

TRIP REALTY MANAGEMENT CORPORATION

415 River Street, 3rd Floor
Troy, NY 12180
p. (518)272-8289
f. (518)272-1950

Application Instructions

Please make sure that all steps are completed.

****Applications will not be accepted if the required documentation is not returned with the application.****

STEP 1

POSITIVE ID:

All applicants/occupants must provide a Social Security Card and Birth Certificate; and all person (s) 18 years of age or older must present a valid photo identification:

- A Driver License
- A non-driver license picture ID or, a government issued passport
- A benefit card from DSS with your picture on it

STEP 2

PROOF OF ALL HOUSEHOLD INCOME:

- Last 6 Consecutive pay stubs from your employer
- SSI / SSD / SSP Award Letter
- DSS Budget Sheet
- Child Support Verification: Order of Support and/or support payment history
- Bank statements (last six (6) consecutive months for checking. Current month for saving)

STEP 3

COMPLETED APPLICATION AND SIGNATURE

- All questions must be answered completely and legibly.
- If the question does not apply, please indicate N/A.
- Criminal/Credit Background Release Form **must** be filled out and signed by all household members 18 years of age or older.
- **If you are a first-time renter you must provide:** Two personal references from school, job supervisor or civic organization. References must be on letterhead and from someone known for a minimum of one year plus a positive home visit. We do not accept references from friends or family members. (HOME program excluded).

APPLICATION PROCESS

COMPLETE AND SUBMIT THE APPLICATION

- All applicants are subject to background checks such as: credit history, criminal history, sex offender and rental history.
- If you are applying for a property with a waiting list: as long as your application is completely, legible filled in and submitted with the aforementioned required documentation it will be accepted and placed on the waiting list in the order of receipt. Within 2-3 days a letter will be sent to the address on the application confirming and placement on the waiting the list. When your application reaches the top of the list you will be contacted by a member of the TRIP team to facilitate the additional processing steps. Please be aware that failure to provide missing documentation, update new phone numbers and addresses shall result in a withdrawal of your application. Please update any changes to your contact information at all times during while on the waiting list.
- Waiting list are not applicable for conventional sites.

WAIT LISTS

Waitlist time frame will vary and is not a guarantee of approval to a program. Applicants may request to be placed on multiple wait lists. A waiting list is not applicable for Market Rent (Conventional) properties

FALSE MISREPRESENTATION

PLEASE READ THE FOLLOWING:

False information provided on an application shall be grounds for denial.

If you do not understand a question, please contact a member of our staff at (518)272-8289 option 1, prior to submitting your application.

RENTAL PROGRAMS

Market Rent Housing Program: (Conventional)

This program is for people who can afford a typical market rate rental. The rents are based on the current market values for each bedroom size and square footage. Housing Choice Vouchers (Section 8) are acceptable and annual lease renewals are applicable.

Affordable Housing Program: (TAP)

This program is for people who cannot afford a market rate rental. The rents are slightly lower than market rate. Housing Choice Vouchers (Section 8) are acceptable and annual lease renewals are applicable. This program is supported by a grant from New York State Housing Trust Fund Corporation.

Income Restrictive Housing: (HOME)

This program is for people who cannot afford a typical market rate rental. This program is income specific and your income must meet but not exceed the eligibility guidelines. You must also qualify for the number of people on the application to the appropriate size of the unit. Example: To rent a 2-bedroom apartment you are required to have at least 2 people in the household. Housing Choice Vouchers (Section 8) are acceptable and annual lease renewals are applicable.

Subsidized Housing Program: (Subsidy-Section 8)

This program is for people who need assistance above and beyond the Affordable, Market or Restrictive Housing Programs. You may qualify if you receive financial support in various ways: Public Assistance (TANF), Supplemental Social Security Income, or receive low to moderate employment earnings, etc. Income changes of \$200 more or less a month must immediately be reported so changes can be made to the tenant portion of rent. Annual and interim recertifications are applicable.

