VILLAGECARE AT 46 & TEN

APPLICATION FOR APARTMENT G-3

Instructions:

MAIL ONLY ONE (1) APPLICATION PER FAMILY BY REGULAR MAIL. DO NOT SEND REISTERED OR CERTIFIED MAIL. THIS APPLICATION MUST BE RECEIVED AS SOON AS POSSIBLE.

MAIL TO: VillageCare at 46 And Ten
510 West 46th Street
New York, New York 10036

THIS INFORMATION IS TO BE FILLED OUT BY THE APPLICANT.

Name:_____Date of Birth:_____

Street Address: _____Apt. #_____

City: _____State:_____Zip:_____

Home Phone No: _____Cell No: _____

How long have you lived at this address? _____years _____months.

How many persons in your household, including yourself, WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING: _____.

List all of the people who will live in the unit for which you are applying, starting with yourself and provide the following information. Add additional pages if necessary.

Full Name:	**Relation to Applicant**	**Birth Date**	**Age**	**Sex**	**Occupation**

Are you or any member of your household disabled _____Yes _____No
If yes, would you describe the disability as _____mobility impairment____visual impairment____hearing impairment
If you checked any of the above, do you or a member of your household require a special accommodation ___Yes___No.
If yes, please specify the special accommodation required._____

INCOME (From Employment): List all full and or part time employment for *each* applicant. Include self-employed earnings:

Name & Address of Employer	**Year**	**Gross Earnings**
_____	_____	$_____per _____
_____	_____	$_____per _____
_____	_____	$_____per _____

VILLAGECARE AT 46 & TEN

INCOME (From Other Sources): (Examples: Welfare (including household allowance), Social Security, S.S.I. disability compensation, unemployment compensation, baby sitting, care taking, alimony, annuities, dividends, pension, insurance income, veteran benefits, and/or grants).

Type of Income	**Amount**	
_____	_____	$_____per _____
_____	_____	$_____per _____
_____	_____	$_____per _____
_____	_____	$_____per _____
_____	_____	$_____per _____
_____	_____	$_____per _____

Total Annual Household Income:
Add All Income Listed Above and Indicate the Total Earned for the year. $_____

Current Landlord:
Landlord's Name_____
(If you live in a public housing project enter "NYCHA". If you live in a city-owned In Rem building enter HPD).
Landlord's Address: _____
Landlord's Phone No: _____

Current Rent:

What is the total rent on the apartment where you currently live or are temporarily staying:$ _____monthly.

ASSTETS: For each applicant please indicate (If more than one applicant, attach additional sheet):

	Bank	**Account No.**	**Current Balance**
Checking Account:	_____	_____	$_____
Savings Account:	_____	_____	$_____
Passbook Saving:	_____	_____	$_____
Checking Accounts:	_____	_____	$_____

Stocks, Bonds, Treasury Bills, Certificates of Deposit, Money Market Funds (value) $_____

U.S. Savings Bonds (value) $_____

Trusts (value) $_____

Monthly Income $_____

IRA or Keogh Accounts (value) $_____

Retirement and Pension Funds (value)(Include 401K, 403B) $_____
Monthly Income $_____

Lump Sum Receipts $_____
(e.g. lottery, inheritance, insurance payments)

Investment Property $_____
(e.g. jewelry, antiques)

Insurance Policies $_____
(face value/cash value)

Car _____
(Year) (Make) (Model)

Do you NOW own Real Estate? _____YES _____NO

If "YES", state the value $_____
State any Monthly Rental Income $_____

GENERAL

How did you hear about this development? (Please check one)

☐ Newspaper
☐ Local Organization or Church
☐ City "affordable housing hotline" listing
☐ Sign Posted on Property
☐ Friend
☐ Web Site/Internet
☐ Other_____

Ethnic Identification (Used for Statistical Purposes Only)
This information is optional and will not affect the processing of the application. Please check one group that best identifies the applicant.

☐ White/Non-Hispanic Origin
☐ Black
☐ Hispanic
☐ American Indian/Alaskan Native
☐ Asian/Pacific Islander
☐ Other_____

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATIONARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I have not withheld, falsified r otherwise misrepresented any information. I fully understand that any and all information I provide during this application process is subject to review by The New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. I understand that that the consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my application, the termination of my lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

I DECLARE THAT NEITHER I NOR ANY MEMBER OF MY IMMEDIATE FAMILY IS EMPLOYED BY THE BUILDING OWNER OR ITS PRINCIPALS.

Signature: _____Date:_____

VillageCare at 46 & Ten

510 West 46th Street * New York, New York 10036 * (212) 977- 4600

Assisted Living Program Questionnaire

Applicant's Name: _____ Social Sec. #_____

Age: _____ Date of Birth: _____Referred by: _____

Are you currently receiving Home Health Services? □ Yes □ No
If yes: □ Visiting Nurse □ Private Hired Help □ PCA/HHA

How many hours/days per week? _____ For how long? _____

What services are provided? _____

Attending Physician: **Health Insurance:**

Name: _____ Medicaid No.: _____

Address: _____ Medicare No.:_____

_____ Prescription Plan/Medicare Part D Plan: _____

Phone: _____ Supplemental Insurance Plan: _____

Health Care
Medical Diagnoses: _____
Psychiatric/Cognitive Diagnoses:
_____
Current Medications:
_____

Level of Assistance
Ambulatory: Yes ___No ___ **w/Cane:** Yes ___No ___ **w/Walker:** Yes ___No ___ **Wheelchair:** Yes ___No ___

Continent of Bowel: Yes ____ No ____ Continence of Bladder: Yes ____ No ____
Vision Impairment: Yes ____ No ____ Hearing Impairment: Yes ____ No ____
Speech Impairment: Yes ____ No ____

Requires Assistance: **Bathing**: Yes ___No ___ **Dressing**: Yes ___No ___ **Medication**: Yes ___No ___
Grooming: Yes ___No ___ **Housekeeping**: Yes ___No ___ **Laundry**: Yes ___No ___

STATEMENT OF APPLICANT'S NEED FOR AN ASSISTED LIVING ENVIRONMENT AT THIS TIME:
_____
_____
_____
_____
_____

Applicant's Signature: _____Date: _____