



# Rental Application

Project: \_\_\_\_\_

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

Date Received	Time Received

For office use only

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on their Social Security Card. List tenant first, co-tenant second, then other members of household. All information is kept confidential. If you are unable to fill out this application, then someone will fill it out for you or you may choose to have someone fill it out for you. That person must sign the last page as the person whose handwriting appears on this form. Completed applications should be sent with a photocopy of a picture i.d. of each household member over the age of 18 to:

Karen McAneney  
 Arbor Development  
 c/o Seneca Street Apartments  
 30 Seneca Street  
 Hornell, NY 14830

Applicant:	
Phone Number:	
Present Address:	

**A. List all persons who will be living in your home:**

Name	Birth Date	Relationship	Social Security #
		Self/Head of Household	

**B. Will any alterations to the apartment be necessary for a member of your family:**

a. Yes  No

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

Arbor Development and this apartment complex does not discriminate on the basis of race, color, age, religion, sex, sexual orientation, or handicapped status. Karen McAneney, Arbor Development Property Manager, has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR Part 8, dated June 2, 1988).

C. List all sources of income as required below:

Tenant Name	Income	Gross Amount	Source/Address
1)	Social Security per month	\$	
2)	Social Security per month	\$	
1)	Pension per month	\$	
2)	Pension per month	\$	
1)	SSI Benefits per month	\$	
2)	SSI Benefits per month	\$	
1)	Wages Gross per month	\$	
2)	Wages Gross per month	\$	
1)	Unemployment per month	\$	
2)	Unemployment per month	\$	
1)	Social Services per month	\$	
2)	Social Services per month	\$	
1)	Earned Income Tax Credit	\$	
1)	Income From Investments	\$	
2)	Income From Investments	\$	
1)	Interest Income per month	\$	
2)	Interest Income per month	\$	
1)	Child Support	\$	
2)	Child Support	\$	
1)	Alimony	\$	
2)	Alimony	\$	
	Other Income	\$	

D. Do you anticipate any changes in this income during the next 12 months?

a. Yes  No

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

E. Does anyone in the household receive any regular contributions or gifts from a non-household member?

a. Yes  No

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

F. Does anyone in the household receive any income from property?

a. Yes  No

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

G. List all assets for all household members:

Tenant Name	Account	Account #	Bank/Address	Balance	Interest
1)	Checking			\$	
2)	Checking			\$	
1)	Savings			\$	
2)	Savings			\$	
1)	Credit Union			\$	
2)	Credit Union			\$	
1)	CD's			\$	
2)	CD's			\$	
1)	Savings Bonds			\$	
2)	Savings Bonds			\$	
	Income Dividends			\$	
	Other				

H. List cash on hand: \_\_\_\_\_

I. Do you own any property?

a. Yes  No

b. If yes, type of property: \_\_\_\_\_

c. Address: \_\_\_\_\_

d. What is the appraised market value: \_\_\_\_\_

J. Have you sold/dispensed of any property in the last 2 years?

a. Yes  No

b. If yes, type of property: \_\_\_\_\_

c. What was the market value when sold/dispensed: \_\_\_\_\_

d. What was the amount the property sold for? \_\_\_\_\_

e. Date of transaction: \_\_\_\_\_

K. Have you disposed of any other assets in the last 2 years (example: given away money to relatives, set up irrevocable trust accounts)?

a. Yes  No

b. If yes, describe asset: \_\_\_\_\_

c. Date of disposition: \_\_\_\_\_

d. Amount disposed: \_\_\_\_\_

L. Do you have any assets not listed above (excluding personal property)?

a. Yes  No

b. If yes, list: \_\_\_\_\_

M. Landlord references:

Current Landlord	
Address	
Phone #	
Dates of residency	
Previous Landlord	
Address	
Phone #	
Dates of residency	
Previous Landlord	
Address	
Phone #	
Dates of residency	

N. Are you currently under eviction or have you ever been evicted?

a. Yes  No

O. Are you a drug dealer or have you ever been a drug dealer?

a. Yes  No

P. Have you ever been convicted of a felony offense?

a. Yes  No

b. If yes, date of conviction: \_\_\_\_\_

Q. Personal References (no relatives):

Name	
Address	
Phone #	
# Years Known	
Name	
Address	
Phone #	
# Years Known	
Name	
Address	
Phone #	
# Years Known	

R. In case of emergency, notify:

Name	
Address	
Phone #	
Alternate Phone #	

S. List all automobiles in your household:

Make/Model	Year	Color	License Plate #

T. Do you own any pets:

a. Yes  No

b. If yes, describe: \_\_\_\_\_

I (we) certify that I (we) do/will not maintain a separate subsidized rental unit in a different location.

I (we) also certify that this will be my (our) primary residence.

Acceptance of this application does not guarantee rental of an apartment. All applicants must meet screening criteria, including landlord and income verification checks. Changes in family income, size, address and phone number must be reported promptly to management in order to properly process your application.

A security deposit and one year lease are required.

I (we) certify that all information in this application is true and to the best of my (our) knowledge and that I (we) understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Signatures:

\_\_\_\_\_

Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Co-Applicant

\_\_\_\_\_

Date

Name of person who filled out this application: \_\_\_\_\_

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of the applicant based on visual observations or surname.

Race/Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino
- American Indian/Alaska Native
- Native Hawaiian/Pacific Islander

- White
- Black or African American
- Asian

Gender:

- Male
- Female

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## General Consent to Release Information

**Each person over 18 who will be living in the apartment must complete and sign a copy of this release.**

I (we) do hereby give Arbor Development and it's staff or authorized representative permission to contact any agencies (including law enforcement), groups, organizations, or references listed in the rental application to obtain and verify any information or materials which are deemed necessary to complete my (our) application for housing in this property managed by Arbor Development.

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

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

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

If you have ever used any name(s) or social security number(s) other than the one you are currently using, please list and explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature/date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Signature/date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Signature/date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Birth date