



Management Office  
PO Box 2641  
Kingston, NY 12402-2641  
Phone: (845) 331-2097

Dear Applicant;

We are pleased you have decided to apply for housing at one of our fine communities.

Enclosed you will find an application and other documents that must be completed in order to process your application and to determine your eligibility. **A separate application is required for each property**

Our senior communities feature one and two bedroom apartments and cottage style units. Rent includes heat, hot water and trash removal.

Our family complex feature two and three bedroom units with heat, hot water and trash removal included in the rent.

You may drop off your application at anyone of our Communities or you may **mail it to Rondout Properties LTD at PO Box 2641, Kingston NY 12402-2641.**

If you have any questions please feel free to call a member of our staff at 845-338-7571. Thank you for your interest in our communities and we look forward to serving you.

Sincerely,

Denise Tillson, Senior Property Manager  
Rondout Properties

*“Rondout Properties does not discriminate against any person on the basis of race, color, national origin, sex, handicap, familial status, or national origin.”*

**Income Limits for Ulster County\***

The following chart provides the maximum allowable gross **income** per year based on family size in order to be eligible to reside at our communities.

Number in Family	Maximum Gross Income per Year
<b>1 Person</b>	<b>29,460</b>
<b>2 Persons</b>	<b>33,660</b>
<b>3 Persons</b>	<b>37,860</b>
<b>4 Persons</b>	<b>42,060</b>
<b>5 Persons</b>	<b>45,480</b>
<b>6 Persons</b>	<b>48,840</b>

**Rental Rates by Community\***

Chambers Court Apartments 401 Chambers Drive, Town of Ulster 845-338-7571	\$331 to \$699	Age 55 and older
Birchwood Village Apartments 161 Colonial Dr, Kingston NY 12401 845-331-8232	\$589 to \$1042	
The Birches at Esopus 35 Dick Williams Lane, Ulster Park, NY 12486 845-338-6173	\$604 to \$870	Age 55 and older
The Birches at Saugerties 700 The Birches Route 9W, Saugerties 845-246-7568	\$426 to \$878	Age 55 and older
The Birches at Chambers 3000 Maple Lane, Town of Ulster 845-338-7571	\$596 to \$862	Age 62 and older

Information on all our communities can be found at [www.Birchez.com](http://www.Birchez.com)

***\* Rental Rates and Income Limits are subject to change.***



Management Office  
 401 Chambers Drive  
 Kingston, NY 12401

Phone: 845-338-7571 Fax: 845-340-1521



Dear Applicant,

This application must be completed in your handwriting. You must use the correct legal name for each member of your household as it appears on the member's social security card. List the head of household first, co-applicant second, other members third, etc. All information provided is kept confidential. *If you are unable to complete this application, you may choose someone to fill it out for you. That person must sign page 9 as the person whose handwriting appears on this form.*

**APPLICANT INFORMATION**

NAME (LAST, FIRST, MIDDLE INITIAL)	REALTIONSHIP TO HEAD OF HOUSEHOLD	MALE/ FEMALE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
	SELF			

**CURRENT HOUSING INFORMATION**

Current Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Current Rent: \$ \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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**REFERENCES**

Previous Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Personal Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Personal Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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**HOUSEHOLD INCOME INFORMATION**

<b>INCOME SOURCE</b>	<b>HOUSEHOLD MEMBER RECEIVING INCOME</b>	<b>NAME, ADDRESS AND PHONE OF SOURCE OF INCOME</b>	<b>MONTHLY GROSS AMOUNT RECEIVED</b>
Employment			
Employment			
Employment			
Self Employment			
Unemployment			
Unemployment			
Workers Compensation			
Public Assistance			
Disability Benefits			

Social Security			
Social Security			
SSI			
SSI			
Veterans Benefits			
Pension			
Pension			
Retirement			
Annuities			
Settlement Payments			
Child Support			
Alimony			
Death Benefits			
Military Pay			
Life Insurance Dividends			
Regular Monetary Gifts			
Lottery Winnings			
Inheritance			
Income from Real Estate			
Other income not listed above			

