

**\*\*We cannot accept this application without proof of income and a photo ID\*\***

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**RENTAL APPLICATION**  
**TRIP, Inc., 415 River Street, Troy, NY 12180**  
**Phone: (518) 272-8289 Fax: (518) 272-1950**  
**Dial (800) 627-3529 for Hearing Impaired Assistance**

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**APPLICANT-HEAD OF HOUSEHOLD**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security No. \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
**\*\*To reach you a month from now**

\_\_\_\_\_  
City State Zip Code Email Address \_\_\_\_\_

Present Landlord \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Current Rent Amount \$ \_\_\_\_\_ Does Rent Amount Include Utilities? [ ] Yes [ ] No

Employer Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code How Long? \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Gross Salary/Wages \$ \_\_\_\_\_ per hour \_\_\_\_\_ weekly \_\_\_\_\_ biweekly \_\_\_\_\_ monthly

Marital Status: \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_ Living Together

**Are you student? \_\_\_\_Yes \_\_\_\_No** **Are you disabled? \_\_\_\_Yes \_\_\_\_No**

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**SPOUSE or CO-APPLICANT INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security No. \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Email Address \_\_\_\_\_

Current Rent Amount \$ \_\_\_\_\_ Does Rent Amount Include Utilities? [ ] Yes [ ] No

Employer Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code How Long? \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Gross Salary/Wages \$ \_\_\_\_\_ per hour \_\_\_\_\_ weekly \_\_\_\_\_ biweekly \_\_\_\_\_ monthly

Marital Status: \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_ Living Together

**Are you student? \_\_\_\_Yes \_\_\_\_No** **Are you disabled? \_\_\_\_Yes \_\_\_\_No**

### OTHERS TO RESIDE IN THE APARTMENT

NAME	DOB	SEX	RELATIONSHIP	SOC-SEC-NO	SCHOOL
	____/____/____			- -	
	____/____/____			- -	
	____/____/____			- -	
	____/____/____			- -	

### DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD RECEIVE ANY OF THE FOLLOWING?

\* Please answer yes or no to all questions below and provide \$\$ amounts for those items checked YES. Do not leave any question blank.

Employment Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount	\$ _____
Public Assistance/Welfare/Welfare Settlement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount	\$ _____
Saving Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount	\$ _____
Checking Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount	\$ _____
Social Security Disability/ SSI or SSA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount	\$ _____
Child Support/Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount	\$ _____
Unemployment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount	\$ _____
Military Allowance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount	\$ _____
Lottery Winnings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount	\$ _____
Insurance settlement/Workers comp settlement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount	\$ _____
Settlement from Workers Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount	\$ _____
Have owed a home in the past 2 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount	\$ _____
Other Income not reported	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount	\$ _____
Disposed of any asset for less than fair market value in the past two years			<b>If yes</b>	<b>***Must complete form</b>

### LANDLORD INFORMATION

**Previous Address?** \_\_\_\_\_ **Date From** - **Date To**  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 City State Zip Code

**Previous Landlord Name** \_\_\_\_\_ **Phone # ( )** \_\_\_\_\_  
**Address** \_\_\_\_\_  
 City State Zip Code

**Previous Address?** \_\_\_\_\_ **Date From** - **Date To**  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 City State Zip Code

**Previous Landlord Name** \_\_\_\_\_ **Phone # ( )** \_\_\_\_\_  
**Address** \_\_\_\_\_  
 City State Zip Code

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**Are you a first-time renter?** ☐ Yes ☐ No

*If yes, we require two professional references from a school, job, or civic organization. These must be on letterhead and from someone you have known for at least one year. We will also require a home visit*

**Please list every state in which you and/or members of your proposed household have subsided in their lifetimes:** \_\_\_\_\_

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**OTHER INFORMATION**

*\* Please answer all questions below. Do not leave any section blank.*

Do you have a Section 8 housing choice voucher? ☐ Yes ☐ No

Do you expect any change in your family size? ☐ Yes ☐ No

If Yes, Please Explain \_\_\_\_\_

Has any member of your household been diagnosed with an elevated lead level? ☐ Yes ☐ No

If Yes, Please Explain \_\_\_\_\_

Is your home or apartment in good condition? ☐ Yes ☐ No

Are you or any member of your household subject to lifetime sex offender registration in any state? ( ) Yes ( ) No

Why are you moving?

