



# Rondout Property Management Senior Housing APARTMENT APPLICATION

Website: [www.birchez.com](http://www.birchez.com)

Office Use Only:  
Date Stamp: \_\_\_\_\_

Application # \_\_\_\_\_

Please  All the Properties you will like to Apply for Residency.

- CHAMBERS SENIOR HOUSING • 401 Chambers Drive • Kingston, NY 12401 (845) 338-7571 [chamberscourt@birchez.com](mailto:chamberscourt@birchez.com)
- BIRCHES AT CHAMBERS • 3000 Maple Lane • Kingston, NY 12401 (845) 338-7571 [chambers@birchez.com](mailto:chambers@birchez.com)
- BIRCHES AT ESOPUS • 35 Dick Williams Lane • Ulster Park, NY 12487 (845) 338-6173 [esopus@birchez.com](mailto:esopus@birchez.com)
- BIRCHES AT SAUGERTIES • 2950 Rt. 9W • 700 The Birches • Saugerties, NY 12477 (845) 246-7568 [saugerties@birchez.com](mailto:saugerties@birchez.com)
- BIRCHES AT SCHOHARIE • 192 Main Street, Schoharie, NY 12157 (845) 338-6173 [schoharie@birchez.com](mailto:schoharie@birchez.com)

Please mail your application to **RONDOUT PROPERTY MANAGEMENT, PO BOX 1806, KINGSTON NY 12402** and you will be placed automatically on all property waitlists -checked above. You DO NOT need to send an application to each property you selected.

### Instructions for Head of Household

NO PAYMENT OR FEE should be given to anyone in connection with the preparation, filing or processing of this application.  
Please answer ALL questions.  
**Do not leave any space blank, write "No or N/A" where appropriate.**  
White-out is not acceptable.  
PLEASE PRINT CLEARLY an Incomplete application cannot be processed.

## APPLICANT CONTACT INFORMATION

### 👤 HEAD OF HOUSEHOLD

First Name	Last Name	M.I.	Telephone & Email information		
			Home Phone #: (     )		
			Cell Phone #: (     )		
			Email:		
Current Address			City	State	Zip Code

### 👤 CO-HEAD

First Name	Last Name	M.I.	Telephone & Email information		
			Home Phone #: (     )		
			Cell Phone #: (     )		
			Email:		
Current Address			City	State	Zip Code

## HOUSEHOLD COMPOSITION

List all persons, including yourself, and who are expected to reside in the unit.

Names	Relationship To Head	Marital Status	Birth Date	Social Security Number	Student Yes or No	Employed Yes or No
1.	Self				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2.					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
◆	Is any member of your household a veteran or a member of the Armed Forces, Active Duty or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No					
◆	Do all of the above household members reside in the household 100% of the time? <input type="checkbox"/> Yes <input type="checkbox"/> No					
◆	Anticipated changes in the household size within the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					
◆	Are all occupants' full time students? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(A full time student is anyone who is enrolled for at least five (5) calendar months during this taxable year for the number of hours or courses which are considered full-time attendance by that institution. The five months need not be consecutive.)</i>					

## HOUSEHOLD RENTAL HISTORY

◆	Has any household member ever been evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆	Does your household currently have a Section 8 voucher or receive rental subsidy assistance? Name of Agency: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you have lived at your CURRENT address less than (7) years, you will be required to provide PREVIOUS Landlord contact information.</b>		
◆	Where you currently reside do you <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family	
◆	Monthly Rent/Mortgage \$ _____	
◆	How long have you resided at this current residency? _____ Dates of Residency? From: _____ To: _____	
◆	<b>Current</b> Landlord/Managing Agent Name: _____ Address of Landlord/Managing Agent: _____ Telephone Number: _____ Fax Number: _____	
◆	<b>*PREVIOUS Landlord Information:</b> Dates of Residency? From: _____ To: _____ Name of Landlord/Managing Agent: _____ Address: _____ Telephone Number: _____ Fax Number: _____	<b>*PREVIOUS Landlord Information:</b> Dates of Residency: From: _____ To: _____ Name of Landlord/Managing Agent: _____ Address: _____ Telephone Number: _____ Fax Number: _____

## CURRENT EMPLOYMENT INFORMATION:

List all current full and/or part-time employment and/or seasonal employment for ALL household members including self-employed earnings.

