

AFFORDABLE RENTAL HOUSING PROGRAM

25 LaRose Apartments – Glens Falls, Warren County, NY

Owner: Glens Falls JV Redevelopment Partners, L.P.

Managing Agent: WB Residential Communities, Inc.

Completed Applications should be sent to:

Glens Falls Housing Authority

45 Ridge Street

Glens Falls, NY 12801

1. APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____

SSN (last 4 digits): _____ DOB: _____ Gross Income: _____

Email: _____ Do you use your email regularly? ☐ Yes ☐ No

2. CO-APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____

SSN (last 4 digits): _____ DOB: _____ Gross Income: _____

Email: _____ Do you use your email regularly? ☐ Yes ☐ No

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3. HOUSEHOLD COMPOSITION:

	NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SS# (Last 4 Digits)	OCCUPATION	STUDENT Y/N
Head						
Co-Head						
Other						
Other						
Other						

Have there been any changes in household composition in the last twelve months?

☐ Yes ☐ No

If yes, explain:

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 in the household?

☐ Yes ☐ No

If yes, explain:

Are you living with anyone now who will not be moving into this apartment with you?

☐ Yes ☐ No

If yes, explain:

4. CURRENT RESIDENCE:

What is your Current Monthly Rent or Mortgage Payment \$_____

How long have you lived at your current residence? _____

Is any portion of your rent subsidized? ☐ Yes ☐ No Agency Name: _____

Check Utilities paid monthly by you now:

☐ \$ _____ ☐ \$ _____ ☐ \$ _____ ☐ \$ _____ ☐ \$ _____
Heat Electricity Gas Water Other

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**Homes and
Community Renewal**

KATHY HOCHUL
Governor

RUTHANNE VISNAUSKAS
Commissioner/CEO



5. EMPLOYMENT:

HOUSEHOLD MEMBER NAME:	
EMPLOYER:	
POSITION HELD:	
HOW LONG EMPLOYED:	MONTHLY GROSS INCOME:

HOUSEHOLD MEMBER NAME:	
EMPLOYER:	
POSITION HELD:	
HOW LONG EMPLOYED:	MONTHLY GROSS INCOME:

PREVIOUS EMPLOYMENT (within last 60 days)

HOUSEHOLD MEMBER NAME:	
EMPLOYER:	
POSITION HELD:	
HOW LONG EMPLOYED:	MONTHLY GROSS INCOME:

6. INCOME (continued next page)

List ALL sources of income as requested below. If a section doesn't apply, write "NA" for not applicable PLEASE LEAVE NO BLANKS		
Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$

	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Child Support Payments	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Other Financial Aid (excluding loans)	\$
	Regular payouts from Annuities (list sources)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments (e.g. 403(b) & 401(k), interest dividends (specify source)	\$

Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list the amount the amount you are entitled to receive:	
Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list the amount you receive	

ADDITIONAL INCOME: (If Any)

(Baby-sitting, caregiving, income from rental property)

Source:		Monthly Amount:	\$
Source:		Monthly Amount:	\$
Do you anticipate any changes in this income in the next 12 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance that you did not list above?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household likely to receive income assistance (monetary or not) from someone who is not a member of the household?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, explain:			
Is the income received?			<input type="checkbox"/> Yes <input type="checkbox"/> No

7. STATISTICAL INFORMATION

a. The following information is needed for statistical purposes only in order to determine the degree to which programs are utilized by people of different racial & ethnic backgrounds. Provide information for the head of household only.

RACIAL GROUP IDENTIFICATION: Used for statistical purposes only. (Please check only one from this group for the head of household only). (Respond to a. & b.)

Single Race

☐ White
☐ Black or African American
☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

Multi-Race

☐ American Indian or Alaska Native & White
☐ Asian & White
☐ Black or African American & White
☐ American Indian or Alaska Native & Black or African American
☐ Other Multi Racial

b. **ETHNICITY:** (check **only one** from this group) ☐ Hispanic ☐ Non-Hispanic

ACCESSIBILITY/ADAPTABILITY:

Would any household member benefit from special features of an accessible apartment?

Check all that apply: ☐ Wheelchair accessible? ☐ Hearing Impaired? ☐ Visually Impaired?

REASONABLE ACCOMMODATION: If you are an individual with disabilities, you may make a request for a reasonable accommodation. If you would like more information on how to make a request for a reasonable accommodation, contact Glens Falls Housing Authority | 518.793.2583.

