

# HOUSING APPLICATION

## *ASHBOURNE Senior Housing*

C/O A-HOME -Managing Agent  
 86 Smith Avenue  
 Mount Kisco, NY 10549  
 914-741-0740 ext 322

Last Name		Date	
First Name			
Address			
Home Phone#		Cell Phone #	
E-mail		Work Phone #	

**Family information:** List all information for ALL persons who will be living in the unit.

Applicant must be a least 62 years old

Name: First and Last	Relationship	Date of Birth	Age	Employed?
	<b>Self</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Do You have any Pets?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, How many and What Type:
------------------------------	--	---------------------------------

**Residences:** Where have you lived in the Past? Start with most current:

Type (apt, house, family, etc)	Monthly Rent Amt	Location	Dates: From/To	Reason for leaving

Do you have a Section 8 Voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bedroom size/rent approved for:
---	---------------------------------

<b>Current Landlord Name:</b>	
Address	
Phone Number	

<b>Have you ever been evicted or asked to leave a residence?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:

<b>Do you, or anyone who will be living with you, have any needs or disabilities, which would require special accommodations?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:

**FINANCIAL INFORMATION -Income (type) for you and all individuals who will be living with you.**

TYPE of INCOME	Name of Person	Amount Monthly (Gross)	Amount Annually (Gross)
<b>SSI/ SOCIAL SECURITY DISABILITY/ SOCIAL SECURITY RETIREMENT</b>			
<b>EMPLOYMENT WAGES</b>			
<b>PENSION</b>			
<b>VETERANS BENEFITS</b>			
<b>UNEMPLOYMENT</b>			
<b>PUBLIC ASSISTANCE</b>			
<b>ALIMONY</b>			
<b>OTHER</b>			
<b>TOTAL INCOME FROM ALL SOURCES</b>		\$	

**RESOURCES/ASSETS:****AMOUNT**

<b>CASH ON HAND</b>	
<b>BANK ACCOUNT(s)</b>	
<b>REAL ESTATE (estimate market value)</b>	
<b>STOCKS</b>	
<b>MONEY MARKET</b>	
<b>BONDS</b>	
<b>IRA's</b>	
<b>Other Investments</b>	
<b>LIFE INSURANCE (cash value)</b>	
<b>TOTAL FINANCIAL RESOURCES</b>	<b>\$</b>

Do you have any major outstanding debts?  Yes  No

If yes, please describe: \_\_\_\_\_

<b>LIABILITIES</b>	<b>Name</b>	<b>Type</b>	<b>Amount owed</b>
<b>Bank Loan</b>			
<b>Credit card(s)</b>			
<b>Car loan</b>			
<b>Student loan</b>			
<b>Mortgage</b>			
<b>Rent owed</b>			
<b>Medical bills</b>			
<b>Child support Or Alimony</b>			
<b>Utilities (Electric, phone etc.)</b>			
<b>Other</b>			

**\*\*Detailed income verification will be required later in the admissions process.\*\***

**Attach paper if needed**

How did you learn about ASHBOURNE? \_\_\_\_\_

Name, Agency and Phone # (if applicable) of person who referred you to ASHBOURNE:

---

Do you own a car?  Yes  No Do you have use of a Car?  Yes  No

If yes, to either Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Have you, or anyone who will be living with you, ever been convicted of a crime?  Yes  No

If yes, please explain (When, where and what crime): \_\_\_\_\_

---

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best Number(s): \_\_\_\_\_

I hereby affirm that the above information is true and current. Falsification of information can result in termination of the application process or eviction. I authorize Ashbourne /A-HOME to investigate and validate any information provided on this application. I understand that such an investigation may include contacting my personal, financial or housing references as well as a visit to my current residence.

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

Please return to:

Ashbourne c/o A-HOME  
86 Smith Avenue  
Mt Kisco, NY 10549  
Phone Number: 914-741-0740 Fax: 914-741-0777