



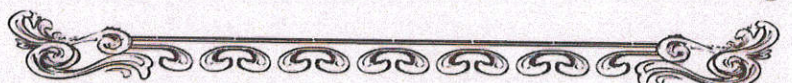
Interfaith Towers Apartments

"A Senior Citizen Community"

66 Washington Street
Poughkeepsie, New York
12601
(845) 452-1172

A distinctive residential apartment building nestled in the city of Poughkeepsie overlooking the Hudson River. Thoughtfully designed for comfort, economy, and safety in answer to the unique wants and needs of Seniors Citizens.

Interfaith Towers is a modern 12 story complex that offers its residents the utmost advantages of design, services and convenient living.



interfaith towers

66 Washington Street
Poughkeepsie, New York 12601
Tel: 845-452-1172
Fax: 845-452-0106

SIXTY-SIX WASHINGTON ST., INC.

Date: _____

Dear Applicant:

Your application for residency in Interfaith Towers is attached. Please complete it and return it to our office as soon as possible. It must be accompanied by a copy of your last Income Tax Return or a "verification of non-filing status" letter from the IRS indicating that you did not file (see attached instructions).

The waiting period is approximately 1 - 2 years, depending on size unit desired. When your name reaches the top of our waiting list, you will be asked to verify your eligibility and, if eligible, offered an apartment. Two refusals are allowed before it is necessary to re-apply.

If you have any questions, please feel free to contact our office between 8 a.m. and 4 p.m., Monday through Friday.

Sincerely,

Interfaith Towers



Interfaith Towers has 135 rental units. All utilities are included in the rent, however, there are surcharges for privately owned air conditioners, second refrigerators or freezers and cablevision. There is also a surcharge for the use of a parking space.

68 Junior One Bedroom Apartments (1 person*)

Basic Rent \$586 ----- Fair Market Rent \$702

56 Senior One Bedroom Apartments (1 or 2 people*)

Basic Rent \$681 ----- Fair Market Rent \$816

11 Two Bedroom Apartments (2 to 4 people*)

Basic Rent \$871----- Fair Market Rent \$1044

* All people must meet occupancy standards as set forth in Interfaith Towers Apartments Tenant Selection Plan.

HUD Income Limits:	Individual	- \$55,950
	Two People	- \$63,950

Eligibility Requirements:

- * U.S. Citizen or eligible alien status is required.
- * Individuals required to register as a Sex Offender are ineligible.
- * Credit, Criminal, Eviction and Sex Offender background of all applicants is reviewed.
- * Head of household or spouse must be 62 years of age or older.
- * The annual income of an applicant family cannot be more than stated above.

interfaith towers

66 Washington Street
Poughkeepsie, New York 12601
Tel: 845-452-1172
Fax: 845-452-0106

SIXTY-SIX WASHINGTON ST., INC.

A requirement of applicants to Interfaith Towers is that you provide us with either a copy of last year's income tax return or a letter from the IRS indicating that no return was filed. For those of you that do not file income tax returns and who need to receive a letter to that effect, the following should be of help:

**Toll free # for the IRS: 1-800-829-1040 or 1-800-829-0922 or
www.irs.gov/get-transcripts or
in person at your local IRS office by appointment @ (844) 545-5640.**

Ask to receive a "verification of non-filing status" letter to be used in verification of eligibility for senior citizen housing. You will be asked for:

1. Your Social Security number
2. The tax year in question
3. Your prior address and present address
4. Where return was filed (Andover, MA)



Interfaith Towers Apartments

Sixty-Six Washington Street Inc.

