



**Hudson River
Housing, Inc.**

*Housing with compassion...
Development with a vision*



NOXON STREET APPLICATION

Administrative Office:
Hudson River Housing, Inc.
313 Mill Street
Poughkeepsie, NY 12601
(845) 454-5176 telephone
(845) 485-1641 fax

Official Use Only

Date _____
Time _____
Staff _____
SOR: (Circle) Yes No
Initials/Date/Time Checked: _____

HMIS: (Circle) Yes No
Initials/Date/Time Checked: _____

**9-13 Noxon Street is an SRO (Single Room Occupancy) Rooming House
for male adults age 18 and over.**

INSTRUCTIONS

1. Please complete this application as Head of Household and by printing in ink.
2. Please complete all sections. Please do not leave any section blank. For example, if a section asks for driver's license number and you do not have a driver's license, please write 'NONE' or 'N/A' (not applicable). If you need to make a correction, please put a line through the incorrect information, write the correct information above, and initial the change.
3. It is important that all information on this form be complete and accurate. False, incomplete or misleading information will cause your application to be declined.
4. After your application is received, Hudson River Housing, Inc. will make a preliminary determination of eligibility. If you are eligible for housing, your application will be placed on a Waiting List. This is not a guarantee that you will be offered a room. If later processing establishes that you are not actually eligible and/or not qualified for housing, your application may be declined at that time.
5. Hudson River Housing, Inc. will process your application according to our standard procedures which are summarized in the Resident Selection Criteria available in the Administrative Office located at 313 Mill Street, Poughkeepsie, NY 12601.
6. Once your application is deemed eligible and put on the waiting list, and for the duration that your application is on file with Hudson River Housing, Inc., please be informed that it is your responsibility to inform us any time any of your information on your application changes.

Last Name/Head of Household	First Name	Middle Initial	Gender (Must be Male)
Current Street Address	City/State/Zip	Telephone Numbers Home #: Work #: Email:	
Social Security Number:		Date of Birth:	

Is there another person we may contact, if we are unable to reach you?

Name: _____ Telephone _____

Current Landlord's Name, Address & Telephone Number	Length of Stay

RENT STRUCTURE

Below please find the rent structure. The rents are based on square footage and proximity to bathroom. Please be advised that every attempt will be made to accommodate your preference based on current availability. Rents are subject to change.

1st Floor Room #	Rent	2nd Floor Room #	Rent	3rd Floor Room #	Rent
9-1	\$ 450.00	9-3	\$ 400.00	9-6	\$ 375.00
9-2	\$ 450.00	9-4	\$ 425.00	9-7	\$ 400.00
13-1	\$ 450.00	9-5	\$ 500.00	9-8	\$ 375.00
13-2	\$ 450.00	13-3	\$ 450.00	13-6	\$ 375.00
		13-4	\$ 425.00	13-7	\$ 400.00
		13-5	\$ 500.00	13-8	\$ 375.00

RENTAL HISTORY

This must include all places where you have lived in the past four years, including places where your name did not appear on the lease and places where you used a different name.

Street Address	City	State	Zip	Dates of Residency	Landlord Name Address & Telephone

INCOME

EMPLOYMENT ONLY: List all full-time, part-time and/or seasonal employment including self-employed earnings. If you have income from "Other Sources," see next section of Rental Application.

Place of Employment	Employment Address	Employer's Telephone	Supervisor	Annual Income (Yearly Total)

INCOME FROM OTHER SOURCES

Please list all income from sources other than employment. This includes, but is not limited to; Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Alimony, Child Support, Workmen’s Compensation, etc.

Source of Income	Address of Source of Income/Contract Person and Telephone Number	Estimate of Annual Income (Yearly Total)

Automobiles and Other Vehicles:

List all motor vehicles, including motorcycles, owned or registered.

Make and Model Number	Year	License Plate Number	State	Color of Vehicle

FAIR CREDIT REPORTING ACT

This is to inform you that as part of our procedure for processing your application, an investigative report may be made whereby information is obtained through personal interviews with third parties (such as family members, business associates, financial sources, friends, neighbors or others who are acquainted with you). This inquiry includes information as to your character, general reputation, personal characteristics, mode of living, income and credit background and also police records. All information you or others give us will be held in strict confidence. We do not discriminate on the basis of race, religion, national origin, color, creed, age, sex, handicap, familial status, marital status, sexual orientation or lawful source of income. Please be advised that any information given to this office that is falsified in any will automatically result in the denial of your application.

