



COHOES

HOUSING AUTHORITY

100 Manor Sites
 Cohoes NY 12047
 PH: (518) 235-4500
 Email:
info@cohoeshousing.org
www.cohoeshousing.org

Low-Income Housing Tax Credit Property (LIHTC)

WE NO NOT ACCEPT FAXED APPLICATIONS

Please Print Clearly

Are you applying for: PBV Section 8 Both

Head of Household: _____

Address: _____
 Street Apt# City State Zip

Phone #: _____ Mobile #: _____

Email: _____

Do you: Rent or Own (check one)
 If owned, do you receive monthly rental income from property? Yes No (check one)

Bedroom Size Requested:
 Studio One BR Two BR Three BR Four BR Five BR

HOUSEHOLD COMPOSITION							
	Name	Relationship to Head of Household	Date of Birth	Gender M/F	SS# (full)	Disabled Y/N	Student Y/N
Head		Self					
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Will all listed minors be living in the unit at least 50% of the time? Yes No

Do you anticipate any changes in household composition in the next twelve months? Yes No

If yes, explain: _____

Is there someone not listed above who would normally be living with the household? Yes No

If yes, explain: _____



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Do you or any member of your family composition require special accommodations, such as an accessible unit? Yes _____ No _____

To your knowledge, does anyone in your household have elevated blood lead levels? _____ Yes _____ No

If yes, state name. You will be asked to provide supporting documentation. _____

Briefly describe your reasons for applying:

LANDLORD REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Apt Address	
	How Long?	
Past Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Apt Address	
	How Long?	
Past Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Apt Address	
	How Long?	

Each adult member age 18 or older with less than 5 years of landlord history, must provide 2 written, notarized character references. Persons writing the references must have known you at least 3 years. They cannot be relatives. Must include the name address and phone number of the references.



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ASSETS

Include but are not limited to: checking, savings, CDs, retirement, online banks, Direct Pay Card such as (payroll, Direct Express, child support, TANF/DSS) Cash App, VENMO, Apple Pay, PayPal, stocks, bonds, Life Insurance Policies (Whole Life)

Bank or Account name	Type of account (select from above)	Account #

VEHICLES (car, truck, van, SUV, motorcycle)

MAKE	MODEL	TYPE	YEAR	LICENSE PLATE	COLOR

ADDITIONAL ASSETS

Real Estate Property: <i>Do you own any property?</i>	Yes ___ No ___
<i>If yes</i> , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$



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Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 1?	Yes ___ No ___
<i>If yes, describe:</i>	
Do they have access to the asset(s)?	Yes ___ No ___

Have you sold/disposed of any property in the last two years?	Yes ___ No ___
<i>If yes, Type of property:</i>	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction:	
Have you disposed of any other asset in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	Yes ___ No ___
<i>If yes, describe the asset:</i>	
Date of disposition:	
Amount disposed	\$

CRIMINAL & RENTAL HISTORY BACKGROUND

List **all** the states and territories where **all** household members have lived: _____

Are you or any member of your household currently under eviction or have you or any member of you household been evicted?	Yes ___	No ___
<i>If yes, give date and description:</i>		
Do you have a registration requirement under a state sex offender registration program?	Yes ___	No ___
<i>If yes, is the registration a lifetime requirement? If no, check "N/A".</i>	Yes ___	No ___ N/A__
Note: Federal regulations prohibit the admission to federally assisted housing of persons with a lifetime registration requirement under a state sex offender registration program.		

ALLOWANCES (APPLICABLE ONLY TO HUD PROPERTIES) AND CERTIFICATIONS

Allowance for Child Care, where applicable



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Do you pay childcare for the care of a child aged 13 or younger and this care enables a family member to work, seek work, or further his/her education?	Yes ____	No ____
<i>If yes, list provider name & address for verification</i>		

Allowance for Disability Assistance Expense, where applicable

Disability Assistance Expense is allowable for unreimbursed, anticipated costs for attendant care and “auxiliary apparatus” for each family member who is a person with disabilities, these expenses must be reasonable and necessary to enable any family member 18 years of age or older who may or may not be a person with disabilities to be employed per HUD regulations.

Have you incurred expenses that may be allowable as disability assistance expense?	Yes ____	No ____
<i>If yes, please provide detail for proper verification to determine if these expenses are allowable:</i>		

Expenses for Medical Allowance, where applicable

Medical Allowances apply to households in which head or spouse/co-head is at least 62 years of age or is a person with disabilities per HUD Regulations.

Do you pay out-of-pocket medical insurance premiums other than Medicare?	Yes ____	No ____
<i>If yes, list monthly premium and name and address of Insurance company:</i>		
Do you have additional, unreimbursed medical expenses, including but not limited to services by a medical professional, cost for prescription and non-prescription medications, transportation to medical appointments, dental treatments, eyeglasses, contact lenses, hearing aid, medical equipment, attendant care, payments on accumulated medical bills, costs incurred for maintaining an assistance animal (if applicable)?	Yes ____	No ____
<i>If yes, provide detail for proper verification to determine if these expenses are allowable. Attach separate list, if necessary.</i>		

PET INFORMATION (if applicable)

Do you own any pets?	Yes ____	No ____
<i>If yes, describe:</i>		



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Thank you for answering all of the above questions. You must now sign all required verification release forms. Once we have completed processing all paperwork, you will receive notice in writing of selection, declination, or waiting list status.

During the application period, I/we will notify management of any changes in household income, assets, composition, student status, or other. All adult household members initial here as acknowledgement:

CERTIFICATION BY APPLICANT(S)

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria.

I/We hereby certify that all information in this application is true to the best of my/our knowledge, and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

I/We hereby certify I/We have no objections to inquires being made for the purpose of verifying the statements made herein. A letter will be sent to me as proof that I filed an application. I must keep this letter for my records. Periodically letters for the waiting lists I/We selected will be sent to return if I/We am/are still interested. I must return this letter by the date indicated or my application will be pulled.

I/We hereby certify consent for CHA to preform credit, criminal, sexual offender searches or any other searches required per their application protocol.

SIGNATURE (S):

(Signature of Applicant)

(Date)

(Signature of Applicant)

(Date)

(Signature of Applicant)

(Date)

(Signature of Applicant)

(Date)