

**EXECUTIVE HOUSE APARTMENTS**  
**175 SOUTH SWAN STREET**  
**ALBANY, NY 12210**  
**(518) 434-4121 [exehouse@nycap.rr.com](mailto:exehouse@nycap.rr.com)**

**APARTMENT APPLICATION**

**Directions:** *Print or type all requested information and sign certification. Original application will be time and date stamped upon receipt and entered into NYS Homes and Community Renewal's Automated Waiting List (AWL) in chronological order. Applicant will be given a print out of AWL summary with application number. Applicants can monitor waiting list position and update their contact information using the AWL's public access function @ [www.nyshcr.org](http://www.nyshcr.org).*

**Applicant Address:**

Apartment #: \_\_\_\_\_ Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Head of Household:** *(Must be completed. Head of household must be 18 years of age or older.)*

Last Name	First Name	Social Security No.	Age

**Co-Head of Household:** *(Complete if applicable. Co-head must be 18 years of age or older.)*

Last Name	First Name	Social Security No.	Age

**Other Household Members:** *(List all other persons who will reside in apartment.)*

Last Name	First Name	Social Security No.	Age

**Apartment Size:** *(Select one or two sizes. Household must meet applicable occupancy standards.)*

Studio (1-2 persons)     1 Bdrm (1-2 persons)     2 Bdrm (2-4 persons)     3 Bdrm (4-6 persons)     4 Bdrm (5-8 persons)

**Special Requirements:** *(Note that special requirements can extend your wait for an apartment.):*

**Gross Household Income:** \$ \_\_\_\_\_ *Enter total adjusted gross income reported on the federal income tax returns for the prior calendar year for all household members, less \$1,000 for each personal and dependent exemption, and less \$20,000, or actual earnings if less, for each secondary wage earner.*

**Veterans Admission Preference:**  *If head- or co-head of household is an honorably discharged veteran of the US Armed Services, or such veteran's surviving spouse, who served on active duty in time of war and resides in New York State, check box and attach DD-214 to qualify for admission preference. (Not applicable for Limited Dividend housing companies.)*

**Certification:** *(Head of household and co-head must sign and date.)*

The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verifying this information and I agree to furnish all required documentation.

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Housing Company Use Only				HCR Use Only:	
Application Date <i>(date original application stamped received):</i> /    /			AWL #:		Approved by: _____
Is this the original application? <i>(Check yes/no; if no, attach original application.)</i>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Bldg #:	Apt #:	# Bdrms:	# Rental Rms:		Date:    /    /
Mthly Rent/CC:	Utilities:	Total:	Equity, if co-op:		Comment:
Max. Income:		Comment:			
Approved by:			Date:    /    /		