



AFFORDABLE APARTMENTS APPLICATION

Revised 1/20/2022

Qualification for tenancy in Catholic Charities Housing's Affordable Apartments will be determined based on the eligibility criteria outlined in the Catholic Charities Housing Office Affordable Apartments Tenant Selection Plan provided with this application, together with the information provided on this application form and obtained stipulated in the Tenant Selection Plan via appropriate third-party verifications.

Submit Housing Application to:

41 North Main Avenue, Albany NY 12203
 Phone: 518-459-0183 Fax: 518-435-1327

Please Print Clearly

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Home Phone: _____ Mobile Phone: _____

No. of BR's in current unit: _____ Do you RENT or OWN (check one)

Reason for Moving: _____

Amount of current monthly rental or mortgage payment: \$ _____

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Are you or a member of the household enlisted in the U.S. Military or a veteran? YES NO

Are you or a member of the household an employee of Catholic Charities? YES NO

Do you own a pet? YES NO If yes, type: _____ Breed: _____ Weight: _____

Is anyone listed on this application currently receiving housing assistance from HUD or a Public Housing Authority? YES NO

Location & Unit size requested:

ALBANY COUNTY

- | | |
|-----------------------------------|-----------------------------------|
| City of Albany: | City of Watervliet: |
| <input type="checkbox"/> 2 BR Apt | <input type="checkbox"/> 1 BR Apt |
| <input type="checkbox"/> 3 BR Apt | <input type="checkbox"/> 2 BR Apt |

RENSSELAER COUNTY

- | | |
|-----------------------------------|-----------------------------------|
| City of Troy: | Village of Hoosick Falls: |
| <input type="checkbox"/> 1 BR Apt | <input type="checkbox"/> 2 BR Apt |
| <input type="checkbox"/> 2 BR Apt | |
| <input type="checkbox"/> 3 BR Apt | |

HERKIMER COUNTY

- | |
|-----------------------------------|
| Village of Illion: |
| <input type="checkbox"/> 3 BR Apt |



EQUAL HOUSING OPPORTUNITY

B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS#
Head					
Co-T					
3.					
4.					
5.					
6.					
7.					
8.					

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:

C. INCOME

List ALL sources of income as requested below. This includes, but is not limited to, employment, self-employment, public assistance, social security, SSI, SSD, pension, Unemployment, Alimony, Child Support, Student Grants/Stipends, Rental Income, Gift Income, and regular payouts from Annuities, IRAs and 401ks. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	

	Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
Child Support		
	Are you legally entitled to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are entitled to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income Source:	\$
	Other Income Source:	\$
	Other Income Source:	\$
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

D. ASSETS

List any assets owned, including but not limited to bank accounts, trust accounts, CDs, Bonds, Mutual Funds, Stocks

Account/Asset Type	Financial Institution (if applicable)	Value/Balance
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Real Estate Property: Do you own any property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , 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:	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please list:	

E. ADDITIONAL INFORMATION

Is anyone listed on this application currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has anyone listed on this application ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, provide date of conviction and charge:</i>		
Has anyone listed on this application ever been convicted of arson?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, provide date of conviction and charge:</i>		
Has anyone listed on this application been convicted of or are in the process of being convicted for manufacture and/or distribution of a controlled substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, provide date of conviction and charge:</i>		
Is anyone on this application subject to any state lifetime sex offender registration requirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, provide name, state, date of conviction:</i>		
Is anyone listed on this application currently on probation or parole?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, provide Parole/Probation Officer Name:</i>		<i>Phone #:</i>
Has anyone listed on this application ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		
Has anyone on this application ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please describe any special housing needs or accommodations required for any household member:		

Applicant Authorization

I hereby authorize Catholic Charities Housing Office to conduct a criminal background check including, but not limited to, a screening of the lifetime sex offender registration list for any state in which I've lived.

I hereby authorize RentGrow, Inc./Yardi Resident Screening and/or any certified police agency to obtain and verify such information by accessing a criminal record search.

I have been notified that a consumer report will be requested and understand that the information that RentGrow, Inc. and/or any certified police agency obtains will be used in the processing of my rental application.

I hereby release and hold harmless Catholic Charities Housing Office, RentGrow, Inc./Yardi Resident Screening, and/or any certified police agency, its affiliates, employees, agents and any other organization that provides information from any and all liabilities arising out of the use of such information in connection with RentGrow, Inc./Yardi Resident Screening and/or any certified police agency.

