

Prestige Management Inc.
Management Agent
23 Park Avenue Yonkers, NY 10703
Phone: 914-226-8181 Fax: (914) 266-8184

<u>Agency Use Only</u>
Date Received _____
Application # _____
Approved YES _____ NO _____

Ashbourne, LLC – Application for Senior Housing

<p>1) <u>LAST NAME</u> of Applicant:</p> <p>_____</p> <p><u>FIRST NAME</u> of Applicant:</p> <p>_____</p> <p><u>Name of Spouse:</u></p> <p>_____</p>				
<p>2) <u>HOME ADDRESS:</u></p> <p>_____</p> <p>_____</p> <p><u>Apt. or Rm.#:</u></p> <p>_____</p> <p><u>City, State :</u></p> <p>_____</p> <p><u>Zip Code:</u></p> <p>_____</p>				
<p><u>Home Tel #:</u> () _____ <u>Work Tel#:</u> () _____</p> <p>_____</p> <p><u>Mailing name & address, if different from above:</u></p> <p>_____</p>				
<p>3) <u>FAMILY INFORMATION:</u> List ALL information for ALL persons who will live with you in order of age (oldest to youngest). Applicant must be at least 62 years old.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">Birth</td> <td style="width: 25%;"></td> </tr> </table>			Birth	
		Birth		

FULL NAME	Relation	Date	M/F	Employed Y/N	School Y/N	Social Security # for ALL School /Grade for Children
1.						
2.						
3.						
4.						

4) Do you have any pets? _____ Yes _____ No If yes, how many?

Specify: Dogs _____ Cats _____ Other _____

Is this a licensed/certified service animal _____ Yes _____ No

5) Total Number of people who will live in apartment: _____

5a) Bedroom size needed? _____

6) Are there any persons who will live with you who are **not** living with you now?
 _____ Yes _____ No If yes, fill in details below:

FULL NAME	Relation & Date of Birth	M/F	Employed Y/N	School Y/N	Social Security	Where Now living?(address)
1.						
2.						
3.						
4.						

5.						

7) CURRENT LIVING CONDITION:

Where are you living (check box)?

Describe:

Have own apt. in building with:
 6 or more apartments []
 3 to 5 apartments []
 1 or 2 family house []

Live in:
 Furnished room []
 Hotel/Shelter []
 Emergency Housing []
 Someone else's apt. []
 Monthly rent: \$ _____.

Total # rms. _____
of bedrooms _____
of people _____

Your rent includes:

Gas: Yes [] No [] Heat: Yes [] No []
 Electricity: Yes [] No [] Hot Water: Yes [] No []

8) Present Housing Conditions:

Do you live in a Housing Authority, rent-subsidized, or Section 8 apartment at present? Yes [] No []

9) Do you currently have a Section 8 Voucher or Certificate? Yes _____ No _____

9a) If yes, bedroom size and rent amount approved: BR Size _____ \$ _____

10) Does anyone on this application have any Special Needs or require special accommodations due to disability? Yes _____ No _____
If YES, please describe:

10a) Do you or any other members of your household require the use of:
 Wheelchair [] permanent crutches/walker [] handicapped access []

10b) Does any member of your household have a heart condition or any other special medical problem or needs? Please describe:

11) Why do you need other housing?

12) **PRIOR HOUSING:** List in order all your address for the last three years:

Dates _____ Monthly _____ Hotel _____
 Own _____
 Emergency Share Rooming _____
 Other _____

Address	City	To/From	Rent	Shelter	Apt.	Housing	Apt.	House
1.			\$					
2.			\$					
3.			\$					

For addresses listed in 1-3 above, supply the following information:

LANDLORD INFORMATION

Name:

Address:

Telephone #:

1.		
2.		
3.		

NOTE: If you leave the area below blank, your application will be rejected as INCOMPLETE.

13) EMPLOYMENT INFORMATION:

List all jobs held by you or any member of the household over the past two years.

Person Working	Employer	Employer Address	Employer Tel. #	Dates Employed (From/To)	Yearly income (before taxes)	Rate of Pay & # Hours worked
					\$	\$ ____ per hour # ____ hours/week
					\$	\$ ____ per hour # ____ hours/week

14) INCOME FROM OTHER SOURCES:

Examples: Welfare, Social Security, SSI, Veteran's benefits, family contributions, Child Support, Unemployment, Disability, Pension or any other income *other than* employment.

Also list any guaranteed income or rental assistance to be paid by a family member.

Name of Person Receiving Income	Source of Income	District Office Address	Caseworker Name & Telephone	Amount (per day/month or year)
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			Mr./Ms. _____ () ____-	\$
			Mr./Ms. _____ () ____-	\$
				\$
				\$

15) **ASSETS**

Bank Accounts: Checking, Savings, Credit Union, 401k, CD, Money Market, etc.

Name of Person (with account)	Type of Account	Bank Name	Address	Current Balance
				\$
				\$
				\$
				\$
				\$
				\$
				\$

16) Does anyone on this application have a **DRIVER'S LICENSE**? If yes, fill in information below.

Full Name	License Number	State Issued By:

17) Does anyone in the household have a **MOTOR VEHICLE**? If yes, fill in information below:

Full Name	Make	Model	Year	Plate #	Color	State Issued By

18) **REFERENCES**

Full Name	Telephone #	Address	Relationship

19) **EMERGENCY CONTACTS** (Next of kin, friends)

Full Name	Telephone #	Address	Relationship

APPLICANT'S DECLARATION

I declare that all statements contained in this application are true and correct and that I have not knowingly or willfully made false statement, given false information or omitted information in connection with this application. I understand that willful false statements or misrepresentation are a basis for rejection of this application.

I hereby authorize **Prestige Management Inc.**, it's representatives and any consumer or credit reporting agency/bureau to conduct an investigation of character, mode of living, general reputation, credit and financial responsibility – including any past or present housing court actions (including but not limited to eviction and non-payment cases) - and accuracy of the contents of this application. I also authorize credit or consumer bureaus to make a consumer or credit report in connection therewith. I understand that such an investigation may include contacting my personal, financial or housing references as well as a visit to my current residence.

SIGNATURES (Application not valid without all signatures):

Signing below indicates that you have read, understand and agree with the above declaration.

Date: _____ Applicant: _____

Co-Applicant/Spouse: _____

Other applicant age 18 and older _____

*****DOCUMENTS REQUIRED with Application*****

- **Current proof of ALL sources of income sources** (four most current pay stubs, job letter, DSS budget sheet, SS/SSI award letter, child support stubs, pension, unemployment, etc.)
- **Birth Certificates and SS Cards** for ALL applicants
- Copy of Section 8 Certificate/Voucher – if applicable
- **A Certified letter of Guarantee** is required if, as noted above in **item #14** , additional income or rental assistance is being provided by a non-governmental source (for example, a family member).

Please keep in mind that viewing a unit is part of the screening process, it does not guarantee you the unit.

ADDITIONAL INFORMATION

You may provide any additional information or explanations in the space below that you think are relevant to your application for housing:

HOW DID YOU HEAR ABOUT US?

- Local Newspaper** (Journal News, PennySaver)
- Church/Agency/Organization:** _____
- Village of Pleasantville Senior Center**

Word of Mouth

Other: _____

