



# 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\*)

Rent: \$897

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

Rent: \$1039

11 Two Bedroom Apartments (2 to 4 people\*)

Rent: \$1332

\* All people must meet occupancy standards as set forth in Interfaith Towers Apartments Tenant Selection Plan.  
Above Rents effective 9/1/2025

HUD Income Limits:	Individual	\$68900
	Two People	\$78750

**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 a tax return was not 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: 1-800-908-9946 or 1-800-829-1040 or 1-800-829-0922  
[www.irs.gov](http://www.irs.gov) (click on "Order A Tax Return" and follow instructions or  
in person at your local IRS office by appointment only @ (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 DOES NOT DISCRIMINATE ON THE BASIS OF HANDICAP STATUS.  
504 Coordinator – Mary Scileppi / 66 Washington Street / Poughkeepsie, New York 12601 / (845) 452-1172

# Interfaith Towers Apartments

Sixty-Six Washington Street Inc.  
66 Washington Street, Poughkeepsie, NY 12601 - (845) 452-1172  
Application for Assisted Rental Housing

<b>OFFICE USE ONLY</b> DATE: _____ LOG#: _____
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**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, Received an Honorable Discharge, 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 \_\_\_

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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:

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Full-Time Student Status

Are you a full-time student? Yes \_\_\_ No \_\_\_

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\_\_\_\_\_  
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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

## **Summary of Civil Service Law Section 85 Definition of Veteran**

### **Eligibility**

Veterans eligible for the performance are those who:

- a) were members of the Armed Forces of the United States;
  - b) served on active duty for other than training purposes;
  - c) were discharged honorably or released under honorable circumstances;
  - d) are residents of New York State; and
  - e) have submitted valid documentation confirming their eligibility, such as Form DD214; NAVPERS-553; NAVMC78-PD.
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**THE CITY OF POUGHKEEPSIE**  
**PROJECT BASED VOUCHER APPLICATION**

OFFICE OF SECTION 8  
 ONE CIVIC CENTER PLAZA, SUITE 301  
 POUGHKEEPSIE, NY 12601  
 Phone: 845 451 4020  
 Fax: 845 451 4214

DATE: \_\_\_\_\_

COMPLETE ALL SECTIONS

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:**

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

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 your 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:

<b>Student:</b>	<b>School:</b>
<b>Student:</b>	<b>School:</b>
<b>Student:</b>	<b>School:</b>

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

<b>Name:</b>	<b>Alien #:</b>
<b>Name:</b>	<b>Alien #:</b>
<b>Name:</b>	<b>Alien #:</b>

**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 of 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: \_\_\_\_\_

The City of Poughkeepsie  
Section 8 Office

Margaret Palumbo  
COP Section 8 Administrator  
mpalumbo@cityofpoughkeepsie.com



One Civic Center Plaza, Suite 301  
Poughkeepsie, NY 12601  
TEL: (845) 451 4020 FAX: (845) 451 4214

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS #: \_\_\_\_\_

Household members: \_\_\_\_\_

**THE FOLLOWING IS A COMPLETE LIST OF ALL ASSETS HELD BY ALL MEMBERS OF MY HOUSEHOLD. I CONFIRM THAT THESE ARE THE ONLY ASSETS, AND NO ONE IN OUR HOUSEHOLD HAS DISPOSED OF ANY ASSETS WITHIN THE PAST TWO YEARS.**

House, property, land, etc: Yes \_\_\_\_\_ No \_\_\_\_\_ List all houses, properties, business holdings, and/or land owned by any household member: \_\_\_\_\_

Have you disposed of ANY assets within the last 2 years: YES \_\_\_\_\_ NO \_\_\_\_\_

Checking account(s): Yes \_\_\_\_\_ No \_\_\_\_\_ How many accounts? \_\_\_\_\_ Name of Bank(s) where accounts are opened: \_\_\_\_\_

Savings account(s): Yes \_\_\_\_\_ No \_\_\_\_\_ How many accounts? \_\_\_\_\_ Name of Bank(s) where accounts are opened: \_\_\_\_\_

Money Market account(s): Yes \_\_\_\_\_ No \_\_\_\_\_ How many accounts? \_\_\_\_\_ Name of Bank(s) where accounts are opened: \_\_\_\_\_

On-line account(s): Yes \_\_\_ No \_\_\_ How many accounts? \_\_\_\_\_ Name of Bank(s) where accounts are opened: \_\_\_\_\_

Debit card account(s): Yes \_\_\_ No \_\_\_ How many accounts? \_\_\_\_\_ Name of Bank(s) where accounts are opened: \_\_\_\_\_

Individual Retirement account(s): Yes \_\_\_ No \_\_\_ How many accounts? \_\_\_\_\_ Name of Bank(s) where accounts are opened: \_\_\_\_\_

Savings Bonds: Yes \_\_\_ No \_\_\_ How many? \_\_\_\_\_ Series number(s): \_\_\_\_\_

Annuity account(s): Yes \_\_\_ No \_\_\_ How many accounts? \_\_\_\_\_ Name of Bank(s) where accounts are opened: \_\_\_\_\_

Brokerage account(s): Yes \_\_\_ No \_\_\_ How many accounts? \_\_\_\_\_ Name of Bank(s) where accounts are opened: \_\_\_\_\_

Mutual Funds and CDs: Yes \_\_\_ No \_\_\_ How many accounts? \_\_\_\_\_ Name of Bank(s) where accounts are opened: \_\_\_\_\_

On-line stock trading account(s): Yes \_\_\_ No \_\_\_ How many accounts? \_\_\_\_\_ Name of Bank(s) where accounts are opened: \_\_\_\_\_

Do you currently have any stocks? Yes  No  List all stock holdings for each household member, when did you acquire these stocks, their current value, and their current monthly yield:

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On-line gaming account(s) that you make money from: Yes  No  How many accounts?  Name of Bank(s) where accounts are opened:

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On-line business(s) using such sites as eBay, Amazon, etc: YES  NO  Business Name(s):

Type of business:

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Have you received any inheritance in the past two years? YES  NO  Please list the gross amount of each inheritance at the time you received them, company and/or bank who issued the inheritance, when the inheritance was received, current value, current interest rate that each one earns, and how much of each inheritance you spend each month.

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Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF NEW YORK )

SS.:

COUNTY OF DUTCHESS )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_, to me known and known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

\_\_\_\_\_  
Notary Public