



Thorpe Village

6 Thorpe Drive, Sparkill, NY 10976 (845) 359-0454

Thank you for your interest in Thorpe Village. The Preliminary Application you requested is enclosed as well as Background Forms and a Supplement Form. A Background Form must be completed for any person(s) named on the application. The completed Application and required Forms must be returned to us.

Please note that applicants must be at least 62 years of age. In a two-person household, at least one person must be 62. Handicapped or disabled persons who can benefit from an apartment specifically designed for the mobility impaired are also eligible to apply.

Eligibility for admission will be based on Federal Section 8 guidelines.

After your Preliminary Application is reviewed, you will be notified whether you appear to meet the occupancy requirements for a subsidized apartment at Thorpe Village. Final determination of your eligibility will be made closer to the time an apartment will be available. You will be called in for an interview and the information you provided will be updated and subject to third party verification. A credit and criminal check will be conducted. You may anticipate a wait of at least 18 months before an apartment will be available.

Please be sure to answer all questions on the application and sign it. Incomplete applications will not be processed. *A Criminal & Sex Offender Background Information* form is enclosed and must be filled out for any person(s) named on the application and returned with your application. **All applications must be returned by regular mail only to the address listed below. Hand delivered applications will not be accepted at the Thorpe Village office.**

Mail Applications to: Thorpe Village
6 Thorpe Dr.
Sparkill, NY 10976

Thorpe Village is a smoke-free campus. Smoking is prohibited in apartments and all common areas of the complex, including outdoor sitting areas and walking paths. Please consider this when deciding to apply for admission.

Thorpe Village does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Thorpe Village will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years? yes no
 2. Do you currently use illegal drugs or abuse alcohol? yes no
 3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? yes no
 4. Have you been convicted of any drug related crime within the past five years? yes no
 5. Have you been convicted of any felony within the past five years? yes no
 6. Have you been convicted of any crime involving fraud or dishonesty with the past five years? yes no
 7. Have you been convicted of any crime involving violence within the past five years? yes no
 8. Are you currently charged with any of the above criminal activities? yes no
 9. Please list all states in which you have lived or have held licenses to drive (include all driver's license #s)
-
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10. Have you ever been known or used any other name? yes no
-

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Thorpe Village to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Thorpe Village or to any agency contracted by Thorpe Village to conduct criminal background checks. This authorization or a photocopy of the authorization shall be valid as the original and no restrictions shall be placed upon this authorization by virtue of the date of this authorization.

Applicant's Signature _____ Date _____

Applicant's Name (Please print) _____

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Supplemental and Optional 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.

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) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<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	
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<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.											

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

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.