Have you been asked to move or been evicted from any housing? ☐ Yes ☐ No

If Yes, Please Explain \_\_\_\_\_

How did you hear about TRIP's rental opportunities? \_\_\_\_\_

Description of pets \_\_\_\_\_

**Alternate Contact Person** \_\_\_\_\_ (Relative, friend) Phone # ( ) \_\_\_\_\_

*\*this would be someone we can ask to contact you for application information if we cannot reach you*

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*I certify that the information set forth here is complete and correct to the best of my knowledge. I hereby give permission to investigate my credit, my criminal background, landlord references, sex offender search, and to verify all information necessary to process this application.*

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature of Co-Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

**There is a preference for working applicants. Those households unable to work due to disability or retirement (reached legal retirement age) will not lose their spot on the waitlist**

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**TROY REHABILITATION & IMPROVEMENT PROGRAM, INC.**

**CRIMINAL HISTORY QUESTIONNAIRE & RELEASE**

**Name of Applicant:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

This questionnaire **MUST** be completed by **each person over the age of 16** who will appear on the lease. Please note that any false statements or omissions will/may be grounds for the denial of housing.

TRIP, Inc. will not make public the information that has been given and will make it a part of the confidential profile of the applicant.

1. Have you ever been arrested for any crimes, violations or traffic infractions?

- ☐ No (You do not need to fill out the remainder of the questionnaire)  
☐ Yes (Go to question #2)

2. Are you currently on probation or parole?

- ☐ No (Go to question #3)  
☐ Yes, With what City and State: \_\_\_\_\_

Name of Probation or Parole Officer: \_\_\_\_\_

3. List all arrests from question #1:

Date	Location	Charges	Final Disposition
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

**\*\*Please use back of paper for any additional arrest information**

**My signature below authorizes TRIP, Inc. to request, from any Municipal Police Department, any and all records that may be on file with their Agency for any violation(s) of the law. Response to this request is essential for the applicant's admission for housing or employment to be processed in accordance with the rules and regulations set forth by TRIP, Inc. and the US Department of Housing and Urban Development.**

In accordance with the Violence against Women and Justice Department Reauthorization Act of 2005, TRIP will not consider criminal activity directly related to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for rejection of an application or denial of assistance. TRIP may request certification of such event(s) through HUD Form 91066. Failure to provide Certification of such events within 14 days of rejection of application may result in denial of housing

**Penalties for Misusing this Form**

Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under the pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the office or employee of HUD, the PHA, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the social security Act at 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**



**APP #** \_\_\_\_\_ **# BDRMS** \_\_\_\_\_

Dear Applicant,

Thank you for applying to TRIP for a HUD subsidized apartment on \_\_\_\_\_.

A few notes:

**It takes *on average* 4 – 6 weeks to process an application.** You should not anticipate hearing from us before \_\_\_\_\_.

Please do not call us before that date to learn the status of your application. It only keeps us from working on it. If we need additional information we will call you. The only exception to this is if your address or phone number changes. If you move or get a new phone number, please call the office so that we can update your file.

You will receive a letter of approval or denial. We will not give an approval or denial over the telephone. If you do not get a letter of approval or denial by \_\_\_\_\_, feel free to call us and ask for the status of your application. We will only confirm if it is in process, not the outcome (approved or denied).

Once your application is approved, you will be placed on our waitlist. We will mail your approval letter, **your waitlist number will be on the approval letter.** It is very difficult to predict how quickly an apartment may become available. We do not always know when someone may be moving. We will call you when you are near the top of the waitlist.

Excessive telephone calls to our office will NOT help you get approved, and will definitely delay your opportunities for housing.

Thank you for your assistance,  
Rental Management