Hawaiian or Pacific Islander ___ White

b. **Ethnicity of the Head of Household:** ___ Hispanic or Latino

___ Not Hispanic or Latino

Applicant Certification: I certify that the statements made on this pre-application are true and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information may result in punishment under Federal Law.

Signature: _____ Date: _____

Signature: _____ Date: _____

Dear Applicant:

We are pleased that you have chosen to apply to our Senior Housing Complexes. The Putnam County Housing Corporation has been studying changes that are occurring in the management of apartments. Many owners have decided to regulate the use of tobacco products within their properties.

To ensure the health and safety of all persons living in our complexes, we have decided to adopt a smoke-free policy for our buildings and individual units as of January 1, 2011. All residents will be prohibited from smoking in the tenants living space, common areas (hallways and lobby) and within 30 feet of building entrances.

We are advising all applicants on our waiting lists of this change.

BUDGET FORM

A. Income

per month

X 12

per year

- 1. Earnings
- 2. Pensions
- 3. Benefits
- 4. Other (interests)

TOTAL INCOME:

B. Expenses:

HOUSING

Rent/Mortgage

Home Repairs & Maintenance
(appliances, lawn care, snow removal,
paint, etc.)

Taxes, Insurance, Other Charges
County, Town, Village, School
Water/Sewer Fees

Homeowners Insurance

UTILITIES

Fuel

Electricity

TRANSPORTATION

Auto Expenses (gas, oil, repair, tires,
registration, ins. if no auto,
transportation expense)

FOOD & BASIC NEEDS

PERSONAL & RECREATION

Clothing

	per month	X 12	per year
1. Earnings			
2. Pensions			
3. Benefits			
4. Other (interests)			
TOTAL INCOME:			
B. Expenses:			
HOUSING			
Rent/Mortgage			
Home Repairs & Maintenance (appliances, lawn care, snow removal, paint, etc.)			
Taxes, Insurance, Other Charges County, Town, Village, School Water/Sewer Fees			
Homeowners Insurance			
UTILITIES			
Fuel			
Electricity			
TRANSPORTATION			
Auto Expenses (gas, oil, repair, tires, registration, ins. if no auto, transportation expense)			
FOOD & BASIC NEEDS			
PERSONAL & RECREATION			
Clothing			

BUDGET FORM

b. Expenses - continued

per month

X 12

per year

Personal (beauty & barber shop,
toiletries, cigarettes, liquor)

Contributions & Gifts (include
Christmas, church, charities)

Telephone

Recreational (travel, movies,
restaurant, bingo, etc.)

MEDICAL/INSURANCE

Medical (incl. dentist, doctor, prescrip-
tions, overcounter drugs, vitamins,
health insurance)

Life Insurance/ Accidental

Monthly Installment Payments

1. _____

2. _____

3. _____

TOTAL EXPENSES:

	per month	X 12	per year
Personal (beauty & barber shop, toiletries, cigarettes, liquor)			
Contributions & Gifts (include Christmas, church, charities)			
Telephone			
Recreational (travel, movies, restaurant, bingo, etc.)			
MEDICAL/INSURANCE			
Medical (incl. dentist, doctor, prescrip- tions, overcounter drugs, vitamins, health insurance)			
Life Insurance/ Accidental			
Monthly Installment Payments			
1. _____			
2. _____			
3. _____			
TOTAL EXPENSES:			

Subtract A-B =

**Putnam County Housing Corporation
Comprehensive Housing Counseling Program Disclosure**

Funders include U.S. Department of Housing and Urban Development, New York State Attorney General's Office, the New York State Division of Housing and Community Renewal and the State of New York Mortgage Agency.

I/we understand that the purpose of the housing counseling program is to provide one-on-one counseling to assist me/us with my/our counseling needs. The counselor will analyze my/our financial situation, identify those barriers preventing me/us from resolving our current situation, and develop a plan to remove those barriers. I/we further understand that it will not be the responsibility of the counselor to fix the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues.

Putnam County Housing Corporation offers services in the following areas:

- HUD Housing Choice Voucher Program (Section 8)
- HUD Comprehensive Housing Counseling Program
- NYS Attorney General's Home Ownership Protection Program (HOPP)
- NYS Mortgage Assistance Program (NYS-MAP)
- Project Reinvest: Financial Capability Program
- SONYMA/NCC Restart Program
- Family Self-Sufficiency Program (FSS)
- Federal Home Loan Bank (FHLB) First Home Club
- Lakeview Housing Development Funds Co.
- Gleneida Housing Development Funds Co.
- Gleneida Senior Apartments, LP
- Senior Housing at Mahopac Hills

I/We understand that Putnam County Housing Corporation provides information and education on numerous loan products and housing programs and I/we further understand that the housing counseling I/we receive from Putnam County Housing Corporation in no way obligates me/us to choose any of these particular products or services.

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____



AUTHORIZATION TO RELEASE INFORMATION:

I authorize Putnam County Housing Corporation, 11 Seminary Hill Road, Carmel, New York – 10512 (A HUD Approved Housing Counseling Agency), to release any and all information concerning my file to HUD at their request. I further authorize you to discuss my file, as needed, with Putnam County Housing Corporation.

Signature

Print