Complete in full for each adult household member, 18 years of age or older—please print legibly:

First & Last Name of each adult household member	Social Security #	Date of Birth	List any states lived in

An address must be provided here for your household. If your household has no current address of residence, please list any applicable mailing or temporary address:

Current Address: _____

City: _____ **State:** _____ **Zip:** _____

Each adult household member must sign below:

Applicant Signature

Date

Co-Applicant Signature

Date

Other Adult Household Member Signature

Date

Other Adult Household Member Signature

Date

F. REFERENCE INFORMATION

Provide rental history from the last five years below

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Dates of Tenancy:	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Dates of Tenancy:	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Dates of Tenancy:	

CERTIFICATION

I/We hereby 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 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 will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Other Adult Household Member)

Date

(Signature of Other Adult Household Member)

Date

Catholic Charities Housing Office

AFFORDABLE APARTMENTS TENANT SELECTION PLAN

February 11, 2022



Catholic Charities Housing Office and the properties it manages are pledged to the letter and the spirit of U.S. policy of achievement of equal housing opportunity throughout the nation. We encourage and support affirmative advertising and marketing programs in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

Applications are accepted by mail or fax:

Catholic Charities Housing Office
 43 North Main Avenue
 Albany, NY 12203
 Fax: (518) 435-1327

Requests for applications may be made by calling (518) 459-0183. **If you require assistance in reading, understanding or completion of this application, please call the above number to request a reasonable accommodation.** The TTY Relay number is 711.

ELIGIBILITY REQUIREMENTS

In order to be accepted as a resident, applicants must provide third party verification for information in each of the categories listed below. Failure to meet eligibility requirements in any of these categories will result in the rejection of the applicant.

1. **Income Requirements & Rental Rates:**

Albany, Schenectady, Rensselaer County:

The applicant household’s annual gross income must not fall below the minimum income amounts, nor exceed the maximum income limits by household size provided below in order to qualify for CCHO’s Affordable Apartments in Albany County.

Unit Size	Minimum Income	Maximum Income
1 Bedroom	\$21,000	1 person: \$40,200
		2 people: \$45,900
2 Bedroom	\$25,500	1 person: \$40,200
		2 people: \$45,900
		3 people: \$51,660
		4 people: \$57,360
3 Bedroom	\$30,000	1 person: \$40,200
		2 people: \$45,900
		3 people: \$51,660
		4 people: \$57,360
		5 people: \$61,980
		6 people: \$66,540

Herkimer County:

The applicant household’s annual gross income must not fall below the minimum income amounts, nor exceed the maximum income limits by household size provided below in order to qualify for CCHO’s Affordable Apartments in Rensselaer County.

Unit Size	Minimum Income	Maximum Income
3 Bedroom	\$25,500	1 person: \$30,420
		2 people: \$34,800
		3 people: \$39,120
		4 people: \$43,440
		5 people: \$46,920
		6 people: \$50,400

APPLICANT SCREENING

1. **Background Checks**

All applicants will be subject to a criminal background check including, but not limited to, a mandatory screening review of the lifetime registration list under a state's sex offender registration program. Live-in aides are subject to the same screening requirements. These screenings will be done in conjunction with the application approval process.

- A. Any applicant who is subject to a requirement of lifetime registration on any state's sex offender registration program will not be admitted.
- B. Any conviction or adjudication other than an acquittal of the following crimes is cause for rejection of an application:
 - Murder
 - Manslaughter
 - Arson
 - Armed Robbery
 - Sex offenses, including forcible rape, child molestation, and aggravated sexual battery
- C. Any conviction or adjudication other than acquittal of the following crimes within five (5) years from the date of application is cause for rejection of an application:
 - A crime involving the illegal sale, manufacture or possession of a controlled substance
 - A felony that involved harm to another person or to property

2. **Rental History**

- A. During the screening process, we will ask for verification of successful, appropriate rental history for the five (5) years prior to the date of the interview for all applicants.
- B. We will mail reference forms to each landlord.
The form(s) must be completed and mailed or hand-delivered to the office by the landlord. This requirement will be waived only if the applicant can document that he or she has been a homeowner residing in his/her home for five (5) years or more prior to the date of the interview.
- C. Negative responses to landlord reference questions are cause for rejection.

