



Vincent's Village  
Application

(845) 507-0049

[vincents@thorpevillage.org](mailto:vincents@thorpevillage.org)

<https://schdcorp.org/development/vincents-village/>

**Mail application by regular mail to:  
Vincent's Village, 160 Convent Road, Nanuet, NY 10954**

**HEAD OF HOUSEHOLD:** Please print legibly

Last Name:		First Name:	
Address, City, State & Zip Code			
Email Address:	Home Phone #	Mobile Phone #	Work Phone #:
Date of Birth:	Does anyone in the household qualify as disabled: (Yes or No)	Does the household require an accessible unit: (Yes or No)	Are any of the household members full time students: (Yes or No)

BEDROOM SIZE: \_\_\_\_ 1 Bedroom \_\_\_\_ 2 Bedroom

**OTHER HOUSEHOLD MEMBER(S):** List all persons who will be living in the unit

Last Name	First Name	Relationship to Head of Household	Date of Birth	Age	Sex

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### APPLICANT SUBSIDY:

Are you subsidized through Section 8 or a similar rental subsidy program? \_\_\_ Yes \_\_\_ No

Please Explain: \_\_\_\_\_

If Yes, is your voucher in your name & transferrable? \_\_\_ Yes \_\_\_ No

### INCOME & ASSET INFORMATION:

Please answer each of the following questions. For each **YES**, provide details in the charts below. Does any member of your household?

<input type="radio"/>	Yes	<input type="radio"/>	No	Work full-time, part-time or seasonally?
<input type="radio"/>	Yes	<input type="radio"/>	No	Expect to work for any period during the next year?
<input type="radio"/>	Yes	<input type="radio"/>	No	Work for someone who pays them cash?
<input type="radio"/>	Yes	<input type="radio"/>	No	Expect a leave of absence from work due to layoff, medical, maternity or military leave?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive unemployment benefits?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive child support?
<input type="radio"/>	Yes	<input type="radio"/>	No	Have an entitlement to child support that he/she is not now receiving?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive alimony?
<input type="radio"/>	Yes	<input type="radio"/>	No	Have an entitlement to alimony that he/she is not now receiving?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive alimony that is not currently being received?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive public assistance? (Welfare, TANF, General Assistance, etc.)?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive Social Security, State Supplemental Income or disability benefits?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive income from a Pension or Annuity?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
<input type="radio"/>	Yes	<input type="radio"/>	No	Receive income from assets including interest on checking or savings accounts; interest or dividends from CDs, stocks or bonds; or income from rental property?
<input type="radio"/>	Yes	<input type="radio"/>	No	Own real estate or any assets for which you receive no income (checking account, cash)?
<input type="radio"/>	Yes	<input type="radio"/>	No	Have you sold or given away real property or other assets (including cash) in the past two years for less than fair market value?

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Name:	Source/Type of Income	Gross Annual Income

**ASSETS:**

List all Checking, Savings, CDs, IRAs, Keogh, Retirement accounts, Mutual Funds, Stocks, Bonds, Life Insurance policies, Annuities, Trusts, Real Estate and any other asset held by all household members:

Name:	Bank Name:	Type of Account:	Account #:	Balance:

**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:

Is expected to be a long-continued and indefinite duration

Sustainably impeded his or her ability to live independently, and

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 the definition described above?     Yes     No

Do you require a Reasonable Accommodation?     Yes     No

If Yes, please explain:

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**LANDLORD INFORMATION:**

How long have you lived at your current residence? \_\_\_\_\_

Please provide current landlord information, and if less than 5 years, previous landlord(s) name and contact information:

Name:	Best Phone #:	Email Address:

**ADMISSION PREFERENCE:**

\_\_\_\_\_ You or a member of the household is a Veteran or their surviving spouses, who served on active duty in time of war, as defined in Section 85 of the Civil Service Law, and reside in New York state.

\_\_\_\_\_ Resident of Clarkstown. We will require a utility bill to verify residency at the initial interview.

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE. **WARNING:** WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please note: Unsigned applications will be returned to the applicant and will need to be returned to us within 7 business days to be considered an active applicant.*