You must report all household income, regardless of who in the household receives it. If you have other income that is not listed above please provide details below:

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**HOUSEHOLD ASSET INFORMATION**

<b>ASSET TYPE</b>	<b>HOUSEHOLD MEMBER HOLDING ASSET</b>	<b>NAME, ADDRESS &amp; PHONE FOR ASSET</b>	<b>ACCOUNT NUMBER</b>	<b>CURRENT VALUE/ BALANCE</b>	<b>INTEREST RECEIVED</b>
Checking					
Checking					
Savings					
Savings					
Xmas Club					
CD's					
Money Market					
Stocks					
Bonds					
Securities					
Trust Funds					
IRA's					
Keoghs					
Retirement Accounts					
Real Estate					
Rental Property					
Cash on Hand					
Personal Property held as an investment					
Safe Deposit Box					
Life Insurance					
Other Assets not listed					

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You must report all assets held by ALL household members. If there are any other household assets not listed above please explain below:

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Have you or any member of your household disposed of any assets for less than fair market value in the last 2 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain; \_\_\_\_\_

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**General Information:**

A photocopy of birth certificates and social security numbers for all household members are to be attached.

If you are claiming income from Social Security you must attach a copy of the SSI or SSD award letter.

Please select the unit size and complex you are applying for, (please note all unit sizes are not available at all communities):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Birchwood Village   | <input type="checkbox"/> Chambers Court           | <input type="checkbox"/> The Birches @ Esopus   |
| <input type="checkbox"/> 2 Bedroom Apartment | <input type="checkbox"/> The Birches @ Saugerties | <input type="checkbox"/> The Birches @ Chambers |
| <input type="checkbox"/> 3 Bedroom Apartment | <input type="checkbox"/> 1 Bedroom Cottage        | <input type="checkbox"/> 1 Bedroom Apartment    |
|  | <input type="checkbox"/> 2 Bedroom Cottage        | <input type="checkbox"/> 2 Bedroom Apartment    |
|  |   | <input type="checkbox"/> 1 Bedroom Cottage      |
|  |   | <input type="checkbox"/> 2 Bedroom Cottage      |

Will any alterations be needed for a disabled household member?  Yes  No if yes please explain:

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Do you have a pet?  Yes  No If yes, Type: \_\_\_\_\_ Breed: \_\_\_\_\_

Are all members of the household full-time students?  Yes  No

Have you or any other household member ever: Filed for Bankruptcy?  Yes  No

Been evicted from Tenancy?  Yes  No

Been convicted of a felony?  Yes  No

Do you receive Rental Assistance?  Yes  No Agency: \_\_\_\_\_ Amount \$ \_\_\_\_\_

### **Race and National Origin**

This information regarding race, national origin and sex designation solicited on the application is requested in order to assure the Federal Government that Federal Laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. This information will not be used in evaluating your application or to discriminate against you in any way. If you chose not to furnish it; the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

White  Black  American Indian or Alaska Native  Asian or Pacific Islander

Hispanic  Non-Hispanic

**I (we) certify that this will be my (ours) only residence and I (we) will not maintain another residence at a different location.**

**I (we) understand that there will be a security deposit and a one year lease required. If accepted I, we agree to execute a lease agreement before possession is delivered and to pay the balance of the security deposit and any other move-in costs. The landlord reserves the right to acquire additional deposits or to decline the application based on uniform qualification standards for the property. If an additional deposit is required I, we understand that we have 24 hours to accept the unit and post the additional deposit, or it may be leased to another party.**

**I. we also understand that this property limits the number of occupants to two persons per bedroom.**

**I (we) do hereby authorize the staff of Rondout Properties, LTD. to contact any person, agency, office, group or organization to obtain verification of any and all information deemed necessary to complete my (our) application for housing. I (we) agree to hold harmless Rondout Properties LTD. and any landlord or person listed above from any and all claims I (we) may have for the contents of the information disclosed and for the disclosure and use of information.**

