



289 Fair Street
Kingston, New York 12401

This application is used for all properties managed by RUPCO. On page 2 you will find a list of all properties that RUPCO is currently accepting applications for, and a brief description of the properties and some basic qualification guidelines. Please check all properties that you would like to apply for. Feel free to call the property management office if you need any further information, including income limits.

Please call RUPCO's Property Management Office at (845) 331-2140, Ext. 237 if you require any assistance with your application and/or have questions.

Answering questions on your application:

- Please answer all questions truthfully. We will verify your answers.
- Any misrepresentation of information (false, incomplete or misleading information) will cause your household's application to be declined.
- Complete all sections of application by printing in ink. Do NOT leave any section blank even those which do not apply to you. If the question does not apply, please write NONE or N/A (Not Applicable).
- The Head of Household will complete the Rental Application Form. Each additional adult 18 years of age or older who will live in the apartment must sign the rental application also.

Important:

- It is your responsibility to keep us abreast of changes in your household such as address, telephone, income, assets, family size, etc. All changes should be reported in writing.
- After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List; but this does NOT mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be denied. We will process your application according to our standard procedures which are summarized in the Resident Selection Criteria in the Property Management Office and may include credit, criminal and rental history background checks.
- Be sure to sign and date all attached forms and /or authorizations for release of information.

Warning:

Title 18, Section 1001 of the U.S. Code makes it a criminal offense to knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds. If you knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds you may be fined under this title or imprisoned not more than 5 years, or both.

Updated May2017



Official Use Only:

Date: _____ Time: _____

ADULTS in HH: _____ Total HH Members _____

Number of bedrooms requested: _____

Total Income (Inc+Assets): _____

HAS SUBSIDY

-----PROPERTY-----

BR: ELIGIBLE AMI? _____
INELIGIBLE WHY? _____

GV: ELIGIBLE AMI? _____
INELIGIBLE WHY? _____

JG: ELIGIBLE AMI? _____
INELIGIBLE WHY? _____

LM: ELIGIBLE AMI? _____
INELIGIBLE WHY? _____

MH: ELIGIBLE AMI? _____
INELIGIBLE WHY? _____

PH: ELIGIBLE AMI? _____
INELIGIBLE WHY? _____

ST: ELIGIBLE AMI? _____
INELIGIBLE WHY? _____

TP: ELIGIBLE AMI? _____
INELIGIBLE WHY? _____

WC: ELIGIBLE AMI? _____
INELIGIBLE WHY? _____

WC Senior: ELIGIBLE AMI? _____
INELIGIBLE WHY? _____

Entered Initials: _____

Please check all properties that you wish to apply for

Family Housing

- Blair Rd. Apartments.** 17 Blair Rd, Kerhonkson, NY. All two bedroom units
- The Lace Mill.** 165 Cornell St. Kingston, NY. Studio, 1, 2, & 3 bedroom units. Artist preference ☒
- Woodstock Commons.** Leslie's Way, Woodstock, NY. 1, 2, & 3 bedroom units. Some artist preference units. ☒

Senior Housing (all one-bedroom units)

- Golden View.** 52 Domenica Lane, Highland, NY. 55-year minimum age requirement
- Jenny's Garden.** 20 Gerentine Way, Marlboro, NY. 62-year minimum age requirement
- Milton Harvest.** 48 Josie's Path, Milton, NY. 55-year minimum age requirement ☒
- Park Heights.** 1033 Rt. 32, Rosendale, NY. 62 Year minimum age requirement
- The Stuyvesant.** 289 Fair St. Kingston, NY. Preference for homeless, 62-year minimum age/disability requirement
- Tongore Pines.** 21-25 Fox Lane, Olivebridge, NY. 62-year minimum age requirement
- Woodstock Commons.** Alder Court, Woodstock, NY. 55-year minimum age requirement ☒

APPLICANT INFORMATION:

Last Name Head of Household:		First Name:		Middle:	
Street Address:		City:		State: Zip:	
Mailing Address (if different):		City:		State; Zip:	
Length of time at current address:		Monthly rent:	Reason for moving:		
E-mail address:			Telephone: ()		
Cell phone; ()			Work phone: ()		
Emergency Contact:			Relationship:		
Street Address:		City:	State:	Zip:	Telephone: ()

HOUSEHOLD COMPOSITION


List ALL persons who will live in the household. List the head of household first.