8. ASSETS (continued next page)

If a section doesn't apply, cross out or write NA		LEAVE NO BLANKS	
Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Direct Deposit Cards for SS, SSI, SSP, TANF, Child Support	#	Bank	Balance \$
	#	Bank	Balance \$

and Work			
Certificates of Deposit	#	Bank	Balance \$
	#	Bank	Balance \$
Money Market Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Bond	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
Life Insurance Policy	#		Cash Value \$
	#		Cash Value \$
Mutual Funds/ Name	# of Shares	Interest or Dividend \$	Value \$
Stocks/ Bonds	# of Shares	Interest or Dividend \$	Value \$

9. REAL ESTATE PROPERTY AND OTHER ASSETS (continued on next page)

Do you own any property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Type of property	
Address of property	
Estimated Market Value	\$
Mortgage or outstanding loan balance	\$
Amount of annual insurance premium	\$
Amount of Real estate taxes	\$
Is the property subject to foreclosure, bankruptcy, or eviction?	\$
If yes, describe	

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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 your household? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe:	
Do they have access to the asset(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you sold/ disposed of any property in the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, type of property:	
Market Value when sold/disposed	\$
Amount sold/ disposed for	\$
Date of transaction	\$
Have you disposed of any other assets in the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (Example: Given away money to relatives, set up Irrevocable Trust Accounts)	
If yes, describe the asset:	
Date of disposition	
Amount of disposition	\$
Do you have any other assets not listed above (excluding personal property)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list:	

10. ADDITIONAL INFORMATION

Briefly describe your reasons for applying to 25 LaRose:
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11. APPLICATION ASSISTANCE

Did anyone help/ assist you in filling out this application? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who assisted and what was the reason for the assistance?

12. HOW DID YOU HEAR ABOUT THIS DEVELOPMENT?

- ☐ Friend If friend, how did your friend hear about this? _____
- ☐ Employer ☐ Sign Posted on Site
- ☐ Website/ Internet _____ (list site)
- ☐ House of Worship (Identify): _____
- ☐ Community Organization (Identify): _____ ☐ Other (Identify): _____

CERTIFICATION

I/We hereby certify that I/We will not maintain a separate rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that 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 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 applicants must sign application.

I/We agree to authorize Glens Falls JV Redevelopment Partners, L.P. / WB Residential Communities, Inc. / Glens Falls Housing Authority, or their agents, to use this copy of my/our signature(s) as approval to verify my/our, employment, any other source of income, and assets in connection with my/our application. All verifications will be sent directly back to those authorized and will be used only for purposes connected with the apartment.

SIGNATURE (S):

Applicant _____ Date: _____

Co-Applicant _____ Date: _____

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No. of Apartments & Type	Monthly Rent	Square Feet	Maximum Household Income; Targeted Area Median Income
4 One Bedroom	\$698	615	\$27,650 (1 person) \$31,600 (2 persons) \$35,550 (3 persons) 50% AMI
3 One Bedroom	\$846	615	\$33,180 (1 person) \$37,920 (2 persons) \$42,660 (3 persons) 60% AMI
9 One Bedroom	\$994	615	\$38,710 (1 person) \$44,240 (2 persons) \$49,770 (3 persons) 70% AMI
8 Two Bedroom	\$832	846	\$31,600 (2 persons) \$35,550 (3 persons) \$39,450 (4 persons) 50% AMI
7 Two Bedroom	\$1,010	846	\$37,920 (2 persons) \$42,660 (3 persons) \$47,340 (4 persons) 60% AMI
7 Two Bedroom	\$1,188	846	\$44,240 (2 persons) \$49,770 (3 persons) \$55,230 (4 persons) 70% AMI
2 Three Bedroom	\$956	1,020	\$35,550 (3 persons) \$39,450 (4 persons) \$42,650 (5 persons) 50% AMI
4 Three Bedroom	\$1,161	1,020	\$42,660 (3 persons) \$47,340 (4 persons) \$51,180 (5 persons) 60% AMI
2 Three Bedroom	\$1,366	1,020	\$49,770 (3 persons) \$55,230 (4 persons) \$59,710 (5 persons) 70% AMI

RENT & INCOME BREAKDOWN

For Information, Contact: Glens Falls Housing Authority | 518.793.2583

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