



APP # _____

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**Rental Program – TRIP, Inc.
An Equal Opportunity Housing Provider**

Please make sure that you follow these steps!

Applications WILL NOT be accepted without all of these steps completed. Processing of application will take 4-6 weeks

STEP 1

➤ **POSITIVE ID:**

Must provide Social Security Card, birth certificate and one of the following:

- A Driver's License or,
- A non-driver's license picture ID or,
- A benefit card from DSS with your picture on it

STEP 2

➤ **PROOF OF ALL HOUSEHOLD INCOME:**

- Pay Stubs from your employer (at least 2 pay stubs)
- Award Letter from SSI/SSD
- Budget Sheet from DSS
- Order of Support – or Support Stubs for child support received

STEP 3

➤ **IF YOU HAVE CHILDREN IN YOUR HOUSEHOLD WE NEED:**

- Copies of Birth Certificates and Social Security cards for **ALL** children

STEP 4

➤ **COMPLETED APPLICATION AND SIGNATURES**

You **must** sign the HUD Release of Information forms (there are two places to sign)

You **must** fill out and sign both the Criminal History Questionnaire and Criminal Release Form for all household members over 16 years old.

You **must** fill out and sign Citizen Declaration for all household members.

You **must** provide your current and previous landlord name, address and phone number.

False information given on an application is grounds for immediate denial.

Please Read The Following:

Please ask if you do not understand a question rather than filling out the wrong information. Please read the next page.



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Affordable Housing Program:

This program is for people who are working, but cannot afford a typical market rate rental. The rents are slightly lower than market rate. Families with a Section 8 Certificate fall into this category. This program is supported by a grant from New York State Housing Trust Fund Corporation.

Subsidized Housing Program:

This program is for people who need additional assistance above and beyond the Affordable Housing Program. You may qualify if you receive financial support in any of the following ways: Public Assistance, Supplemental Security Income, or receive low to moderate employment earnings.

Waiting Lists for the Programs:

The lengths of these waiting lists vary, so please ask the Rental Management staff for further details.

Application Process:

Consists of the following criteria:

- Completed and Truthful Application
- Credit History
- Criminal History
- Landlord references

Please see Applicant Requirement Pamphlet for further details.

It will take 4-6 weeks to process your application.

You will receive a letter when your application is Approved or Denied.

Contact us if you change your address or phone number within the next two weeks, or after you have applied.



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RENTAL APPLICATION
TRIP, Inc., 415 River Street, Troy, NY 12180
(518) 272-8289

Dial (800) 627-3529 for Hearing Impaired Assistance

APPLICANT-HEAD OF HOUSEHOLD

Last Name _____ First _____ Middle Initial _____

Social Security No. _____ D.O.B. ____/____/____

Current Address _____ Phone # () _____

City _____ State _____ Zip Code _____

Current Rent Amount \$ _____ Does Rent Amt. Include Utilities? [] Yes [] No

Employer Name _____ How Long? _____

City _____ State _____ Zip Code _____

Supervisor's Name _____ Phone # () _____

Gross Salary/Wages \$ _____ per hour _____ weekly _____ biweekly _____ monthly

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Living Together

Are you student? ___ Yes ___ No ***If you answer yes, Please fill out Student Certification***

SPOUSE or CO-APPLICANT INFORMATION

Last Name _____ First _____ Middle Initial _____

Social Security No. _____ D.O.B. ____/____/____

Current Address _____ Phone # () _____

City _____ State _____ Zip Code _____

Employer Name _____ How Long? _____

City _____ State _____ Zip Code _____

Supervisor's Name _____ Phone # () _____

Gross Salary/Wages \$ _____ per hour _____ weekly _____ biweekly _____ monthly

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Living Together

Are you student? ___ Yes ___ No ***If you answer yes, Please fill out Student Certification***



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OTHERS TO RESIDE IN THE APARTMENT

| NAME | DOB | SEX | RELATIONSHIP | SOC-SEC-NO | SCHOOL |
|------|-------------|-----|--------------|------------|--------|
| | ___/___/___ | | | - - | |
| | ___/___/___ | | | - - | |
| | ___/___/___ | | | - - | |
| | ___/___/___ | | | - - | |
| | ___/___/___ | | | - - | |

DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD RECEIVE ANY OF THE FOLLOWING?