	FULL NAME:	Relationship to Head	Date of Birth:	Sex:	Social Security Number:
1					
2					
3					
4					
5					
6					

Do you anticipate any additions to the household in the next twelve months? YES NO

Please describe: _____

Please select the number of bedrooms you are requesting: Studio One Two Three

For properties designated as “” on previous page:

Applicant/s acknowledges Landlord’s adoption of a **nonsmoking living environment** and the efforts to designate all of the Property as nonsmoking with a designated smoking area at least 25 feet from building

YES NO

RENTAL HISTORY:

This must include all previous residences for the past (4) four years, including those places where name/s did not appear on lease and those places where you or a family member used a different name. This includes you and/or adult household members, 18 years or older. NOTE: Use Family Member Numbers listed in Household Composition.

HH Member	Street Address	City	State	Zip	Date/s Residency	Landlord Name	Address	Phone

PERSONAL REFERENCES:

Please list three character references, not related to you. Be sure to include name address and telephone number.

Full Name:		Relationship:	
Street Address:	City:	State:	Zip:
			Telephone: ()
Full Name:		Relationship:	
Street Address:	City:	State:	Zip:
			Telephone: ()
Full Name:		Relationship:	
Street Address:	City:	State:	Zip:
			Telephone: ()

INCOME:**Employment Only:** List all **current** full time, part time and/or seasonal employment for ALL household members including earnings from self-employment. If you have income from sources other than employment, please see next section of Rental Application.

HH Member	Place of Employment	How long Employed?	Employer's Address	Employer's Telephone	Monthly Income <u>GROSS</u>

INCOME FROM OTHER SOURCES:List current income for ALL household members from sources **other than employment**. This includes, but is not limited to Public Assistance, Social Security, SSI, Unemployment, Alimony, Child Support, Workers' Compensation, Disability, Pension, Armed Forces, Income from rental property, regular contributions from people not residing with you, etc.

#HH Member	Source of Income	Address of Source of Income/Contact Person and Telephone Number	Monthly Income <u>GROSS</u>

Do you anticipate any changes in your income in the next 12 months? YES NO

If yes, please describe:

Please answer the following questions. If you check "Yes", use the lines provided

ASSETS:

Please include cash (wherever held), Bank accounts, Trust Accounts, Certificates of Deposit (CD), Stocks, Bonds, Mutual Funds, Securities, Savings Bonds, IRA, Life Insurance Policies, Real Estate, Investments, etc. List for ALL household members. If more space is needed, please list on a separate piece of paper and attach to this application.

Check all that apply to your household.

- Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV).

They are as follows:

- I/we have NOT sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
- I/we do not have any assets at this time.
- I/we do have assets. They are as follows:

#HH Member	Name of Institution	Account Number	Type of Asset	Interest Rate	Amount

**** NOTE:** If more space is needed, please list on separate sheet of paper and attach to application.

Do you own Real Estate? YES NO
 If yes, are you receiving income from this property? YES NO
 If yes, complete the following:

Locations of Property

Annual Income from Property

Please answer the following questions. If you check “Yes”, use the lines provided for an explanation. **These questions apply to ALL household members.**

Question:	YES	NO	Describe:
Do you currently have a voucher for rental subsidy?			
Do you currently live in substandard housing? If yes, please describe.			
Are you homeless or about to be homeless? If yes, please describe.			
Have you ever been evicted or are about to be evicted? If yes, please describe.			
Do you own a pet? If yes, describe.			
Do you require a handicap accessible unit?			
Have you owned a home within the past three years?			
Have any household members ever been convicted of a felony? If yes, describe.			
Is anyone in the household registered as a sex offender?			
Has any household member been convicted of manufacturing methamphetamines in their home?			

Special Needs

NYS Homes and Community Renewal has identified “frail elderly” as one of the special needs populations under their targeting initiative. Frail elderly persons are defined as persons aged 60 and over requiring assistance with one or more *Activities of Daily Living*, or two or more *Instrumental Activities of Daily Living*. Also, persons aged 60 or over who have limitations in mental capacity or emotional strength and motivation that affect their capacity to viably live independently; that is without assistance or intervention.

Does anyone in your household have special needs? YES NO

Do require aide in one or more of the following activities? Check all that apply.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Dressing | <input type="checkbox"/> Eating | <input type="checkbox"/> Grooming/Personal Hygiene |
| <input type="checkbox"/> Transferring: Moving between Bed and chair/wheelchair | <input type="checkbox"/> Mobility: Move about by self or with adaptive equipment | <input type="checkbox"/> Toileting: getting to/from toilet; transferring on/off toilet | |

How many of the following activities of daily living do you need help with? Check all that apply.