- Conventional
- Subsidy
- TAP
- HOME Funding
- Tax Credit

RENTAL APPLICATION

TRIP Realty Management Corp., 415 River Street, 3rd Floor, Troy, NY 12180
 Phone: (518) 272-8289 Option #1 / Fax: (518) 272-1950

Trip Rep: _____

Date: _____

Time: _____

APPLICANT/HEAD OF HOUSEHOLD

FULL NAME FIRST	M.I.	LAST	RELATION TO HOH	SEX: M/F	DATE OF BIRTH	SOCIAL SECURITY #
			HOH			
CITIZENSHIP STATUS (check one) <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> ELIGIBLE NON-CITIZEN <input type="checkbox"/> INELIGIBLE NON-CITIZEN						
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> LIVING TOGETHER						
ARE YOU A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU ELIGIBLE FOR HOUSING BASED ON A DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

****List all current and previous states in which the head of household had resided below****

CURRENT ADDRESS:

CITY:	STATE/ZIP:			
HOME PHONE:	CELL PHONE:	EMAIL:		
PRESENT LANDLORD:	DATE FROM: / /	PHONE # OF LANDLORD ()		
CURRENT RENT AMOUNT: \$	DOES RENT INCLUDE UTILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYER NAME:	SUPERVISOR'S NAME:			
CITY:	STATE:	ZIP CODE:	HOW LONG?	PHONE # ()
GROSS SALARY/WAGES: \$ <input type="checkbox"/> PER HOUR <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY				

SPOUSE OR CO-APPLICANT

FULL NAME FIRST	M.I.	LAST	RELATION TO HOH	SEX: M/F	DATE OF BIRTH	SOCIAL SECURITY #
CITIZENSHIP STATUS (check one) <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> ELIGIBLE NON-CITIZEN <input type="checkbox"/> INELIGIBLE NON-CITIZEN						
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> LIVING TOGETHER						
ARE YOU A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU ELIGIBLE FOR HOUSING BASED ON A DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

****List current and previous states in which applicants and other household members have resided below****

CURRENT ADDRESS:

CITY:	STATE/ZIP:
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HOME PHONE:	CELL PHONE:	EMAIL:
PRESENT LANDLORD:	DATE FROM: / /	PHONE # OF LANDLORD ()
CURRENT RENT AMOUNT: \$	DOES RENT INCLUDE UTILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER NAME:	SUPERVISOR'S NAME:	
CITY:	STATE:	ZIP CODE:
GROSS SALARY/WAGES: \$		HOW LONG?
		PHONE # ()
		<input type="checkbox"/> PER HOUR <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY

OTHERS TO RESIDE IN THE APARTMENT (please list any unborn children)

FULL NAME			RELATION	SEX:	DATE OF	SOCIAL SECURITY #
FIRST	M.I.	LAST	TO HEAD	M/F	BIRTH	

OCCUPANCY POLICY

TRIP REALTY MANAGEMENT CORP. FOLLOWS A POLICY TO PERMIT NO MORE THAN TWO (2) PEOPLE PER ONE BEDROOM FOR EACH UNIT AND SUBJECT TO ANY FURTHER RESTRICTION IMPOSED BY LOCAL ORDINANCE. THIS POLICY IS SOLELY FOR SELECTING THE APPROPRIATE SIZED UNIT FOR YOUR HOUSEHOLD NEED AND IS NOT A RESTRICTION ON THE MANNER IN WHICH PERSONS ARE HOUSED.

BEDROOM RATIO: NUMBER OF PERSONS ALLOWABLE PER BEDROOM		
NUMBER OF BEDROOMS	MINIMUM NUMBER OF HOUSEHLOD MEMBERS	MAXIMUM NUMBER OF HOUSEHOLD MEMBERS
1	1	2
2	2	4
3	3	6
4	4	8

NUMBER OF BEDROOMS NEEDED (<i>list below</i>)	CHECK SPECIAL FEATURES NEEDED BY HOUSEHOLD
	<input type="checkbox"/> MOBILITY ACCESSIBLE
	<input type="checkbox"/> HEARING ACCESSIBLE
	<input type="checkbox"/> VISUAL ACCESSIBLE
	<input type="checkbox"/> OTHE ACCESSIBLE FEATURES

