

STANDARD APPLICATION FOR RENTAL HOUSING



**WALSH PARK**

**Walsh Park Benevolent Corporation**

**P.O. Box 684**

**Fishers Island, NY 06390**

(631) 788-7927

[www.walshpark.org](http://www.walshpark.org)

PLEASE PRINT all application answers. Incomplete applications cannot be processed. Complete all information requested on the application form. If a question is not applicable, please write N/A.

Make sure that you sign the last page.

If you need additional space to provide an answer, you may attach an additional sheet(s).

Name of Applicant \_\_\_\_\_

Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail & Cell Phone \_\_\_\_\_

(Please indicate the best telephone number to reach you)

**Members of Household to live in unit (including the Head of Household)**

First & Last Name	Relationship to Head of Household	Occupation - Employed - At Home - Student (Grade)
1.	Head of Household	
2.		
3.		
4.		
5.		

**HOUSEHOLD INCOME**

Based on your most recent tax return, what is your approximate household income?

- \$0 - \$55,000
- \$56,000 - \$72,000
- \$73,000 - \$89,000
- \$90,000 - \$130,000
- \$131,000 +

**HOUSING HISTORY:** List addresses for each adult household member for at least the last 5 years in reverse order; please list primary leaseholder, if other than you.

- (1) Current Address: \_\_\_\_\_ Years: \_\_\_\_\_  
Name of Landlord (owner) \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address of Landlord \_\_\_\_\_
- (2) Address: \_\_\_\_\_ Years: \_\_\_\_\_  
Name of Landlord (owner) \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address of Landlord \_\_\_\_\_

**EMPLOYMENT HISTORY:** List employment history for each adult household member for at least the last 5 years in reverse order.

- (1) Current Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer's Phone: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Monthly Pay: \_\_\_\_\_
- (2) Previous Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer's Phone: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Monthly Pay: \_\_\_\_\_

**PERSONAL REFERENCES:** List two references. These should not be relatives or household members. It is strongly recommended that all applicants also submit character reference letters to the Walsh Park Board of Directors.

- (1) Name: \_\_\_\_\_ #of years you have known this person: \_\_\_\_\_

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

(2) Name: \_\_\_\_\_ #of years you have known this person: \_\_\_\_\_

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

**COMMUNITY INVOLVEMENT:** Walsh Park properties are only made available to year-round residents of Fishers Island who are active, contributing members of the community. Please list examples of your community involvement:

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**OTHER:** Why does the applicant want to live in Walsh Park housing? What special skills does the applicant offer to the Fishers Island community? Please list any additional reasons you'd like the Walsh Park Board of Directors to consider in their review of your application:

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**APPLICANT CERTIFICATION**

I/we certify that if selected to participate in the program, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility.

I/we authorize the Walsh Park Benevolent Corporation and its representatives to verify all information provided on this application and to contact previous or current landlords, employers or other sources of credit and verification information.

I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information may result in my/our losing access to Walsh Park Benevolent Corporation's housing program.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_