

FAX: (518) 270 - 3832



TELEPHONE: (518) 270 - 3805 Ext 114

**APPLICATION FOR CITY OF WATERVLIET
APARTMENT MANAGEMENT PROGRAM**

Name of Applicant(s): _____

Property Address: _____

Home Phone: _____ Cell Phone: _____

Number of units: _____ Number of empty units: _____

I do affirm that the information I have provided is accurate and correct. I hereby authorize and allow the staff of the Department of Planning and Community Revitalization to carry out the inspections of my property in order to evaluate the needs of the property and its eligibility for the Apartment Management Program.

Signed: _____

Date: _____

Property Owner

Signed: _____

Date: _____

Property Owner

**Return application to:
Planning and Community Revitalization
Apartment Management Program
City Hall, Room 2
Watervliet, NY 12189-2846**