Name of Employer/Company:	Address	Telephone & Fax #	Annual Gross Income
Name of Employer/Company:	Address	Telephone & Fax #	Annual Gross Income

## SPECIAL NEEDS

NYS Homes & Community Renewal has identified the "frail elderly" as one of the special needs populations under their targeting initiative. Frail elderly persons are defined as persons aged 55 and over requiring assistance with 1 or more *Activities of Daily Living* or 2 or more *Instrumental Activities of Daily Living*. Also, persons aged 55 and over who have limitations in mental capacity or emotional strength and motivation that affect their capacity to viably live independently; that is, without assistance or intervention.

◆	Does anyone in your household have special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆	Do you require aide in one or more of the following activities? <input checked="" type="checkbox"/> <b>below all that applies:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
☞	<input type="checkbox"/> Bathing <input type="checkbox"/> Dressing <input type="checkbox"/> Eating <input type="checkbox"/> Grooming/Personal Hygiene <input type="checkbox"/> Transferring: moving between bed and chair/wheelchair <input type="checkbox"/> Toileting: getting to/from toilet; transferring on/off toilet <input type="checkbox"/> Mobility: move about by self or with adaptive equipment	Total boxes <input checked="" type="checkbox"/> _____
◆	How many of the following activities of daily living do you need help with? <input checked="" type="checkbox"/> <b>below all that applies:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
☞	<input type="checkbox"/> Shopping <input type="checkbox"/> Laundry <input type="checkbox"/> Chores <input type="checkbox"/> Use telephone <input type="checkbox"/> Self-administer medications <input type="checkbox"/> Housework/cleaning <input type="checkbox"/> Getting to places out of walking ability <input type="checkbox"/> Handle personal business/finances <input type="checkbox"/> Capacity to direct home care personnel <input type="checkbox"/> Prepare/cook meals	Total boxes <input checked="" type="checkbox"/> _____

## REAL ESTATE PROPERTY

◆	Do you now own REAL ESTATE? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, answer the questions below and prepare to provide documentation.		
◆	Do you currently own 100% of the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what is the percentage you do own? _____%	
◆	If Real Estate is owned, is it	<b>For Sale?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Rented?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
			<b>Vacant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
◆	Please provide the address of the real estate owned.		
☞	What is the <b>Fair Market Value</b> of the home \$		

## OTHER

◆	How did you hear about our senior housing? _____
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## SOURCES OF INCOME

Anticipated household GROSS Income: Present employment and other income received by household members: For the following indicate the amount of anticipated income for all household members, during the 12 months period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance. **You will be required to provide current documentation for verification purposes.**

Type of Income	Head of Household		Co-Head	
	Check One	Annual Income	Check One	Annual Income
Wages, Salary, etc. through Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Self-Employment Net Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Military Pay, including all allowances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TANF or other Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Retirement Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Veterans Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Annuities Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Insurance Policies Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Disability or Death Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Regularly Recurring gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Educational Entitlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Work Study Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Contributions (monetary or Not) from friends/relatives/etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Long Term Care Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from Training Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
♦ List Other Income:				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

## HOUSEHOLD ASSETS

List all assets currently held by all household members and the cash value of each. \*The cash value is the market value of the asset minus reasonable costs there was, or would be, incurred in selling or converting the asset to cash. **You will be required to provide current documentation for verification purposes.**

Type of Asset	Head of Household		Co-Head	
	Check One	Value of Asset	Check One	Value of Asset
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Certificate of Deposits*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Money Market Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mutual Funds/Stock*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
IRA or 401K*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Company Retirement Accounts*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Annuities Income*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Life Insurance Policies (Whole Life)*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Pension Funds*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Trust Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<input type="checkbox"/> If yes, is it revocable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Personal Property Held for Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mortgage or Deed of Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Cash Held in Safety Deposit Boxes, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
House/Real Estate Value*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>♦ Have you received any lump sum payments such as the following:</b>				
Inheritances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Lottery or other Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers' Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
VA Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Capital Gains	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
♦	Have you disposed of any assets for less than Fair Market Value within the last 2 years? (State if the sale was due to foreclosure, bankruptcy or divorce.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

◆ The NYS Homes & Community Renewal requires that, for statistical purposes only, we report the race and ethnicity of the Head of Household for applicants & residents. You are not required to answer the questions below, nor does your answer affect your eligibility for housing. At this time we are requesting this information for the Head of Household only. However, at the time of the eligibility interview (if app.) this information will be requested for each household member.