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Laundry | <input type="checkbox"/> Chores | <input type="checkbox"/> Telephone use | <input type="checkbox"/> Self-administering medication |
| <input type="checkbox"/> Housework/cleaning | <input type="checkbox"/> Getting to places out of walking ability | <input type="checkbox"/> Prepare/cook meals | | |
| <input type="checkbox"/> Handling personal business/finance | <input type="checkbox"/> Capacity to direct home care personnel | | | |

This application will be considered INCOMPLETE if not signed by all household members over the age of 18.

These questions are optional and have no bearing on your eligibility. They are for statistical purposes.

1.) How did you hear about us?

Newspaper Friend Family Website Local Agency Other Specify: _____

2.) Marital Status:

Married Single Separated Divorced Widowed

3.) Handicapped/Disabled:

YES NO

4.) Race & Ethnic Origin: the following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking participation in this program. You are not required to furnish this information; however, you are encouraged to do so. If you chose not to furnish this information we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Please check the box which you feel best describes your ethnic origin:

Hispanic Non-Hispanic

Please check the box which you feel best describes your race:

Caucasian African American Native American
Alaskan Native Asian or Pacific Islander Multi-Race Please describe: _____

We do not discriminate on the basis of race, religion, national origin, color, creed, age, sex, disability, familial status, marital status, sexual orientation, gender identity or lawful source of income.

CREDIT & CRIMINAL HISTORY & LANDLORD/PERSONAL REFERENCES

The undersigned applicant(s) and co-signer(s) hereby consent to allow Rupco, itself or through its designated agents or employees, to obtain a consumer report and criminal record information on each of us and to obtain and verify each of our credit and employment information for the purpose of determining whether to lease an apartment or house to me/us. We also agree and understand that owner and its agents and employees will obtain Landlord References and in some instances Personal References. Upon my/our request, owner will tell me/us whether consumer reports or criminal record reports were requested and the names and addresses of any consumer reporting agency that provided such reports.

I understand that if my application is rejected on the basis of my criminal history I will be provided with any documentation used to deny my application and an explanation of the denial, after which time I will have 14 business days to review, contest, present evidence of rehabilitation, and explain any conviction on my record that led to the denial of my application.

CERTIFICATION:

I/We certify that all information provided on this application and any addenda thereto is true, complete and accurate. I/We understand that if any of the information is false, misleading or incomplete, management may decline our application or if move in has occurred, terminate our Rental Agreement.

I/We agree to notify Rural Ulster Preservation Company immediately in writing regarding any changes in household address, telephone numbers, income, assets and household composition.

SIGNATURES:

Head of Household (Print name) _____ Date _____

Spouse (Print name) _____ Date _____

Other Adult Household Member (Print name) _____ Date _____

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Application for PROJECT BASED Rental Assistance

MILTON HARVEST APPLICANTS ONLY

Milton Harvest offers 8 units that come with rental subsidy. If you would like to be considered for one of these apartments, please complete the following application. If your income is below \$10,000.00 annually you **must** complete this form in order to qualify for housing at Milton Harvest.

Applicant Name: _____

Current Address: _____ City, State, Zip _____

Mailing Address (if different): _____

Home Phone: _____ Other Number: _____

HOUSEHOLD COMPOSITION AND OTHER CHARACTERISTICS:

1. List the Head of Household and all other members who will be staying in the unit 4 nights a week or more.
2. Give the relationship of each family member to head.
3. List Race for each household member: *[for statistical purposes only]*
 (1) White; (2) Black; (3) American Indian/Native Alaskan; (4) Asian Pacific Islander
4. List Ethnicity for each household member: (1) Hispanic or (2) Non-Hispanic *[for statistical purposes only]*

Member's Full Name (Please Print)	Relation to Head	Birth Date	Sex M/F	Race	Ethnicity	Social Security Number

5. Is head of household or co-head handicapped or disabled? YES NO
6. If you are a person with a disability, do you require a specific accommodation to fully utilize our services? YES NO
7. How many people live in your household now? _____
8. How many bedrooms do you have? _____
9. Are you now living in a federally subsidized unit? YES NO
10. Have you ever been evicted from public housing? YES NO
11. Have you ever received Section 8 assistance before? YES NO
 If yes, where and when? _____
 Why was your assistance terminated? _____
12. Have you or anyone in your household been convicted of a drug related or violent felony within the last twelve (12) months?..... YES NO

Application for PROJECT BASED Rental Assistance (cont.)