66 Washington Street, Poughkeepsie, NY 12601 - (845) 452-1172

Application for Assisted Rental Housing

OFFICE USE ONLY

DATE: _____

LOG#: _____

APPLICANT (Head or Spouse) MUST BE 62 YEARS OF AGE OR OLDER

NAME _____

ADDRESS _____ CITY, STATE, ZIP _____

HOME PHONE # _____ WORK # _____ CURRENT RENT \$ _____

DO YOU PAY FOR UTILITIES? _____ AVERAGE MONTHLY BILLS \$ _____ (EXCLUDE PHONE COSTS)

LIST TWO PERSONAL REFERENCES (RELATIVES OR FRIENDS)

NAME & RELATIONSHIP _____ PHONE # _____

ADDRESS _____ CITY, STATE, ZIP _____

NAME & RELATIONSHIP _____ PHONE # _____

ADDRESS _____ CITY, STATE, ZIP _____

LIST YOURSELF AND ANYONE ELSE WHO WILL BE RESIDING WITH YOU

FULL NAME	RELATIONSHIP	BIRTH DATE	BIRTH PLACE	SS#	ALIEN REG #
1)					
2)					

HOUSING STATUS (PLEASE ANSWER ALL QUESTIONS)

HOW MANY PEOPLE RESIDE IN YOUR PRESENT HOME? _____

WHY DO YOU WISH TO MOVE? _____

ARE YOU BEING EVICTED? _____ HAVE YOU EVER BEEN EVICTED? _____

IF SO, FROM WHERE AND WHEN? _____

ARE YOU NOW IN A GOVERNMENT SUBSIDIZED RENTAL UNIT? _____

HAVE YOU EVER APPLIED FOR A GOVERNMENT SUBSIDIZED UNIT BEFORE? _____

IF SO, WHERE? _____

HOW LONG HAVE YOU RESIDED AT YOUR CURRENT RESIDENCE? _____

IS ANYONE IN YOUR HOUSEHOLD A FULL-TIME STUDENT? ____ YES ____ NO

DO YOU MEET THE QUALIFICATIONS UNDER HUD DEFINITION OF DISABLED? ____ YES ____ NO

(See attached definition)

WOULD YOU BENEFIT FROM A REASONABLE ACCOMMODATION? ____ YES ____ NO (If yes, please explain on the attached Reasonable Accommodation Sheet)

ARE YOU A VETERAN OR SURVIVING SPOUSE OF A VETERAN? ____ YES ____ NO

(If yes, please provide copy of discharge papers to be considered for preference. Veterans Preference for those who served on Active Duty in time of war as defined in Section 8.5 of the Civil Service Law(summary attached), and reside in New York State.)

LIST CURRENT AND FORMER LANDLORD

CURRENT LANDLORD _____ PHONE # _____

ADDRESS _____ CITY, STATE, ZIP _____

FORMER LANDLORD _____ PHONE # _____

ADDRESS _____ CITY, STATE, ZIP _____

CRIMINAL ACTIVITY INFORMATION:

Have you or any member of your household ever been arrested? ___ Yes ___ No

If yes, list who, when, and for what reason? _____

Are you, or any member of your household, subject to lifetime registration as a sex offender? ___ Yes ___ No

SOURCES OF INCOME

LIST ALL INCOME SOURCES. THIS INCLUDES, BUT IS NOT LIMITED TO, FULL TIME AND/OR PART-TIME EMPLOYMENT, ALL INCOME FROM SOCIAL SERVICES AGENCIES, SOCIAL SECURITY, PENSIONS, SSI, DISABILITY, ARMED FORCES RESERVES, ALIMONY, CHILD CARE, UNEMPLOYMENT COMPENSATION, GRANTS, RENTAL INCOME, INTEREST ON ASSETS, DIVIDENDS, ANNUITIES, CD'S, MONEY MARKET ACCOUNTS, T BILLS, US SAVINGS BONDS, REGULAR CONTRIBUTIONS FROM PEOPLE NOT RESIDING WITH YOU, ETC.