3. **Utility Account Qualification**

The applicant must qualify for an account with the utility company providing fuel for the heat, hot water and electric service for the rental unit. Verification of the utility account and service being turned on will be verified by CCHO prior to lease signing.

4. **Personal Interview & Third Party Verification**

The applicant must successfully complete a personal interview with the Property Manager. He/she must respond appropriately to a standard questionnaire.

Third party verification of each household member's sources of income and assets will be requested in advance of and/or during the personal interview, and applicant consent allowing CCHO to contact appropriate third-parties to verify income, assets, and prior rental history will be requested at this time. Failure to provide third-party documentation, information and/or consent as required by CCHO to verify required income and past rental history will result in rejection of the application.

5. **Family Composition & Unit Size**

Housing Quality Standards allow two persons per living/sleeping room. CCHO does not limit who shares a bedroom/sleeping room. Guidelines for occupancy are:

- The head (and partner, if applicable) of household will be eligible for a separate bedroom.
- All other family members will use the standard of two persons per bedroom.
- Single persons are eligible for a studio or one bedroom.

These general guidelines are used in determining bedroom classification:

Unit Size	Minimum # of Persons in Household	Maximum # of Persons in Household
1 Bedroom	1	2
2 Bedrooms	2	4
3 Bedrooms	4	6

Exceptions from the standard may be granted if it is determined that the exceptions are justified by the health of family members, and/or other individual circumstances necessary for reasonable accommodation.

6. **Tenant Selection**

Selection of Applicants from the Waiting List for openings of units in CCHO’s **Affordable Apartments** is done in this order:

- A. The next eligible qualified applicant who is an employee of Catholic Charities. An employer verification statement or paystub will be collected to verify employment.
- B. The next eligible qualified applicant who is a U.S. Veteran.
 1. In order to be eligible for this preference, a veteran is defined as “a person who served in the active military, naval, or air service, regardless of length of service, and who was discharged or released there from, excluding any one who received a dishonorable discharge or was discharged or dismissed by reason of a General court-martial (PL 114-315; 38 USC § 2002(b)).” As per 38 U.S. Code § 101 – Active service includes: active duty; any period of active duty for training during which the individual concerned was disabled from a disease or injury incurred or aggravated in line of duty; and any period of inactive duty training during which the individual concerned was disabled from an injury incurred or aggravated in line of duty; or from an acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident occurring during such training.
 2. To prove a participant’s Veteran status, CCHO will require one of the following documents:
 - Veteran’s Department of Defense (DD) Form 214 Certificate of Release Discharge from Active Duty
 - VBA Statement of Service (SOS)
 - VHA Veteran’s Identity card
- C. The next eligible qualified applicant who does not qualify for the Catholic Charities Employee or Veteran Status preferences outlined above.

WAITING LIST

Upon receipt of a complete application, CCHO will place the applicant’s name on their Affordable Apartments Waiting List.

Note: It is the policy of CCHO that waiting lists for any of its rental units remain open; waiting lists are never closed to applicants.

Preference for CCHO’s Affordable Apartments is given first to eligible qualified applicants who are employees of Catholic Charities, and secondarily to qualified eligible applicants who are U.S. Veterans. Applicants are placed onto the waiting list in the following order:

- A. Applicants who are employees of Catholic Charities are placed at the top of the list, in the order of the dates of receipt of applications from Catholic Charities employees.
- B. Applicants who are U.S. Veterans are placed next on the list following any active applications from Catholic Charities employees, in the order of the dates of receipt of applications from veteran applicants.
- C. Applicants who are not Catholic Charities employees or U.S. Veterans are placed next on the list following any active applications from U.S. Veterans, in the order of the dates of receipt of applications.

When a vacancy occurs, the Housing Manager refers to the Waiting List and contacts the next person(s) on their List (at the “top of the List”), requesting that they come in to the office for an eligibility appointment.

If at the time of the eligibility appointment the applicant appears to be qualified for the apartment and wishes to lease the unit, the applicant will deposit with CCHO a holding deposit which will hold the unit for them until the applicant signs the lease and

takes responsibility for the lease requirements. If during the application processing it is determined that the applicant is not eligible for the apartment, the deposit will be returned to the applicant. If, after depositing the holding deposit and CCHO has started to process the application, the applicant withdraws the application for any reason or refuses the unit upon completion of application processing, then the deposit will be forfeited by the applicant and will become a non-refundable processing fee retained by CCHO. If the applicant is deemed eligible after the application processing and signs a lease effective on the agreed upon date, then the deposit paid will be credited to rent due on the unit.

