



# Membership Application Housing Properties

Membership dues will be billed for the following facility under a joint membership plan of LeadingAge New York and LeadingAge unless otherwise noted.

**PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION**

**General Information**

Property Name: \_\_\_\_\_

Chief Executive Officer: \_\_\_\_\_

Site Director: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ \*E-mail: \_\_\_\_\_

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

*\*Most of LeadingAge New York's information is sent via e-mail, so please indicate the e-mail address where you would like to receive information in a timely manner.*

*\*Cell phones are used during conference by LeadingAge and LeadingAge New York to share information and updates.*

Type of Sponsorship (please check all that apply):

- Religious                       Private Foundation                       Community
- Governmental                       Fraternal                       Union
- Other (please specify): \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_

Federal Income Tax Classification [e.g., 501(c)(3)]: \_\_\_\_\_

Federal Program (please check): No. of Units: \_\_\_\_\_

Sponsor: \_\_\_\_\_

- Sec 8       Sec 202       Sec 221(d)(3)       Sec 236       Sec 515       Sec 811

State Program (please check):

- Low Income Housing Tax Credit       Mitchell-Lama       Housing Finance Agency
- State Housing Trust Fund       Fannie Mae       Other (please specify): \_\_\_\_\_

How many subsidized units do you operate? \_\_\_\_\_

Federal: \_\_\_\_\_ State: \_\_\_\_\_ Municipal: \_\_\_\_\_

How many non-subsidized units do you operate? \_\_\_\_\_

Have you ever been a member of LeadingAge New York?       Yes       No