

Berkeley Square Apts.
66 Imperial Blvd
Wappingers Falls, N.Y. 12590
(845) 298-1200 Fax: (845) 297-0228

April 1, 2021

Dear Applicant,

Thank you for your interest in Berkeley Square Apartments, wonderful unique 55+ rental community located at 66 Imperial Blvd, Wappingers Falls, N.Y.. Carefully complete all information as required, and sign and return the application to the address above.

Berkeley Square is operated in compliance with the Low Income Housing Tax Credit (LIHTC) Program which is administered by the US Internal Revenue Service. This Program requires income limits for households, based upon household size. The LIHTC Income Limits are based on the 2021 60% HUD published income limit, listed below. At least one member of the household must be 55+ years of age.

NUMBER OF PEOPLE	APARTMENT SIZE	MAXIMUM INCOME	MINIMUM INCOME
1	1 BEDROOM	\$43,020.00	\$25,608.00
2	1 BEDROOM	\$49,140.00	\$25,608.00
2	2 BEDROOM	\$49,140.00	\$30,648.00
3	2 BEDROOM	\$55,260.00	\$30,648.00
4	2 BEDROOM	\$61,380.00	\$30,648.00

Please be advised that the submission of an application neither guarantees nor reserves an apartment. An application fee will be charged at the time of an interview. The application will then be subject to meeting all Management screening criteria.

I look forward to receiving your application.

Sincerely,

Carolyn Costanzo
Property Manager

Berkeley Square Senior Apartments
66 Imperial Blvd
Wappingers Falls, NY 12590
 (845) 298-1200 Tel * (845) 297-0228 Fax

Desire Apartment Size (circle one): 1BR 2BR

Date Desired: _____

List all household members and all sources of income for each member that will be living in the apartment. Please include overtime, tip, bouses, commissions, unemployment benefits, pulic assistance, child support, pension, social security benefits.

If employed listed below is less than two years, please list previous employment for each member of the household.

NAME OF EACH HOUSEHOLD MEMBER	HEAD	2	3	4
FIRST NAME →	_____			
LAST NAME →	_____			
Relationship to Head of Household	Head			
Social Security Number				
Date Of Birth				
Student YES / NO				

Income anticipated for the next 12 months for each household member.

NAME OF EMPLOYER	_____				
DATE EMPLOYED	_____				
POSITION	_____				
ANNUAL OR MONTHLY INCOME	_____				
ALIMONY, CHILDS SUPPORT					
SOCIAL SECURITY, PENSIONS, RETIREMENT FUNDS, ETC,					
OTHER INCOME					

Include all assets held and income derived from assets.

ASSET	BANK NAME	ACCOUNT NUMBER	LIST AVERAGE BALANCE
CHECKING			
CHECKING			
SAVINGS			
SAVINGS			
IRA, 401K			
OTHER SOURCE:			
OTHER SOURCE:			

HOUSING INFORMATION

Do you own or rent at your current address _____ Own _____ Rent

If you currently own, what is the value of the property? _____

Is the property income-producing or rental property? _____

If you are renting, are you presently receiving a Section 8 subsidy? _____ Yes _____ No

IF YOU HAVE RENTED AN APARTMENT DURING THE PAST TWO YEARS, PLEASE COMPLETE THE FOLLOWING SECTION:

Current Landlord's

Name/Address/Phone #	Your address	Dates	From:	To:
Name: _____	_____	_____		
Address: _____	_____	Amount Paid: _____		
_____	_____			
Phone #: _____				

Previous Landlord's

Name/Address/Phone #	Your address	Dates	From:	To:
Name: _____	_____	_____		
Address: _____	_____	Amount Paid: _____		
_____	_____			
Phone #: _____				

Do you have a car? _____ Yes _____ No If yes, how many? _____

Do you have any pets? _____ Yes _____ No If yes, please list all pets _____

How did you hear about this development - please check?

- Newspaper Friend
- Local organization or Church Sign on property
- Resident - please list name: _____
- Other _____

I certify that all information and answers to the above questions are true complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application.

I authorize my consent to have management verify the information in this application for purpose of providing my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers, where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and requirements

_____	_____
Signature	Date

_____	_____
Signature	Date

INCOME QUESTIONNAIRE

Please check any other sources of income not listed on your rental application.

Applicant Name: _____

Please check yes or no.

YES

NO

If yes, please list the **GROSS** amount and specify frequency of income (monthly, weekly, etc.)

A. Other Income

- * Unemployment benefits or workman's compensation \$ _____
- * Public Assistance \$ _____
- * Veteran's benefit \$ _____
- * Annuities \$ _____
- * Disability payments or benefits \$ _____
- * Regular payments from a severance package \$ _____
- * Regular pay as a member of the Armed Forces \$ _____
- * Regular gifts or payments from outside the household \$ _____
- * Regular payments from lottery winnings or inheritances \$ _____
- * Regular payments from rental property or other types of
real estate transaction. \$ _____
- * Regular payments from a settlement (e.g., Ins. Settlement) \$ _____
- * Regular rent or utility payments paid by someone on behalf
of the household \$ _____
- * Whole life Insurance \$ _____

B. Please list any adult household member over 18 years old not receiving any source of income.

I hereby certify that all of the above information is true to the best of my knowledge.