Is the applicant a registered sex-offender or been convicted of a sexual crime? ___Yes ___No

If yes, please indicate level and date(s) of conviction:

Do you smoke? ___Yes ___No

FAIR HOUSING INFORMATION

Federal and state laws prohibit acts of housing discrimination including:

- ❖ Refusals to provide housing because of an applicant's race, color, creed, religion, national origin, sex, marital status, disability, age, familial status, sexual orientation or lawful source of income;
- ❖ Providing housing on an unequal basis;
- ❖ Segregating occupants;
- ❖ Claiming housing is unavailable when, in fact, it is available;
- ❖ Rejecting a disabled applicant because he/she uses a service animal; and
- ❖ Refusing to make reasonable accommodations in rules, policies and procedures which would allow occupancy by persons with disabilities.

If you believe you may have been a victim of housing discrimination, immediately contact the following agency:

U.S. Department of Housing and Urban Development 1-800-669-9777 (toll free)
Assistant Secretary for Fair Housing and Equal Opportunity 1-800-927-9275 (TDD)
Washington, DC 20410

STATEMENTS BY APPLICANT

1. I certify that all information given in this application and any addenda thereto is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Hudson River Housing, Inc. may decline my application or, if move-in has occurred, terminate my Rental Agreement or Lease.
2. I authorize Hudson River Housing, Inc. or its agents to make any and all inquiries to verify this information, either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, State or local agencies.
3. I authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.
4. I understand that this property limits the number of occupants to one person per room.
5. I certify that I have read and understand everything contained in this application, and have been informed of my right to fair housing.

Applicant Signature

Date

"Please be informed that the agency or employee of the agency may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the verification forms is restricted to the purposes cited thereon. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of the agency responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f), (g) and (h). Violation of these provisions is cited as violations of 42 U.S.C. 408 f, g and h."

HUDSON RIVER HOUSING, INC. VERIFICATIONS

The following information should be submitted with your application. This information must be submitted in full before you will be scheduled for an initial interview.

1. **Verification of homelessness (see definition below).** If you are currently homeless you may be eligible for case management services under one of our program contracts. Please complete the **Affidavit of Proof of Homelessness form** attached if you are homeless.

The U.S. Department of Housing and Urban Development requires that Hudson River Housing, Inc. (HRH) maintains adequate documentation on the eligibility of persons to be served by HUD homeless assistance programs. Below is guidance on the documentation required. **Definitions of Homelessness are outlined below:**

- ❖ **For persons coming from the streets** (i.e. living or sleeping in the streets, or a park, or an abandoned building): Applicant will verify the type of living conditions. Names of organizations or outreach workers who have assisted the individual in the past, and the names and addresses of friends or relatives will be indicated. Applicant will indicate whether they receive any general assistance checks and the address where the checks are delivered.
 - ❖ **If the type of living conditions cannot be verified, applicant will prepare a short statement about their previous living place, and applicant will sign and date the statement.**
 - ❖ **For persons coming from an emergency shelter:** The shelter staff must submit written verification that the individual lives there.
 - ❖ **For persons referred by a referral agency (e.g. social services agency):** The referring organization's staff must submit written verification as to where the persons have most recently been living.
 - ❖ **Persons coming from transitional housing for homeless persons:** The facility's staff must submit written verification that the person lived on the streets or in an emergency shelter prior to living in the transitional facility.
 - ❖ **For persons at risk of becoming homeless because they face immediate eviction and do not have sufficient resources to find replacement housing:** Evidence of eviction proceedings, and information regarding the income of the persons must be submitted.
 - ❖ **For persons at risk of homelessness because they are about to be released from an institution (e.g. psychiatric, criminal justice, hospitals, substance abuse rehabilitation) with no subsequent residence identified, and no resources or support network necessary to obtain housing:**
 - ❖ Submit evidence regarding income, and
 - ❖ Documentation of attempts made by the individual and/or institution to identify other housing and/or support network such as family, friends, religious and social groups, and similar organizations.
2. **Proof of Identification** – Please provide the following:
- ❖ Birth Certificate, Social Security Card and Picture ID
3. **Proof of Income/Assets.** Please provide everything that applies to you:
- ❖ Last Year Tax Returns and W-2 Forms;
 - ❖ Last Three Year Tax Returns if Self-Employed;
 - ❖ Employer letter or last six (6) current consecutive pay stubs;
 - ❖ Any other Income Documentation (SSI, SSA or SSD: A printout from Social Security Administration showing the TOTAL amount you will receive PER MONTH; Unemployment Benefits: If receiving Unemployment, please bring the AWARD LETTER showing the amount you will receive PER WEEK from the Employment Development, child support, etc.)