**RACE
&
ETHNICITY
(OPTIONAL)**

HISPANIC OR LATINO
 NON HISPANIC OR LATINO
****INFORMATION IS VOLUNATRY. YOU ARE NOT OBLIGATED TO DISCLOSE RACE & ETHNIC INFORMATION****

AMERICAN INDIAN/ALASKAN NATIVE
 ASIAN
 WHITE
 BLACK OR AFRICAN AMERICAN
 NATIVE HAWAIIAN/PACIFIC ISLANDER
 OTHER
 I CHOOSE NOT TO DISCLOSE RACE & ETHNIC DATA

HOUSEHOLD INCOME

DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD RECEIVE ANY OF THE FOLLOWING?
PLEASE ANSWER YES OR NO TO ALL QUESTIONS BELOW AND PROVIDE \$\$ AMOUNT FOR THE ITEMS CHECKED YES. DO NOT LEAVE ANY QUESTIONS BLANK.

EMPLOYMENT INCOME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	MONTHLY AMOUNT:	\$
PUBLIC ASSISTANCE/WELFARE/ TANF	<input type="checkbox"/> YES	<input type="checkbox"/> NO	MONTHLY AMOUNT:	\$
SOCIAL SECURITY/ SSI/ SSD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	MONTHLY AMOUNT:	\$
CHILD SUPPORT/ ALIMONY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	MONTHLY AMOUNT:	\$
UNEMPLOYMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	MONTHLY AMOUNT:	\$
MILITARY ALLOWANCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	MONTHLY AMOUNT:	\$
LOTTERY WINNINGS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	MONTHLY AMOUNT:	\$
INSURANCE SETTLEMENT/ WORKERS COMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	MONTHLY AMOUNT:	\$
OTHER INCOME NOT REPORTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	MONTHLY AMOUNT:	\$
SAVINGS ACCOUNT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	AMOUNT:	\$
CHECKING ACCOUNT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	AMOUNT:	\$
DISPOSED OF ANY ASSET FOR LESS THAN FAIR MARKET VALUE IN THE PAST 2 YEARS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	AMOUNT:	\$

LANDLORD REFERENCES: Applicant must list previous landlords name, contact addresses, dates resided, rents paid for the last 5 years

LANDLORD(S) NAME & PHONE #	RENTAL ADDRESS, CITY, STATE ZIP	MONTH/YEAR	RENT/AMOUNT
1.			
2.			
3.			

Have you ever rented an apartment before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever applied/rented from TRIP before? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been evicted or are currently under eviction? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you owe any previous landlord money or currently have an outstanding balance? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a Section 8 Housing Choice Voucher? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you agree to a home interview/inspection from staff? <input type="checkbox"/> YES <input type="checkbox"/> NO

CRIMINAL HISTORY: answer all questions do not leave any blanks

	YES	NO
Have you committed a fraud in any federally subsidized housing program?		
Have you or a household member been arrested, charged or convicted of a violent crime in the last 10 years?		
Have you or a household member been arrested, charged or convicted of a drug related crime in the last 10 years?		
Are you or a household member subject to state or national lifetime sex offender registration in any state?		

UTILITY SERVICE PROVIDERS

	YES	NO
Do you have any current outstanding balances owed to any utility service provider?		
Are you able to establish utilities in your name if you are approved PRIOR to moving into a rental unit?		

OTHER INFORMATION

	YES	NO
Are you being displaced from your home by a government declared disaster or private action?		
Do you have any pets?		
Where you receiving HUD rental assistance at another location on January 31, 2010 (for applicants who were age 62 or older as of 1/31/2010)		
Why are you moving?		
How did you hear about TRIP rental opportunities?		



APPLICANT CERTIFICATION OF INFORMATION & STATEMENT OF UNDERSTANDING

Providing True and Complete Information

- I/We certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I/We have reviewed the application form and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

- I/We know I/We am/are required to report immediately in writing any changes in income/assets and any changes in the household size, while waiting on the wait list and prior to moving in.

Reporting on Prior Housing Assistance

- I/We certify that I/We have disclosed where I/We received any previous Federal Housing assistance and whether any money is owed. I/We certify that for this previous assistance I/We did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence of Assistance

- I/We certify that the apartment will be my principal residence and that I/We will not obtain duplicate Federal housing assistance while I/We am/are in this current program. I/We will not live anywhere else without notifying management immediately in writing. I/We will not sublease my assisted residence.

