



Wilson Commencement Park
Tenant Application

**PLEASE RETURN TO:**

Wilson Commencement Park
251 Joseph Ave
Rochester, NY 14605
Phone (585) 263-7930

FOR OFFICE USE ONLY

Application # _____
Project # _____
Date _____ Time _____
Application Accepted by: _____

INFORMATION SOLICITED ON THIS APPLICATION IS REQUESTED BY THE APARTMENT OWNER IN ORDER TO ASSURE THAT FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICATIONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, MARITAL STATUS, AGE AND HANDICAP ARE COMPLIED WITH. THIS INFORMATION WILL NOT BE USED TO DISCRIMINATE AGAINST YOU. WE ARE AN EQUAL HOUSING OPPORTUNITY ORGANIZATION.

Please review your application carefully. **If any questions are not answered, the application may be deemed to be incomplete and could be returned to you.**

Applicant #1Applicant #2

Name _____
Address _____
City _____
Zip Code _____
Telephone # () _____
Age _____ Sex _____
Date of Birth _____
Social Security# _____

Name _____
Address _____
City _____
Zip Code _____
Telephone # () _____
Age _____ Sex _____
Date of Birth _____
Social Security# _____

FAMILY COMPOSITION (Persons to reside in apartment in addition to above named):

Name	Relationship	Birth date	Social Security #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

BEDROOM SIZE REQUESTED:

- (2) Two Bedroom
- (3) Three Bedroom

Name of other person we can contact if you are not available:

Name	Address	Phone Number
_____	_____	_____

INCOME/ASSET INFORMATION

Applicant #1

Applicant #2

Current Income:

(RHAC #01) Gross Employment/month

(RHAC #05) Public Assistance

(RHAC #07) SSI/Social Security/month

(RHAC #08) IRA/Pension/month

(RHAC #08) Veterans Benefits

(RHAC #04) Unemployment

(RHAC #06) Alimony/Child Support

(RHAC #19) No Child Support

(RHAC #02) Self-Employment

(RHAC #08) Other Income

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(RHAC #20) Are you or any adult member claiming zero income? _____

Bank Accounts:(include all household members)

(RHAC #09) Checking Account

(RHAC #09) Savings Account

(RHAC #09) Money Market Account

(RHAC #09) Credit Union

(RHAC #09) Other (please specify)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Present Assets:

(RHAC #10) Full value of stocks

(RHAC #10) Full value of bonds

(RHAC #10) Full value of CD's

(RHAC #10) Market value of Real Estate

_____	_____
_____	_____
_____	_____
_____	_____

(RHAC #11) Have you or any member of your household disposed of any assets for less than fair market value with in the past 2 years? \$ _____

PRESENT LIVING CONDITIONS:

Do You: own rent

How long have you lived at your residence? _____

What is your rental cost each month? _____

Does your rent include utilities? _____

If rent does not include utilities, what is your average cost per month? (Do not include phone or cable) _____

Do you receive rental assistance or rent subsidy? Yes _____ No _____

If yes, state amount: \$ _____

Do you have a Section 8 voucher ?

Yes or No Type _____

Do you have a disability that will require special accommodations in your apartment?

Applicant #1 Yes _____ No _____ Applicant #2 Yes _____ No _____

How did you hear about this housing? _____

When would you be able to take an apartment? _____

WHY DO YOU WISH TO MOVE?

RHAC #12) Are you or any household members full time students?

Name (s) _____

Have you ever been convicted of a felony? _____

List the offense and year of conviction _____

REFERENCES:

REFERENCES ARE REQUIRED AS PART OF THE APPLICATION PROCESS. WE ASK YOU TO LIST AS APPROPRIATE, PERSONS WE MAY CONTACT AS REFERENCES.

Have you ever been evicted? _____

LANDLORD REFERENCES - Please list all places of residence within the last five years (Use back of page for additional space).

(RHAC #22) Present Landlord: Name _____
Address _____
Phone _____
Dates From _____ To _____

Previous Landlords:
Name _____
Address _____
Phone _____
Dates: From _____ To _____
Property Name _____
Previous Address _____

Name _____
Address _____
Phone _____
Dates: From _____ To _____
Property Name _____
Previous Address _____

PLEASE SIGN THE ATTACHED LANDLORD REFERENCE AUTHORIZATION. APPLICATION WILL NOT BE PROCESSED OR ACCEPTED WITHOUT SIGNED AUTHORIZATION FORM.

EMPLOYMENT:

Applicant #1
Name _____
Address _____
Phone _____
Dates From _____ To _____
Type of Work _____

Applicant #2
Name _____
Address _____
Phone _____
Dates From _____ To _____
Type of Work _____

PERSONAL REFERENCES (Not a relative):

Applicant #1

Applicant #2

Name _____

Name _____

Address _____

Address _____

PLEASE SIGN THE ATTACHED CREDIT CHECK AND CRIMINAL AUTHORIZATION. APPLICATION WILL NOT BE PROCESSED OR ACCEPTED WITHOUT SIGNED AUTHORIZATION FORM.

WE ARE AN EQUAL OPPORTUNITY HOUSING ORGANIZATION. WE WOULD APPRECIATE YOUR VOLUNTARY ANSWER TO THE FOLLOWING QUESTIONS:

Ethnicity (Select one)

Hispanic or Latino

Not Hispanic or Latino

Race (Select All Which Apply)

American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, or White

vvvvvvvv PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING vvvvvvvv

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLFULLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. Any willful misrepresentation or concealment of any material fact that would affect eligibility for admission will be considered grounds for termination of lease and eviction. I, therefore declare the information provided to be true to the best of my knowledge.

Signature of Applicant #1

Signature of person assisting with application

Signature of Applicant #2

Name of person assisting with application

Date

Address and Phone number

PLEASE ATTACH VERIFICATION OF AGE: BIRTH CERTIFICATE/DRIVERS LICENSE, ETC.

Authorization for release of information

I, _____, Consent to allow _____ (Property Name), Inc. to request and obtain income, assets, credit, schooling, and Landlord information from the sources attached to this form for the purpose of verifying my eligibility and level of benefits under ROI Management, Inc. Assisted housing programs. I understand that housing authorities that receive income information under this consent form cannot use it to deny, refuse, or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest these determinations.

I have read this document, and understand, and agree to the release of information in consideration for my occupancy or continued occupancy of an apartment operated by _____, (Property Name).

In conjunction with our application for renewal of a lease, I hereby certify that all information contained herein is true and correct. I understand that the material falsification of information provided may result in the rejection of this application or in termination of my lease agreement."

"By execution of this application, I hereby authorize _____, (Property Name) to make such investigation into my credit, employment, rental, and criminal history per the tenant selection criteria, and release all parties from all liability for any damage that may result from their furnishing information to you."

Signatures:

Name

Date

Social Security Number