SOURCE AND TYPE OF INCOME

ANNUAL GROSS INCOME

ASSETS

DO YOU OWN A CAR? MAKE _____ MODEL _____ YEAR _____

DRIVER'S LICENSE NUMBER / ISSUING STATE: _____

DO YOU OWN A HOME? _____ IF SO, ANTICIPATED GROSS SALE PRICE \$ _____

DO YOU OWN ANY BONDS? _____ IF SO, NOTE FACE VALUE \$ _____

DO YOU OWN ANY STOCKS? _____ IF SO, NOTE VALUE \$ _____

CHECKING ACCOUNT # _____ BANK _____ BALANCE _____

SAVINGS ACCOUNT # _____ BANK _____ BALANCE \$ _____

INDICATE APARTMENT SIZE DESIRED: JR. ONE BEDROOM _____ TWO BEDROOM _____
SR. ONE BEDROOM _____

I AGREE TO GIVE MANAGEMENT THE AUTHORITY TO INVESTIGATE MY CREDIT RATING AND MY CURRENT AND PAST RENTAL RECORD. THE INFORMATION OBTAINED WILL BE USED FOR MANAGEMENT PURPOSES ONLY AND WILL BE HELD IN CONFIDENCE.

ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

Interfaith Towers Apartments does not discriminate on the basis of handicapped status and is an equal opportunity provider.



INTERFAITH TOWERS APARTMENTS

Sixty-Six Washington Street, Inc.
66 Washington Street
Poughkeepsie, New York 12601
(845) 452-1172

Definition of Disability

A person with disabilities for purposes of program eligibility is determined, pursuant to HUD Regulations, to have a physical, mental, or emotional impairment that

- (A) Is expected to be of long-continued and indefinite duration
- (B) Substantially impedes his or her ability to live independently, and
- (C) Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

Do you qualify as disabled under this definition? Yes ___ No ___

Reasonable Accommodation

Interfaith Towers Apartments is an equal housing opportunity provider and does not discriminate against our applicant/residents with disabilities. It is our policy to provide reasonable accommodations that includes structural modifications to our applicants/residents who are disabled and because of that disability need a change or exception to our usual rules or policies or a structural modification to be able to fully use and enjoy this community. If the need for the accommodation or modification is not obvious, it will be necessary to obtain documentation of the need for the requested accommodation/modification.

Do you require a Reasonable Accommodation? Yes ___ No ___

Explanation for Reasonable Accommodation:

Full-Time Student Status

Are you a full-time student? Yes _____ No _____

Signature

Date

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	
Signature of Applicant	Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



THE CITY OF POUGHKEEPSIE
PROJECT BASED VOUCHER APPLICATION

OFFICE OF SECTION 8
ONE CIVIC CENTER PLAZA, SUITE 301
POUGHKEEPSIE, NY 12601

DATE: _____

COMPLETE ALL SECTIONS

Phone: 845 451 4020

Fax: 845 451 4214

Incomplete applications will not be considered for assistance

Head of Household Name: _____ Gender: _____
Legal name Last First Middle

Physical Address (REQUIRED): _____

Mailing Address: _____

Are you currently homeless? Y___ N___ Last address: _____

Are you a resident of Dutchess County? Y___ N___ If yes, how long? _____

Date of Birth: ___/___/___ SSN: ___-___-___ Alien Reg. #: _____
Month Day Year f not a US Citizen

Marital Status: Married___ Single___ Widowed___ Separated___ Divorced___

Spouse/Partner Name: _____ Gender___ DOB___/___/___
Last First Middle Initial Day Month Year

Race (check all that apply to you): White___ Black/AA___ American Indian/Alaska Native___ Asian___
Native Hawaiian/Pacific Islander___ Other___ Ethnicity (1=Hispanic or Latino, 2=Not Hisp. or Latino):___

How long at current address: _____ Phone(s): (H) _____ (C) _____

Are your rent payments current and up to date? Y___ N___ Current rent amount: \$_____ per month

Name, address & phone # of current landlord: _____

Your current housing is: 1) House___ 2) Apartment___ 3) Mobile home___ 4) Other (specify) _____

In your opinion is your present home decent, safe and sanitary? Y___ N___ If no, explain why not: _____

Do you intend to remain in this unit if your Section 8 rental assistance is approved? Y___ N___ If no, explain why not: _____