Criminal Background and Termination of Housing Assistance for False Information

- I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy. I understand that TRIP Realty Management Corporation has a Zero Tolerance Sex Offender Policy and does not house anyone registered under any state or national sexual offender database.

Social Security Number Disclosure

- I/We understand that all members of a household do not need to disclose or provide verification of SSN at time of application and for placement on the wait list. However, applicants must disclose and provide verification of a SSN for all non-exempt household members before they can be housed. Applicants who do not disclose verification of a SSN for all household members 90 days from the date they are offered a unit will be determined ineligible and removed from the wait list.

I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law and are reason for rejection of my/our application. I/We certify and understand that if selected to move into this community/program, the above information will be collected to determine my/our eligibility for rental assistance. I/we certify and understand the owner will verify all information provided on this application, contact previous or current landlords if applicable, verify sources for credit, criminal and sexual offender verification information which may be released to appropriate Federal, State, or Local agencies that subsidize or fund this housing program.

Signature of Head:	Date:
Signature of Co-Head:	Date
Signature:	Date:
Signature:	Date:

PENALTIES FOR MISUSE OF THIS CONSENT: Title 18, section 10001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or employee of HUD or the owner) 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 this verification form is restricted to the purpose cited above. Any person, who knowingly or willingly 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 HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act 208 (a) (6) (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6) (7) and (8).



AUTHORIZATION OF RELEASE CREDIT/ CRIMINAL/ SEXUAL OFFENDER SCREENING

PURPOSE:

Screening of credit, criminal and sexual offender registry is used to administer and enforce the tenant selection plan, regulations governing federally subsidized housing, and rules related to the rental of property owned/managed by TRIP Realty Management Corporation. It is a standard procedure required of all adult household members 18 years and/or older.

INQUIRIES:

Background screening will include all the following methods:

Credit: All three (3) major credit bureaus: Trans Union, Equifax, and Experian

Criminal: Using Multi-State, Statewide, County, and Public records

Sexual Offender: National Sex Offender Registries with US Department of Justice's Dru Sjodin website

ELECTRONIC SCREENING NOTICE:

Electronic screening will be conducted by Real Page the authorized agents for applicant screening contracted by TRIP Realty Management Corporation.

- REAL PAGE, INC.: 4000 International Parkway, Carlton, TX 75007 at (866) 934-1124 or <http://www.realpage.com/consumer-dispute> or Equifax, P.O. Box 105873, Atlanta, GA 30348 at (800) 685-1111 for a free consumer/credit report.

AUTHORIZATION & CONDITIONS:

My signature below authorizes TRIP Realty Management Corporation and/or its agent permission to obtain full disclosure of my credit history and criminal history. I also give permission to obtain and verify my criminal history from any public records and sexual offender databases. I understand the information obtained within my credit and criminal reports will be subject to policies related to the rental of property and may be subject to approval/denial of admission as outlined in the managements' tenant selection plan.

I hereby acknowledge this consent is effective for (1) one year from the date of my signature below. I understand that if after 120 days (4 months) I am not housed; TRIP Realty Management Corporation has permission to conduct a secondary credit/criminal background check to obtain more current and up to date information prior to my move in. If I am not housed within (1) one year at which time this consent expires, I will be obligated to sign a new consent.

APPLICANT INFORMATION

First Name:	Last Name:	Maiden Name:
Social Security #:	D.O.B.	Driver's License #:
Current Address:	Previous Address:	Previous Address:

Note: TRMC strictly upholds a zero-tolerance policy for sexual offenders. Every Adult member 18 years and/or older will be subject to a criminal background screening and must complete and sign their individual release form.

SIGNATURE:	DATE:
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PENALTIES FOR MISUSE OF THIS CONSENT: Title 18, section 10001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or employee of HUD or the owner) 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 this verification form is restricted to the purpose cited above. Any person, who knowingly or willingly 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 HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act 208 (a) (6) (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6) (7) and (8).