Applicants may choose not to be considered for an apartment at the time they are contacted for the eligibility appointment and may request that they remain on the Waiting List; their name will then go to the “bottom” of the Waiting List. If there are no successful candidates for an apartment or found within the first contact group, the Housing Manager will re-visit the Waiting List and contact the next person(s) on the list, and so on.

Applicants who repeatedly (three times) turn down the opportunity for an eligibility appointment will be removed from the Waiting List. Applicants who successfully complete the eligibility process and are consequently offered an apartment but refuse the apartment are removed from the Waiting List. Applicants will also be removed from the Waiting List if: the applicant no longer meets the eligibility requirements for the property; or, the applicant fails to respond to a written notice for an eligibility interview; or, mail sent to the applicant’s address is returned as undeliverable; or if the family size changes the size of the unit needed and such size unit does not exist among CCHO’s managed properties. In all cases, those applicants who have been removed from the Waiting List must reapply in order to be considered for an apartment once again. Upon reapplication, the applicant will be placed at the bottom of the Waiting List.

CCHO’s Housing Manager may contact applicants on the Waiting List via phone or send an update survey by mail requiring applicants to reaffirm their interest in remaining on a waiting list. Non-responders will be removed from the Waiting List.

Note: Should an applicant have a change in address, it is their responsibility to notify the Housing Manager so that the Waiting List information may be kept accurate and up-to-date.

TERMS OF RESIDENCY

- Each eligible qualified applicant who accepts an apartment will be required to sign a rental lease for an initial one year period. Thirty days written notice is required to terminate the lease agreement. This unit must be the applicant’s primary residence.
- A Security Deposit equal to the unit rental rate is required at lease signing.
- Tenants are not permitted to add additional members to their household without first obtaining, in writing, the permission of the landlord.

TERMS OF LEASE RENEWAL

Tenants may be required to submit to a household income re-certification process prior to a renewal of the lease, which is administered by the Landlord or its Agent. Written notification of required income documentation will be provided at least 60 days in advance of the end term date of the lease in effect. In the case that the tenant household’s gross income exceeds the Area Median Income in effect at the time of recertification the landlord may elect to not renew a tenant’s lease. Failure to supply requested certification information may also lead to non-renewal of the lease. A minimum of 30 days advance written notice will be provided by the landlord in the case that the lease will not be renewed at the end of the lease term.

REJECTION CRITERIA

An applicant will **not** be accepted for tenancy for any one of the following reasons:

1. Failure to meet any one or more of the Tenant Selection Criteria listed in this document.
2. Violent criminal behaviors or other criminal behaviors that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents, or of the site’s employees, contractors or agents.
3. Any applicant/household member who has previously been evicted by, or was in the process of being evicted from Catholic Charities Housing when they left.
4. Any applicant/household member whom CCHO has reasonable cause to believe abuses or has a pattern of alcohol or substance (illegal and/or prescribed) abuse which may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.

4. Inability/unwillingness to disclose and document all income sources and identification documentation required for all household members.
5. Failure to sign and submit all required verification consents, including landlord reference requests. Negative responses found on any landlord reference are cause for rejection.
6. Criminal activity:
 - Any applicant/household member who was a household member evicted from any housing for drug related criminal activity, for five years from the date of eviction. Refer to page three (3) of this document, #3-Rental History.
 - Any applicant/household member who is currently engaging in illegal drug use or in possession of illegal drugs.
 - Any applicant/household member whom Catholic Charities Housing Office has reasonable cause to believe is involved in illegal use or a pattern of illegal use of a drug which may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.
 - Any applicant/household member who is a sex offender subject to a lifetime registration requirement under a state sex offender registration program.
 - As disclosed by background check, outlined on pages two (2) and three (3) of this document.
 - Misrepresentation: Willful or serious misrepresentation in the application procedures.

REJECTION PROCEDURE

A letter is sent to the applicant, informing him/her of the rejection and the reason(s) for the rejection. Further direction will be given on the rejection letter should you wish to lodge an appeal.