- ❖ Budget letter (If received AFDC): A printout from the Department of Social Services showing income you received.
- ❖ Verification of income from any other sources must show monthly or weekly amounts received.
- ❖ Last six (6) month's bank statements – All pages (checking account);
- ❖ Bank Books or last month's statement for Savings, CD, Stocks, Bonds, Equity in real property;

4. **Rental History**

- ❖ Current Lease (If no lease letter from landlord indicating your status in their property);
- ❖ **CURRENT** rent receipts for the past six (6) months or Cancelled Checks, if living with someone we will give a rent verification form.
- ❖ Last two (2) Telephone and/or Con Edison Bills;
- ❖ Name, address and telephone number of your landlords for the past three years.
- ❖ A printout of your utilities from gas and lighting company for the past 12 months. PER MONTH for the past year.
- ❖ **You must have your current Landlord complete the attached *Verification of Rental History* form. Please sign it, date it and have you landlord complete it. Please bring this form completed to your appointment.**

5. **Vehicle Information**-if this applies to you:

- ❖ Vehicle registration for all vehicles owned and/or that you use.

On behalf of Hudson River Housing, Inc., the Property Manager of Noxon Street would like to thank you for submitting your application and accompanying documentation to determine your eligibility for a room 9-13 Noxon Street located in the City of Poughkeepsie, NY.

If you have any questions, or are having difficulty submitting the documentation, please contact the Property Manager as soon as possible. The Property Manager will be contacting you to review your application and/or schedule an initial interview in order to determine your eligibility for a room at Noxon Street.

The Property Manager can be reached at (845) 454-5176.

Sincerely,

Property Manager
Hudson River Housing, Inc.

**Hudson River Housing, Inc.
9-13 Noxon Street SRO Rooming House
Affidavit for Proof of Homelessness**

Applicants are required to verify that they are homeless, and have no place to reside in order to be eligible for participation in the Noxon Street program. Please fill out this form and return it with your application. If the application is being submitted by an agency, please indicate below. Self-referrals can have a witness who is able to confirm homeless status sign with them.

I, _____, verify that I am homeless due the following reason(s), and that I have no other residence.

Applicant

Witness (or referral source)

Date

Date

Agency

EFFECTIVE DATE: _____

VERIFICATION OF RENTAL HISTORY

Name and Address of Landlord: _____

Re: _____
Applicant/Tenant Name Social Security Number

Applicant/Tenant Address City, State Zip Code

The individual named above is an applicant for a unit at Hudson River Housing, Inc. As part of the process, the applicant is required to verify the information stated below. Your prompt response is greatly appreciated.

Please do not hesitate to contact me if I can be of assistance in this matter. Thank you.

Christine Robb
Property Manager

845-454-5176
Telephone Number

TO BE COMPLETED BY THE APPLICANT:

AUTHORIZATION:

I hereby authorize release of the information requested on this verification form.

_____/_____/_____
Date

Signature (Applicant/Tenant)

TO BE COMPLETED BY LANDLORD:

1. Dates Applicant/Tenant resided in your apartment: From ____/____/____ to ____/____/____
2. Did Applicant/Tenant pay rent on time? _____
3. Was the apartment maintained in an acceptable condition? _____
4. Was the Applicant/Tenant disruptive? _____
5. Did the Applicant/Tenant comply with lease regulations? _____
6. Did the Applicant/Tenant cause any damage to the apartment? _____
7. Would you rent to the Applicant/Tenant again? _____

I certify the above information to be true and correct.

Name and Title of Landlord

Signature

Date

(____)_____
Phone