Signature

Date

Signature

Date

Release of Information

Name _____

Last

First

MI

Present

Address _____

City

State

Zip Code

Year's from _____ **To** _____

Current Home Phone# _____ **Current Cell#** _____

Previous Address _____

(If Less Than Five Years) _____

City

State

Zip Code

Years From _____ **To** _____

Social Security # _____ **Date of Birth** _____

Driver Lic # _____ **State Issued** _____

Mother's Maiden Name _____

I hereby authorize Loewen Development and The Registry or any agent(s) of LOEWEN DEVELOPMENT OF WAPPINGER FALLS,LP or The registry to contact credit bureausGovernment agencies or any other person(s), entity(ies) or investigative agencies necessary for BERKELEY SQUARE, to facilitate the release of information for the purpose of evaluating the rental application which I submitted to Berkeley Square. I understand that Berkeley Square is relying upon the accuracy of the information provided on the rental application and must verify information related to my employment history, credit, prior tenancies, and other legality relevant matters as permissible by law.

I understand that Berkeley Square or agent of Berkeley Square and the registry may in addition to verification of my landlord of my landlord (present and previous rental) history, employment (present and previous), income verifications, and asset verification (banking acc., life insurance policy (ies) credit union shares, other assets, etc contact a credit reporting agency or agencies for the purpose of evaluating my past and present credit standing. Additionally, Berkeley Square or any agent of Berkeley Square or the registry may conduct a criminal background investigation and may obtain this and or other information from various sources as permissible by law.

I hereby release Berkeley Square or any agent(s) of Berkeley Square or the registry from liability whatever for rejection of the application due to credit information, criminal background, or any other legal reason. It is further agreed that if any information herein contained is false, the lease made on the strength of this application may at the option of the Berkeley Square be terminated at any time. I believe to the best of my knowledge that all information giving within the preceding rental application is true and correct and that I fully understand the terms of this release of information.

The undersigned agrees that this application shall remain the property of Berkeley Sqaure regardless if a rental lease agreement is granted

Signature _____ **Date** _____

SELECTION/CREDIT CRITERIA

- 1. ALL APPLICANTS/HOUSEHOLD MUST BE TAX CREDIT ELIGIBLE AS DEFINED UNDER SECTION 42 OF THE INTERNAL REVENUE CODE**
- 2. EACH APPLICANT'S INCOME AND ASSET MUST BE VERIFIED AS DEFINED UNDER SECTION 42 OF THE INTERNAL REVENUE CODE**
- 3. ALL APPLICANTS MUST BE LEGALLY CAPABLE OF ENTERING INTO A LEASE AGREEMENT**
- 4. ALL INDIVIDUALS 18 YEARS OF AGE OR OLDER MUST FULLY COMPLETE THE APPLICATION. ALL APPLICANTS WHOSE INCOMES ARE INCLUDED WILL BE REQUIRED TO BE LEASEHOLDERS.**
- 5. PRIOR LANDLORDS WILL BE CONTACTED FOR REFERENCES. APPLICANTS MAY BE REJECTED IF THEY HAVE A HISTORY OF ANY OF THE FOLLOWING REPEATED LATE PAYMENTS OF RENT, FAILURE TO PAY RENT OR OTHER CHARGES, PUBLIC DISTURBANCES, DAMAGE TO THE LIVING RESIDENCE OR THE PROPERTY OF OTHERS, PHYSICAL OR VERBAL ATTACKS ON OTHERS, A HISTORY OF POOR HOUSEKEEPING, ALLOWING UNAUTHORIZED PERSONS TO LIVE IN THE RESIDENCE, AND/OR NOT RECOGNIZING THE LANDLORD'S RIGHT TO ENTRY**
- 6. APPLICANTS MAY BE REJECTED IF ANYONE IN HOUSEHOLD 18 YEARS OR OLDER HAS BEEN CONVICTED OF A DRUG RELATED OFFENSE, BURGLARY, VIOLENT OFFENSE, OR ANY OTHER CRIMINAL OFFENSE DOCUMENTED IN PUBLIC RECORDS.**
- 7. APPLICANTS MAY BE REJECTED IF THEY FAIL TO RESPOND TO REQUESTS FOR VERIFICATION OF ANY OF THE ABOVE INFORMATION WITHIN A TIME FRAME SPECIFIED, OR PROVIDE FALSE INFORMATION ON THE APPLICATION.**
- 8. APPLICANTS MUST HAVE SATISFACTORY CREDIT HISTORY (AS DETAILED IN #9-13).**

9. A MINIMUM OF (2) YEARS GOOD RENTAL HISTORY, WITH NO LATE PAYMENTS OR IN THE ABSENCE OF RENTAL HISTORY OTHER GOOD CREDIT HISTORY THAT DEMONSTRATES A RESPONSIBLE PAYMENT HISTORY.

10. INCOME TO BE A MINIMUM OF 2.75 TIMES THE RENT (I.E. GROSS MONTHLY INCOME. MONTHLY RENTAL AMOUNT).
11. SEVENTY-FIVE PERCENT (75%) OF CREDIT TO BE GOOD FOR THE PAST THREE (3) YEARS AS PUBLISHED BY CREDIT REPORTING AGENCY (I.E.75% OF TOTAL DEBT TO BE CURRENT WITH NO LATE PAYMENTS IN THE LAST THREE (3) MONTHS, NO BANKRUPTCY WITHIN THE LAST TWELVE (12) MONTHS.

12. DEBT RATIO OF LESS THEN THIRTY PERCENT (30) (I.E. TOTAL MONTHLY DEBT SERVICE AS PUBLISHED BY CREDIT REPORTING AGENCY DIVIDED BYGROSS MONTHLY INCOME).

13. ANY OUTSTANDING JUDGEMENTS OR LIEN MUST BE PROVEN TO BE SATISFIED OR HAVE A DOCUMENTED PAYMENT PLAN TO QUALIFY UNDER ITEM # 11.

If any items is marginal a waiver may be considered as long as it is approved by Management.

In the event of rejection by _____, the applicant will be notified in writing and given 14 days to respond in writing to request a meeting to discuss the rejection in person.