* Please answer yes or no to all questions below and provide \$\$ amounts for those items checked YES. Do not leave any question blank.

- Employment Income Yes No Amount \$ _____
- Public Assistance/Welfare/Welfare Settlement Yes No Amount \$ _____
- Saving Account Yes No Amount \$ _____
- Checking Account Yes No Amount \$ _____
- Social Security Disability Yes No Amount \$ _____
- SSI/SSA Yes No Amount \$ _____
- Child Support/Alimony Yes No Amount \$ _____
- Unemployment Yes No Amount \$ _____
- Military Allowance Yes No Amount \$ _____
- Lottery Winnings Yes No Amount \$ _____
- Settlement from Insurance claim over \$1,000 Yes No Amount \$ _____
- Settlement from Workers Compensation Yes No Amount \$ _____
- Have owed a home in the past 2 years Yes No Amount \$ _____
- Other Income not reported Yes No Amount \$ _____
- Disposed of any asset for less than fair market value in the past two years Yes No **If yes** *****Must complete form**

LANDLORD INFORMATION

We require a minimum one year landlord reference

Present Address? _____ **City** _____ **State** _____

Present Landlord Name / Address / _____ Phone Number () _____

Date From - **Date To**
/ / - / /

Previous Address? _____ **City** _____ **State** _____

Previous Landlord Name / Address / _____ Phone Number () _____

Date From - **Date To**
/ / - / /

Previous Address? _____ **City** _____ **State** _____

Previous Landlord Name / Address / _____ Phone Number () _____

Date From - **Date To**
/ / - / /



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OTHER INFORMATION

** Please answer all questions below. Do not leave any section blank.*

Do you have a Section 8 voucher? Yes No

Do you expect any change in your family size? Yes No

Has any member of your household been diagnosed with an elevated lead level? Yes No
If Yes, explain _____

Is your home or apartment in good condition? Yes No

Why are you moving? _____

Have you been asked to move or been evicted from any housing? Yes No
If Yes, explain _____

How did you hear about TRIP's rental opportunities? _____

Description of pets _____

Desired moving date/ _____

Contact Person for Emergency _____ (Parent or Relative) Phone # () _____

Another phone number to reach you a month from now

() _____

I certify that the information set forth here is complete and correct to the best of my knowledge. I hereby give permission to investigate my credit and to verify all information necessary to process this application.

Signature of Applicant _____

Date _____

Signature of Co-Applicant _____

Date _____



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APPLICANT DECLARATION FORMAT

| | | | | |
|------------------------|---------|---------------|---------------------------|----------|
| Head of Household | Address | City | State | Zip Code |
| Social Security Number | Sex | Date of Birth | Alien Registration Number | |

Admission Number if applicable, this is an 11-digit number Found on INS Form I-94, Departure Record)

Nationality (enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.

Save Verification Number (to be entered by owner if and when received)

INSTRUCTIONS: Complete the declaration below by printing or typing full name in the space provided. Then review the blocks shown below and complete either block number 1, 2 or 3. Please complete a separate copy of this format for each

DECLARATION:

I, _____ hereby declare under penalty of perjury, that I am: (please print first name, middle initial, last name)

_____ 1. A citizen or national of the United States

IF YOU CHECKED THIS BLOCK, NO FURTHER INFORMATION IS REQUIRED. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child []

- _____ 2. A non-citizen with eligible immigration status in the category checked below:
- _____ (i) non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101(a)(15) of the INA (8 U.S.C. 1001(a)(20) and 1101(a)(15), respectively). [immigrants] (This category includes a non citizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
 - _____ (ii) A non-citizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);
 - _____ (iii) A non-citizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee states]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a)(7) of the INA (8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
 - _____ (iv) A non-citizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status];
 - _____ (v) A non-citizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253(h) [threat to life or freedom]; or
 - _____ (vi) A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

