



Agency Use Only
Date Received _____
Application # _____
Approved YES _____ NO _____

Croton Housing Network
 136 Library Ln
 Mamaroneck, NY 10543
 Phone (914) 698-4299

APARTMENT RENTAL APPLICATION AND AUTHORIZATION

Return application to address above or email to MAIL@Westhab.org

Application is for (check all that apply): Symphony Knoll ___ Discovery Cove ___ Mount Airy Woods ___
 (Note: Symphony Knoll is a non-smoking building and property)

DATE _____

APPLICANT:

Applicant Name: _____ Home Telephone No. _____
 Cell Phone No. _____ Work Telephone No. _____
 Address: _____
 Date of Birth _____ Social Security No. _____
 Co-Applicant Name: _____ Social Security No. _____ Date of Birth _____
 Email: _____

FAMILY COMPOSITION: (Occupancy is RESTRICTED to only those listed here)

Name: _____	D.O.B. _____	Sex _____	Relationship _____
_____	_____	_____	_____
_____	_____	_____	_____

Apt. Size Needed: _____ (# of Bedrooms)

Have you ever applied to the Croton Housing Network before, or been a resident? ___ Yes ___ No

If so when and/or where: _____

Please complete this section if the entire household is comprised of full-time students (attending school at least 5 months out of the year)

Is every member of the household a FT student as defined above? ___ Yes ___ No

If No please continue to the Resident History Section: If Yes please answer the following questions:

Does a student receive assistance under Title VI of the Social Security Act? ___ Yes ___ No

Was a student previously a foster child? ___ Yes ___ No

Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program? ___ Yes ___ No

Is a student married and eligible to file a joint tax return? ___ Yes ___ No

Is a student a single parent who is not claimed as a dependent by another individual? ___ Yes ___ No

RESIDENCE HISTORY: (7 years) (Please continue on reverse side if necessary)

Current Address: _____ How long there: _____

Reason for moving: _____

Landlord's Name/Address/Phone No. _____

Rent at present address: _____

Previous Address: _____ How long there: _____

Landlord's Name/Address/Phone No. _____

Reason for moving: _____



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EMPLOYMENT: (Please include all other income, such as alimony, child support, public assistance, unemployment, etc.)

Employer: _____

Address: _____

Telephone No: _____ Supervisor's Name: _____

How long employed _____

Salary before deductions: \$ _____ (circle one) per week bi-weekly monthly

Amount of other income \$ _____ (circle one) per week bi-weekly monthly

Do you have a rent subsidy? Yes No

If yes, please indicate type: Section 8 Voucher Other -please describe _____

Subsidizing/Section 8 Agency: _____

HOUSEHOLD ASSETS (All members):

Checking account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____	Appx Total Cash Value _____
Savings account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____	Appx Total Cash Value _____
Cash on Hand	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Appx Total Cash Value _____
Certificate of deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____	Appx Total Cash Value _____
Other Bank account(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____	Appx Total Cash Value _____
Mutual Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____	Appx Total Cash Value _____
Stocks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____	Appx Total Cash Value _____
IRA/401K/etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____	Appx Total Cash Value _____
Treasury bills/ bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____	Appx Total Cash Value _____
Company retirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____	Appx Total Cash Value _____
Annuity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____	Appx Total Cash Value _____
Revocable Trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____	Appx Total Cash Value _____
Whole Life insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____	Appx Total Cash Value _____
Real estate equity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____	Appx Total Cash Value _____
Lump sum payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____	Appx Total Cash Value _____
Other assets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____	Appx Total Cash Value _____

OTHER:

Do you have any pets Yes No If yes, please specify _____

Do you have a car? Yes No

If yes, Year _____ Make/Model _____ Color _____ License No. _____

Who Referred you to our office? _____

Have you ever been convicted of a felony? Yes No

If yes, Date: _____ Reason _____ Facility _____

Date: _____ Reason _____ Facility _____

Have you ever been evicted from a rental apartment? Yes No

If yes, please describe _____

AUTHORIZATION:

By submission of this application, I/we hereby authorize Westhab, as management agent for Croton Housing Network, to make such investigations into my/our credit, income, rental and criminal history as they may deem appropriate, and release all parties from all liability for any damage that may result from their furnishing of this information. This application may be rejected as a result of any misrepresentation or insufficient information. This information will be used to evaluate my/our eligibility for tenancy.

I/We also understand that Westhab requires backup documentation of my total household income and assets, and may require further information to verify total household income and assets upon application review. I further understand that I/we understand that an annual re-certification of income is required.

SIGNATURES:

APPLICANT

CO: APPLICANT

BY: _____ Date: _____ BY: _____ Date: _____



Please note: This housing service is provided free of charge. Absolutely no payment, gratuity or favors will be accepted in return for the services rendered. Incomplete applications will not be processed. Applications will be kept on file for one year. It is your responsibility to renew your application if you so choose.