Has any household member been the victim of Domestic Violence? Y___ N___? How long ago? _____

Do you or any member of your family claim any type of disability for purpose of qualifying for reasonable accommodation in PHA rules or policies, modification of the housing unit or specific housing needs: Y___ N___
If yes, explain: _____

List below names, addresses, and telephone numbers of two relatives or friends who generally know how to contact you:

1. Name	2. Name
Address:	Address:
Phone #:	Phone #:

Are any family members temporarily absent from your home? Y___ N___ If yes, explain: _____

List all household members who will be living in the unit:

	Member's Full Legal Name	Relationship To Head	Birth Date	Age	Gender	Social Security Number	Employed or Student	U.S. Citizen Yes/No
Head 1								
2								
3								
4								
5								
6								

If there are any additional family members, please check here _____ and attach a separate sheet of paper with the above information for each additional family member to this application

Have you or any family member ever received any type of housing assistance before now? Y _____ N _____

If yes, provide: Family member name: _____ What year? _____

Public/Assisted Housing Agency name: _____

Have you ever been evicted? Y _____ N _____ **AND/OR** Terminated from a Section 8 program? Y _____ N _____

If yes: Date of eviction and/or termination: _____ Address: _____

Public/Assisted Housing Agency name: _____

Do you currently owe money to any Public or Assisted Housing Agency? Y _____ N _____ How much? \$ _____

Name of Public/Assisted Housing Agency to whom you owe money: _____

Address: _____

Have you ever used a name other than the one you are using now? Y _____ N _____. If yes, Name _____

Explain: _____

Have you ever used a Social Security number other than the one you listed on page 1 of this form: Y _____ N _____.

If yes, what is the other number? _____

Full Time Students: List name of family member(s) who are full time students and name of their school:

Student:	School:
Student:	School:
Student:	School:

Family members who are not U.S. citizens: List name of family member and Alien Registration number

Name:	Alien #:
Name:	Alien #:
Name:	Alien #:

DRUG/CRIMINAL ACTIVITY: Federal regulations require housing agencies to question applicants and participants concerning drug-related or violent criminal activities.

Have you or anyone in your household ever been **arrested, charged, or issued an appearance ticket for any crime?** Y___N___. If yes, *date*:: _____ *Name of person(s) involved*: _____
Explain: _____

Is anyone in your household on **Probation or Parole?** Y___N___. If yes, *dates*: _____ *Name of Person on Probation/Parole*: _____ *Reason*: _____

Has anyone in your household previously been on **Probation or Parole?** Y___N___. If yes, *dates*: _____
Name of Person on Probation/Parole: _____ *Reason*: _____

Have you or any family member ever been evicted from Public/Assisted Housing for violent, criminal or drug related activity? Y___N___. If yes, provide the following information: *Reason*: _____
Date of eviction: _____ *Name of family member*: _____
Name of Public/Assisted Housing agency: _____

Have your or any family member ever been convicted of the manufacture or production of methamphetamine on the premises of Public/Assisted Housing? Y___N___. If yes, *family member name* _____
Name of Public/Assisted Housing agency: _____

Are you or any family member subject to lifetime registration as a sex offender? Y___N___. If yes, provide full name of family member: _____

Are you or any family member persons who abuse or show a pattern of abuse of alcohol? Y___N___. If yes, provide name of family member: _____

Is family member currently enrolled in a treatment program? Y___N___. If yes, *explain*: _____

ELDERLY OR DISABLED FAMILIES ONLY: Complete this section only if the Head of Household or Spouse is 62 years of age or older, or if Head or Spouse is a person with a disability. Do you have Medicare and/or any other kind of insurance? Y___N___. What is your monthly premium for each? Medicare \$_____, Other Insurance \$_____ policy #: _____ Company name: _____
Do you have outstanding medical bills? Y___N___ If yes, provide name, address, and phone number of provider: _____

INCOME INFORMATION: This part applies to ALL family members, including minors:

Current Total Household **MONTHLY** income before taxes or other deductions: \$ _____

Did any family member file a Federal Income Tax Return last year? Y___N___ (if yes, attach a copy to application)

Do any family members own a business or are self-employed? Y___N___. If yes, please provide the following
Family member name: _____ *Business name*: _____
Business address: _____

Head of Household name: _____ If there are additional sources of income, please check here _____
 and attach additional sheets of paper with the below information to this application

Family Member Name	Source of income/Employer's name	Gross amount before taxes and deductions	Frequency e.g. Weekly, bi-weekly, monthly, etc.

The following is a list of examples of income sources that can be used to complete the above table

Wages/salaries for full/part-time/seasonal work; Public Assistance (TANF); Cash payments; Contributions from organizations; Military pay/allotment; Income from rental property; Unemployment benefits; Pension and/or annuities; Workers compensation; Severance pay; Tips, bonuses, money for services; Social Security, SSI, OTDA; Alimony; Child support from recovery unit; Child support directly from absent parent; Financial assistance from family not living with you; Contributions from individuals not living in unit; Interest and dividends from any accounts; Any other source not listed.

ASSET INFORMATION: List all bank accounts and/or insurance policies for all household members:

Name of family member	Name and address of bank or insurance company	Bank account number or policy number	Type of a/c (savings, checking)	Balance and/or value

Does any family member own/have an interest in any property (real estate, mobile home, and/or land)? Y ___ N ___ If yes, list value \$ _____
 who owns the property? _____ Address of property _____

Has any family member sold/given away any property (real estate mobile home and/or land) in the last 2 years? Y ___ N ___ If yes, describe below:

Does any family member own any stocks/bonds? Y ___ N ___ If yes, current total value: \$ _____. Describe type of stocks/bonds below:

Does any family member have any savings certificates, money market funds, on-line savings a/c? Y ___ N ___ If yes, current total value: \$ _____
 Describe: _____

Does any family member have any type of retirement account (Company, IRA, Keogh)? Y ___ N ___ If yes, current total value: \$ _____
 Describe: _____

Does any family member have any inheritance, lottery winnings, or lump sum payments? Y ___ N ___ If yes, current estimated value: \$ _____
 Describe: _____

Does any family member have a trust fund and/or annuity that they receive regular payments from? Y ___ N ___ If yes, current value: \$ _____
 How often do you receive payments? (check one) Weekly ___ Monthly ___ Quarterly ___ Yearly ____ Amount of payment \$ _____

EXPENSES: Indicate the dollar amount for monthly expenditures for your family below: (Check here ___ if you have other expenses and list on separate paper)

Rent \$	Phone \$	Medical \$	Credit Card \$
Electric \$	Car payment \$	Cable/internet \$	Credit Card \$
Gas \$	Car insurance \$	Insurance \$	Loan \$
Water \$	Child Care \$	Rentals \$	Loan \$
Other (specify)			\$

Are any of the above delinquent or not paid/current? Explain:

APPLICANT/PARTICIPANT CERTIFICATION

I certify that the information given to the City of Poughkeepsie Housing Authority (PHA) on family composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that providing false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing all changes in family composition, income, assets, and expenses of any family member(s) to the City of Poughkeepsie PHA within ten (10) days of the change. I understand that all changes in family composition due to birth, adoption, or court awarded custody must be reported in writing to the City of Poughkeepsie PHA within ten (10) days of the change. I further understand that no one is permitted to move into my unit without prior written approval of the City of Poughkeepsie PHA and my landlord. I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under:

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF AGENCY OF THE UNITED STATES.

Signatures:

Head of Household: _____ Date: _____

Print Name: _____

Spouse/Partner: _____ Date: _____

Print Name: _____

Household member 18 years or over: _____ Date: _____

Print Name: _____

DO NOT WRITE IN THIS SPACE – FOR PHA ONLY:

Date Application Received: _____ Time: _____

Name of PHA Representative: _____