If you checked any of these blocks and you are **62 years of age or older and receiving assistance on June 19, 1995**, you should submit a proof of age document, together with this format, and sign here:

Signature _____ **Date** _____



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**EXTENSION REQUEST FOR NON-CITIZEN STATUS
APPLICANT DECLARATION FORMAT**

If you checked any of these blocks and you are **under 62 years of age**, you must submit the following documents:

- a. Verification Consent Format (Attachment 8) **AND**
- b. one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- (2) Form I-94, Arrival-Departure Record, with one of the following annotations:
 - (i) "Admitted as Refugee Pursuant to section 207";
 - (ii) "Section 208" or "Asylum"
 - (iii) "Section 243(h)" or "Deportation stayed by Attorney General";
 - (iv) "Paroled Pursuant to Section 212(d)(5) of the INA";
- (3) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
 - (i) A final court decision granting asylum (but only if no appeal is taken);
 - (ii) a letter from the INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or form and INS district director grant asylum (if application filed before October 1, 1990);
 - (iii) a Court decision granting withholding or deportation; or
 - (iv) a letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- (4) Form I-688, Temporary Resident Card, which must be annotated "section 245A" or "Section 210";
- (5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of law 274a.12(11)" or "Provision of law 274a.12";
- (6) A receipt; issued by the INS indicating that an application for issuance of a replacement document in one of the above listed categories has been made and the applicant's entitlement to the document has been verified.
- (7) Form I-152, Alien Registration Receipt Card

If this block is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult residing in the unit and responsible for the child should sign and date the format.

If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for extension block below.

Signature _____

Date _____

REQUEST FOR EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature _____

Date _____

Check here if adult signed for a child []

_____.3. Not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, not further information is required and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult living in the unit and responsible for the child should sign and date below.

Signature _____

Date _____

Check here if adult signed for a child []



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TROY REHABILITATION & IMPROVEMENT PROGRAM, INC.

To Whom It may Concern:

The name(s) and signature(s) listed below have authorized TRIP, Inc. to request, from any Municipal Police Department, any and all records that may be on file with their Agency for any violation(s) of the law. Response to this request is essential for:

_____ the applicant's admission for housing to be processed in accordance with the rules and regulations set forth by TRIP, Inc. and the US Department of Housing and urban Development.

TRIP, Inc. will not make public the information that has been given and will make it a part of the confidential profile of the applicant.

CRIMINAL HISTORY QUESTIONNAIRE

Name: _____ **D.O.B:** _____

This questionnaire **MUST** be completed by each person over the age of 16 who will appear on the lease. Please note that any false statements or omissions will/may be grounds for the denial of housing.

1. Have you ever been arrested for any crimes, violations or traffic infractions?

[] No [] Yes

2. Are you currently on probation **OR** parole?

[] No [] Yes, what City and State: _____

Name of Probation **OR** Parole Officer: _____

3. Are you currently being investigated by any law enforcement agency?

[] No [] Yes

If yes, Please explain: _____

4. List all arrests:

| Date | Location | Charges | Final Disposition |
|----------------|----------|---------|-------------------|
| ____/____/____ | _____ | _____ | _____ |
| ____/____/____ | _____ | _____ | _____ |

Signature of Applicant

____/____/____
Date



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Troy Rehabilitation & Improvement Program, Inc.



ASSETS DISPOSAL CERTIFICATION

Applicants and tenants must declare whether an asset has been disposed of for less than fair market value at each certification and recertification.

(Circle one)

I have disposed of an asset within the last two years (Y) or (N)

(Circle one)

In the past two years, I (have) or (have not) given away anything of value or sold anything for less than it was worth.

If I answered yes, and have disposed of an asset, I certify that the value of such asset is \$_____.

I disposed of such asset for \$_____.

(Circle one)

I own Personal Property and / or stocks, bonds, accounts that could be turned into cash. (Y) or (N)

I certify that this statement is true.

Applicant/Tenant signature

Date

Address



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