**I (we) certify that all the information that has been provided in this application is true to the best of my (our) knowledge. I (we) understand that false statements or information are punishable by law and will lead to the cancellation of this application or to the termination of tenancy.**

Please be aware that The Birches @ Chambers, Esopus and Saugerties are smoke free properties. Smoking is not allowed anywhere on these properties.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Other Members over the age of 18:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Person Completing this Application (if other than applicant):

\_\_\_\_\_

Date: \_\_\_\_\_

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*Rondout Properties, LTD. Is an Equal Housing Opportunity.*



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TENANT RELEASE AND CONSENT

I/We hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to **Rondout Properties, LTD.** for purposes of verifying information on my/our apartment rental application.

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

The groups or individuals that may be asked to release the above information include, but are not limited to:

- |  |                                  |  |
|--|----------------------------------|--|
| Past and Present Employers                             | Welfare Agencies                 | Veterans Administration                |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies      | Retirement System                      |
| Support and Alimony Providers                          | Social Security Administration   | Banks and other Financial Institutions |
|  | Medical and Child Care Providers |  |

**CONDITIONS**

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

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**SIGNATURES**

_____	_____	_____
Applicant/Resident	Social Security Number	Date
_____	_____	_____
Co-Applicant/Resident	Social Security Number	Date
_____	_____	_____
Adult Member	Social Security Number	Date
_____	_____	_____
Adult Member	Social Security Number	Date



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**CRIMINAL BACKGROUND CHECK  
 WAIVER AND AUTHORIZATION TO RELEASE  
 CONFIDENTIAL & PRIVILEGED  
 INFORMATION**

**Please Print Clearly**

**Applicant 1:** Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Applicant 2:** Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**YOU ARE HEREBY AUTHORIZED AND REQUESTED TO disclose, make available all information, records, and reports, or copies thereof, relating to your identity, including arrest records, if any, final dispositions of such arrests, etc., as may be shown on any local, State or Federal criminal information records and criminal computer searches to: Rondout Properties, LTD upon submission of the Authorization, signed by the individual who is the subject of this record search..**

**Applicant 1:**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Applicant 2:**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

APPLICANT DISCLOSURE AND RELEASE  
FOR CONSUMER AND INVESTIGATIVE CONSUMER REPORTS

Applicant(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License No. /State \_\_\_\_\_

By my signature below, I authorize **Rondout Properties LTD** to obtain my consumer credit report, public records, and to investigate any personal information with regards to my application to rent or lease certain property, house, apartment, or condominium. Simple Screening, Inc. is hereby authorized to conduct, on behalf of the landlord named below, the following procedures but is not limited to same. Simple Screening, Inc., and its agents, is authorized to prepare an investigative consumer report, including information as to my character, general reputation, personal characteristics, and mode of living (whichever are applicable).

Simple Screening, Inc. and its agents, are authorized to conduct personal, or by telephone, interviews with sources such as employers, and associates, including former landlords. I have a right to request complete and accurate disclosure of the nature and scope of the investigation. However, the names of sources of information need not be provided to me, nor are you required to give me a copy of the report. Further, I hereby give my consent to any person, office, employer, bank or other financial institution, government office, or other entity of any kind to release such information as is needed. A photocopy, or fax, of this signed release shall have the same force and effect as the original. Further, I acknowledge that the fee for this consumer report is non-refundable. Simple Screening, Inc. is hereby authorized to release the results of the Investigative Consumer Report to the prospective landlord who ordered this report and whose name is shown below. I specifically waive any confidential relationship or privacy position which may exist between myself and any person or party named herein and completely releases them from any responsibility or liability for damages which may occur as a result of the disclosure of this information.

I acknowledge that I have received a copy of this page.

I declare the information provided on the front of this form, or on any attachments, to be true and correct.

Landlord: **Rondout Properties LTD and its agents**

Applicant Signature; \_\_\_\_\_ Date: \_\_\_\_\_