MILTON HARVEST APPLICANTS ONLY

INCOME INFORMATION

Provide all information about the FULL GROSS MONTHLY INCOME for all household members in the table below. (Please use SS for Social Security, SSI for Supplemental Security Income, PA or TANF for public assistance)

MEMBER NAME	SOURCE OF INCOME	GROSS MONTHLY INCOME

NOTICE: Any attempt to obtain rent subsidy from the U.S. Department of Housing and Urban Development by false information, impersonation, failure to disclose or other fraudulent act is a felony under Title 18, Section 1001 of the U.S. Code. Any act of assistance to commit fraud is also punishable under this statute.

CERTIFICATION

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for denial or termination of assistance.

I hereby certify that the information provided to Rural Ulster Preservation Company on this application is accurate and complete to the best of my knowledge and belief.

Head of Household: _____ Date: _____
Signature

Spouse or Co-head: _____ Date: _____
Signature

NO ONE MAY CHARGE ANY APPLICANT A FEE TO SUBMIT AN APPLICATION FOR SECTION 8 ASSISTANCE AND/OR AS A CONDITION FOR RECEIVING ASSISTANCE IF YOU ARE DETERMINED ELIGIBLE. IF ANYONE ATTEMPTS TO DO SO, PLEASE CALL THE NEW YORK STATE INSPECTOR GENERAL'S OFFICE AT: 1-800-367-4448.

Artistic Work Addendum

Lace Mill Applicants Only

ARTISTIC WORK:

Preference for all 55 units at The Lace Mill will be given to artists from diverse artistic and cultural backgrounds. Only one adult household member, 18 or older, needs to demonstrate a commitment as a practicing artist, in order to qualify for the artist preference. If you wish to be considered for artist housing, please complete this section. Also read the Artist Review Process attached to this application.

Describe your artistic work; years involved in your artist work; public shows, performances, publications, etc. of your art. If you need additional space, please attach a separate sheet to this application.

1.) Name of Artist in Household:

2.) What portion of your income is derived from your art, if any?

3.) Are you prepared to demonstrate to a committee that you are actively engaged in your art form? Yes No

4.) Please write an Artist Statement, briefly describing your art form, how long you have been creating, your inspiration and your goals:

5.) Why are you interested in living and participating in this artist community? What are your expectations? What do you see as your responsibilities?

6.) Have you ever lived in an artist housing situation before? If yes, where and what was your main impression or experience?

ARTIST REVIEW PROCESS

ARTIST DEFINITION

We define the term “artist” to encompass a wide variety of creative pursuits and we are committed to attracting creative individuals and families from diverse artistic and cultural backgrounds.

Artist shall be defined as:

- A person who works in, or is skilled in any of the fine arts, including but not limited to, painting, drawing, sculpture, book arts, printmaking and mixed-media.
- A person who creates imaginative works of aesthetic value, including but not limited to literature, poetry, photography, music composition, choreography, architecture, graphic design, film, video and digital arts.
- A person who creates functional art, including but not limited to metal, textiles, paper, wood, ceramic, glass or plastic objects.
- A performer or theatrical artist, including but not limited to, singers, dancers, musicians, actors, performance artists; costume, lighting, sound, and set designers.
- In all art disciplines, a designer, technician, craftsperson, teacher or administrator who is dedicated to using their expertise within the community to support, promote, present, and/or teach and propagate their art form through events, activities, performances and classes.

ARTIST REVIEW PROCESS

Staff will meet with pre-qualified prospective tenants and their families, to determine their level of commitment to the arts, community, and their art form. This will also help us understand your needs and expectations with regard to living in an artist community.

Applicants will not be judged on the content or quality of their artistic work. Applicants will need to demonstrate that they are actively engaged in their art form.

An artist’s creative work need not provide the primary source of income as it is often customary for artists to work in another field to support themselves and their art form.

Only one member of a household needs to demonstrate a commitment as a practicing artist, in order to qualify for the artist preference.

Artistic processes that are extremely noisy, require industrial zoning or involve hazardous materials will not be permitted to be conducted at The Lace Mill. Examples of artistic endeavors that may be excluded include welding, woodworking using power tools, amplified band practice and glass blowing.