I decline to provide this information

ETHNIC CATEGORIES For HEAD OF HOUSEHOLD ONLY			
Select One			
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Not Hispanic or Latino	
RACIAL CATEGORIES			
Select all that Apply			
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Native Hawaiian or Other Pacific
<input type="checkbox"/>	White	<input type="checkbox"/>	Other

## VEHICLES

	Driver's License Number & State	Model/Make	Year	Color	License Plate Number & State
☞					
☞					

## PETS

◆	Do you now own any Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many do you own? _____		
	Breed	Age	Weight	Color
☞				
☞				

## IN CASE OF EMERGENCY, NOTIFY

First Name	Last Name	Home Phone	Cell Phone
		<b>Email:</b>	
Current Address City State		Zip Code	What is their relationship to you?

## BACKGROUND SCREENING

A criminal background check will be completed on all adults of the applicant family: Failure to answer any of the questions will disqualify your application for eligibility.

1.	Have you or any member of your household ever been convicted or pleaded guilty to a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a.	<i>If yes, explain:</i>	
2.	Have you or any member of your household been convicted of a sexual offense or are you or any member of your household subject to lifetime registration requirements under local, state or federal law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you or any member of your household been convicted of violating any drug related laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a.	<i>If yes, explain:</i>	
4.	Have you or any member of your household ever been convicted of a violent crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a.	<i>If yes, explain:</i>	
5.	Have you or any member of your household ever been convicted of possession of an unregistered firearm or possession of an illegal weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

We certify that all information given in this application and any addenda thereto is true, complete and accurate. We certify that we have revealed all assets currently held or previously disposed of and that we have no other assets than those listed on this application (other than personal belongings). We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement. We are aware that false statements or misrepresentations are a criminal offense under Section 1001 of Title 18 of the U.S code. We authorize the managing agent to verify all information provided on this application and our signature below is our consent to such verification.

### Fair Credit Reporting Act

This is to inform you that as part of our procedure for processing your application, an investigative report may be made whereby information is obtained through personal interviews with third parties-such as family members, business associates, financial sources, friends, neighbors or others who are acquainted with you. This inquiry includes information as to your character, general reputation, personal characteristics, mode of living, income and credit background and also police records. All information you or others give us will be held in strict confidence.

We do not discriminate on the basis of race, religion, national origin, color, creed, age, sex, handicap, or familial status.

By signing this application, you declare that all of your responses are true and complete and authorize the owner/manager to verify this information through any source that it deems appropriate. Any false statements on this application will be grounds for rejection of your application

***I/WE HAVE READ AND UNDERSTAND THE ABOVE***

HEAD OF HOUSEHOLD <b>PRINT</b>	HEAD OF HOUSEHOLD <b>SIGNATURE</b>	DATE
CO-APPLICANT <b>PRINT</b>	CO-APPLICANT <b>SIGNATURE</b>	DATE

**DO NOT WRITE BELOW THIS LINE - MANAGEMENT USE ONLY**

### APPLICATION DISPOSITION:

Date of Receipt of Application	Received by: Signature & Title
Approved Date:	Approved by: Signature & Title
Disapproved Date:	Disapproved by: Signature & Title

Reason(s) for Disapproval:		
Applicant Notified in Writing on:	Applicant Appeal Review By:	
Applicant Appeal Decision on: (Written notification attached)	Title of Reviewer	
Date Applicant was Notified in Writing of Decision:	Appeal Decision:	<input type="checkbox"/> Approved Date:
		<input type="checkbox"/> Denied Date: