

MAIL YOUR APPLICATION TO:

387-397 Main Mall Partners, LLC
278 Mill Street Suite 100 ♦ Poughkeepsie, NY 12601
Do not mail your application to the property

387 Main Street Apartments
387 Main Street
Poughkeepsie, NY 12601
(845) 471-1047
387Main@Baxterbuilt.com

All applications must be submitted with a non-refundable \$20 credit check fee in the form of money order payable to: 387-397 Main Mall Partners, LLC 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. *Duplicate applications will not be accepted.*

APPLICANT CONTACT INFORMATION

☞ HEAD OF HOUSEHOLD

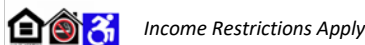
First Name	Last Name	M.I.	Telephone & Email information		
			Home Phone #: ()		
			Cell Phone #: ()		
			Email:		
Current Address			City	State	Zip Code

☞ CO-HEAD (Adult 18 years and older) Insert N/A if there is no co-applicant

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.*

Household Members #	Names	Relationship To Head	Birth Date	Social Security Number (must be provided)	Student Yes or No	Employed Yes or No
1.Head		Self	/ /	Please note that the social security number and copy of card for each household member will be required at the time of an eligibility interview.	<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
3.			/ /		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4.			/ /		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5.			/ /		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
6.			/ /		<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 you anticipate changes in the household size within the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
◆	Are all household members' 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>
◆	Do all of the above household members reside in the household 100% of the time? <input type="checkbox"/> Yes <input type="checkbox"/> No
◆	Will all listed minors be living in the unit at least 50% of the time? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
◆	Is any member of your household disabled or have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
◆	Does any member of your household receive support services from any of the following: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please select the agency that is providing assistance <input checked="" type="checkbox"/> <input type="checkbox"/> ACCESS <input type="checkbox"/> RSS <input type="checkbox"/> Gateway Industries <input type="checkbox"/> Independent Livings Services <input type="checkbox"/> Other: _____

UNIT SIZE REQUESTED

◆	Unit Size Requested: _____
◆	Are there any special accommodations that the household will require (e.g., unit for mobility impaired, unit for visually impaired, unit for hearing impaired, live-in aide, etc.)? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

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 <input type="checkbox"/> N/A If YES, please select below all that applies
◆	Do you require aide in one or more of the following activities? <input checked="" type="checkbox"/> below all that applies: <input type="checkbox"/> Yes <input type="checkbox"/> No
☞	<input type="checkbox"/> Bathing <input type="checkbox"/> Transferring: moving between bed and chair/wheelchair <input type="checkbox"/> Dressing <input type="checkbox"/> Toileting: getting to/from toilet; transferring on/off toilet <input type="checkbox"/> Eating <input type="checkbox"/> Mobility: move about by self or with adaptive equipment <input type="checkbox"/> Grooming/Personal Hygiene
	Total boxes <input checked="" type="checkbox"/> _____
◆	How many of the following activities of daily living do you need help with? <input checked="" type="checkbox"/> below all that applies:
☞	<input type="checkbox"/> Shopping <input type="checkbox"/> Housework/cleaning <input type="checkbox"/> Laundry <input type="checkbox"/> Getting to places out of walking ability <input type="checkbox"/> Chores <input type="checkbox"/> Handle personal business/finances <input type="checkbox"/> Use telephone <input type="checkbox"/> Capacity to direct home care personnel <input type="checkbox"/> Self-administer medications <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 do you own? _____%	
◆	If Real Estate is owned, is it	For Sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rented? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No
				In Foreclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No
◆	Please provide the address of the real estate owned.			
☞				

HOUSEHOLD RENTAL HISTORY

◆	Does your household currently have a Section 8 voucher or receive rental subsidy assistance? Name of Agency: _____ What is your current rent portion? \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆	Are you currently on a public housing wait list? If yes, Provide the name of the housing agency _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: THREE (3) YEARS of Rental History Must be provided. If the Co-Applicant has a different rental history, it MUST be provided. If needed, you can use the back of this page to provide the rental history.

◆	Where you currently reside do you... <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/> Other _____
◆	Monthly Rent/Mortgage \$ _____
◆	How long have you resided at this current residency? _____ Dates of Residency? From: _____ To: _____
◆	CURRENT Landlord/Family Member/Shelter Name: _____ Address of Landlord/Family Member/Shelter: _____ Telephone Number: _____ Fax Number: _____
◆	PREVIOUS Landlord: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/> Other _____ Dates of Residency? From: _____ To: _____ Previous Landlord/Family Member/Shelter Name: _____ Address of Landlord/Family Member/Shelter: _____ Telephone Number: _____ Fax Number: _____
◆	PREVIOUS Landlord: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/> Other _____ Dates of Residency? From: _____ To: _____ Previous Landlord/Family Member/Shelter Name: _____ Address of Landlord/Family Member/Shelter: _____ Telephone Number: _____ Fax Number: _____

CURRENT EMPLOYMENT INFORMATION I Am Not Employed

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

Household Member #: _____ Name of Employer/Company: _____	Address _____	Telephone & Fax # _____	Hire Date: ____/____/____ GROSS Annual Income \$ _____
Household Member #: _____ Name of Employer/Company: _____	Address _____	Telephone & Fax # _____	Hire Date: ____/____/____ GROSS Annual Income \$ _____
Household Member #: _____ Name of Employer/Company: _____	Address _____	Telephone & Fax # _____	Hire Date: ____/____/____ GROSS Annual Income \$ _____

OTHER

◆	How did you hear about us? _____
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SOURCES OF INCOME

Anticipated **MONTHLY GROSS** household Income for each household member. *You will be required to provide current documentation for verification purposes.*

MONTHLY GROSS Income for each Household Member							
Type of Income	Check One	Head of Household #1	Household Member #2	Household Member #3	Household Member #4	Household Member #5	Household Member #6
Wages, Salary, through Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Self-Employment Net Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Military Pay, including all allowances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Social Security Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
SSI Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
SSP - OTDA Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
TANF or other Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Food Stamps	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Alimony Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Retirement Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Veterans Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Annuities Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Insurance Policies Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Disability or Death Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Income from Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Regularly Recurring gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Grants &/or Scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Educational Entitlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Work Study Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Contributions (monetary or not) from friends/relatives/etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Long Term Care Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Income from Training Programs	<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	\$	\$	\$	\$	\$	\$
♦ TOTAL GROSS household income last year \$ _____							

HOUSEHOLD ASSETS

List **ALL ASSETS** currently held by all household members and the CURRENT cash value of each. *You will be required to provide current documentation for verification purposes.*

Type of Asset	Check One	For each Household Member					
		Head of Household #1	Household Member #2	Household Member #3	Household Member #4	Household Member #5	Household Member #6
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Direct/Payroll Express Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Certificate of Deposits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Money Market Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Mutual Funds/Stock	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
IRA or 401K or 403B	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Company Retirement Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Annuities Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Life Insurance Whole Life Policies	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Pension Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Trust Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Property Held for Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Mortgage or Deed of Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Cash Held in Safety Deposit Boxes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
House/Real Estate Market Value	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Other Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
◆ HAVE YOU RECEIVED ANY LUMP SUM PAYMENTS SUCH AS THE FOLLOWING:							
Inheritances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Lottery or other Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Workers' Comp Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Social Security Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Unemployment Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
VA Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Capital Gains	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Other:	<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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If applicable, state if the sale was due to foreclosure, bankruptcy or divorce) _____							

◆ 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

1. ETHNIC CATEGORIES For HEAD OF HOUSEHOLD ONLY			
Select One			
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Not Hispanic or Latino	
2. 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 I do not own a vehicle (Legal Photo ID will be requested)

	Driver's License 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 (This must be completed)

First Name	Last Name	Home Phone	Cell Phone
		Email:	
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.	If yes, explain:	
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.	If yes, explain:	
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.	If yes, explain:	
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 agents of Baxter Property Management/ Amarc Inc., to use this copy of our signature as approval to verify all information provided on this application, to run our credit and background screening, in conjuncture with our application or future tenancy in an apartment. All verifications will be sent directly back to those authorized and will be used only for purposes connected with the apartment.

Note: We conduct criminal background checks. If you have a criminal record, you have rights and protections. You have the right to review any conviction record the housing provider is using to make a decision. There are only two reasons for automatic denial to state-funded housing on the basis of your criminal convictions: conviction for methamphetamine production in the home or being required to register for life on a state or federal Sex Offender database. In all other instances, you have the right to provide additional information about the circumstances of the conviction and the right to present evidence of your rehabilitation. For more information about your rights as an individual with a criminal conviction, please visit <http://www.nyshcr.org/AboutUs/Offices/FairHousing/GPCC.htm>

Note: We conduct credit screenings. You can avoid a credit check by evidencing that you paid your rent in full and on time during the last 12 months and/or if you are receiving rent subsidies and the entire rent is directly paid to the landlord from the agency. If you have a low credit score or negative credit history, you will be provided with the opportunity to present additional information to explain or refute the findings. In the event you are denied, you will be provided a copy of your credit report and the reason. For more information about your rights NYS Credit Policy, please visit <http://hcr.ny.gov/KYR-Credit>

Note: The Violence Against Women Act (VAWA) provides protection for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protection are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. You cannot be denied admission because you are or have been a victim of domestic violence, sexual assault, or stalking. The VAWA notice explains your rights https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a.

Note: If you require assistance or an accommodation for a disability, please contact the management office of the property site you are applying for housing.

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. For more information on Fair Housing Act rights and responsibilities please visit <https://dhr.ny.gov/fairhousing>.

By signing this application, you declare that all of your responses are true and complete and authorize the owner/manager/or their agents 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.

All adult applicants 18 years & older must sign below: ***I/WE HAVE READ, UNDERSTAND & AGREE TO THE ABOVE STATEMENT.***

HEAD OF HOUSEHOLD PRINT	HEAD OF HOUSEHOLD SIGNATURE	DATE
CO-APPLICANT PRINT	CO-APPLICANT SIGNATURE	DATE
APPLICANT PRINT	APPLICANT SIGNATURE	DATE
APPLICANT PRINT	APPLICANT SIGNATURE	DATE

DO NOT WRITE BELOW THIS LINE - FOR MANAGEMENT USE ONLY

APPLICATION DISPOSITION:

Stamp Date & Time of Receipt of Application:	Received by: Signature & Title of Personnel Print First Initial & Last Name
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