



**Village of Potsdam Housing Authority**  
 100 Racquette Road Potsdam New York 13676  
 (315) 265-3680 ~ Fax: (315) 265-1256  
 New York State Hearing Impaired TTY Relay 1-800-662-1220



Effective through December 2024

Dear Applicant:

Thank you for your interest in Evergreen Park Apartments in Potsdam, NY. The Village of Potsdam Housing Authority (VPHA) is pleased to offer 100 modern, updated apartments for low- and moderate-income households which meet the housing specifications in the area per U.S. Department of Housing and Urban Development (HUD).

Our complex is operated under the New York State Low-Income Housing Tax Credit (LIHTC) Program and requires applicant screening to ensure households living in the apartments meet program criteria. The income guidelines established for admission to our apartments is as follows; applicant’s total household incomes must be at or below this income for admission:

Number of Persons in Household	1	2	3	4	5	6	7	8
Gross Annual Income Threshold	\$35,100	\$40,080	\$45,120	\$50,100	\$54,120	\$58,140	\$62,160	\$66,180

\*This amount is subject to change. Please contact the office for the most up-to-date threshold.

The tenant rents for Evergreen Park Apartment for an **unsubsidized** apartment, which includes heat, electricity, water, sewer, parking, and trash removal, currently are:

One (1) Bedroom	Two (2) Bedroom	Three (3) Bedroom	Four (4) Bedroom
\$735	\$877	\$1,015	\$1,178
Security Deposit	Security Deposit	Security Deposit	Security Deposit
\$325	\$350	\$375	\$400

\*All rents are subject to change. Please contact the office for the most up-to-date information.

**Please note, we have a strict “No Pet Policy” in effect at our complex.**



**NO SMOKING  
 NO VAPING  
 NO E-CIGARETTES  
 NO MARIJUANA**



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Upon receipt of your completed application, your name will be placed on a waiting list. Tenants are selected from the waiting list on a first-come, first-serve basis using application date and time.

You will be contacted when your name arrives at the top of the waiting list to see if you are still interested in leasing an apartment.

At that time, you will be asked to submit copies of the following household information.

**DO NOT SEND THESE UNTIL THEY ARE REQUESTED FROM YOU**

- Birth certificates of all household members
- Social security cards of all household members
- Household income (i.e. last four paychecks, Social Security/SSI reward letters, etc.)
- Household assets (i.e. last six months statements of checking or investment accounts, most recent statement of savings accounts, Direct Express or work bank card, etc.)

Please call our office at (315) 265-3680 if you have any further questions.

Sincerely,

*The Village of Potsdam Housing Authority  
Management Staff*



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**This application must be completely filled out and signed.  
 Incomplete applications will not be considered.**

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

Applicant Full Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alt Phone: \_\_\_\_\_

**Household Composition:**

MBR#	MEMBER FULL NAME	DOB	SSN	RELATIONSHIP	AGE	SEX
Head				SELF		
2						
3						
4						
5						
6						

**This application is for an unsubsidized apartment. If you cannot afford the rent in full, stop filling out this application and contact the main office.**

## HOUSING ADMISSION PREFERENCE

Are you being evicted or forced out of your current home for reasons beyond your control such as domestic violence, condemnation, or fire? YES  NO

Please explain:

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*If you answered yes to this question, you may be eligible for a higher priority admission. Please inform the office of this situation when you hand in your application.*

**Please check yes or no to the following questions:**

Are any household members currently **temporarily absent**? (Include only those individuals you anticipate will be a household member within the next 12 months)? YES  NO

If yes, please list: \_\_\_\_\_

Do you expect any **changes in the household composition** within the next 12 months? YES  NO

If yes, please explain: \_\_\_\_\_

Are any members of the household full time students? YES  NO

If yes, please explain: \_\_\_\_\_

Do you have full custody of your children? YES  NO

If no, please explain: \_\_\_\_\_

Does anyone have **Power of Attorney** for you? YES  NO

If yes, name of individual who has Power of Attorney: \_\_\_\_\_

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

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ (please provide a copy of POA documentation)

Do you own any Real Estate? YES  NO

If yes, please include address and market value:

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Do you wish to be considered for **only** handicapped accessible apartments? YES  NO

Would you benefit from special design features of an apartment? YES  NO

If yes, please explain:

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## CRIMINAL BACKGROUND INFORMATION

Is the applicant or any member of the household subject to State Lifetime Sex Offender Registration in any state? YES  NO

If yes, please explain: \_\_\_\_\_

Has the applicant or any member of the household been convicted of a crime? YES  NO

If yes, please explain: \_\_\_\_\_

Has the applicant or any member of the household been evicted for disturbing the peace, excessive noise, damaging an apartment, or unsanitary housekeeping? YES  NO

If yes, please explain: \_\_\_\_\_

Is the applicant or any member of the household currently using or distributing controlled substances? YES  NO

If yes, please explain: \_\_\_\_\_

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## INCOME INFORMATION

**Monthly Income Information:** List must include income from **ALL** household members:

Social Security:	\$ _____	Alimony:	\$ _____
SSI:	\$ _____	Child Support:	\$ _____
NYS SSP:	\$ _____	Unemployment:	\$ _____
Pension Benefit:	\$ _____	Grants/Scholarships:	\$ _____
Annuity:	\$ _____	Occupation:	\$ _____
VA Benefits:	\$ _____	Other Income:	\$ _____
Disability:	\$ _____		

\*\*Failure to report ALL income is a violation of the law and grounds for disqualification for public housing.

## ASSET INFORMATION

**Asset Information:** List all assets for **ALL** household members:

Checking:	\$ _____	IRA/401K:	\$ _____
Savings:	\$ _____	CD/Money Market:	\$ _____
PayPal/Venmo:	\$ _____	Stocks/Bonds:	\$ _____
Direct Express Card:	\$ _____	Real Estate:	\$ _____
Employment Card:	\$ _____	Life Insurance:	\$ _____
Cash:	\$ _____	Funeral Expense:	\$ _____
Workers Comp/Settlement:	\$ _____		

\*\*Failure to report ALL assets is a violation of the law and grounds for disqualification for public housing.

Have you disposed of any assets in the last two years? YES  NO

*If yes, please answer the following:*

What was the asset? \_\_\_\_\_

What was the value of the asset? \_\_\_\_\_

When did you sell it? \_\_\_\_\_

What was the sale price? \_\_\_\_\_

**SIGNATURES AND CERTIFICATION**

I CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE RELEASE, TO THE MANAGEMENT OF EVERGREEN PARK APARTMENTS, OF ANY INFORMATION FROM ANY PERSON, CORPORATION, GOVERNMENT AGENCY, LANDLORD, OR CREDIT REPORTING SERVICE. I ALSO AUTHORIZE A RELEASE OF MY ARREST RECORD FROM ANY LAW ENFORCEMENT AGENCY. I ALSO CERTIFY THAT, WHEN ADMITTED, THIS APARTMENT SHALL BE MY PERMANENT RESIDENCE, AND I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

_____	_____	_____
HEAD OF HOUSEHOLD SIGNATURE	HEAD OF HOUSEHOLD PRINT	DATE
_____	_____	_____
SPOUSE/CO-HEAD SIGNATURE	SPOUSE/CO-HEAD PRINT	DATE
_____	_____	_____
OTHER ADULT SIGNATURE	OTHER ADULT PRINT	DATE

**Failure to notify the Evergreen Park Apartments' Admissions Team of a change in address, phone number, family size, or income shall void this application.**