



Rental Application

Project: Seneca Manor Apartments

Address: 7477 Seneca Road North, Hornellsville, NY 14843

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
 P.O. Box 31
 Bath, NY 14810
 1-866-99Arbor, x11

Applicant:	
Phone Number:	
Present Address:	
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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, ethnicity, age, religion, sex, sexual orientation, familial status, marital status, military status 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 (24CRF Part 8, dated June 2, 1988).

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	\$	

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

a. Yes No

b. If yes, please explain: _____

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

a. Yes No

b. If yes, please explain: _____

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

a. Yes No

b. If yes, please explain: _____

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F. 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			\$	
	Life Insurance Surrender Cash Value				
	Other				

G. List cash on hand: _____

H. Do you own any property?

a. Yes No

b. If yes, type of property: _____

c. Address: _____

d. What is the appraised market value: _____

I. Have you sold/disposed 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/disposed: _____

d. What was the amount the property sold for? _____

e. Date of transaction: _____

J. 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: _____

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

a. Yes No

b. If yes, list: _____

L. Do you pay any out of pocket medical expenses (ex: insurance, prescriptions, dental, optometric, lifeline, etc.) If so, please 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

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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

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Application Assistance and Information Statement

If you are handicapped or disabled, or have difficulty completing this application, please advise us of your needs when you receive this application, or call us to schedule an appointment for assistance. Our phone number is 607-776-7664. Appropriate assistance will be provided in a confidential manner and setting.

Answering questions on your application:

Please answer all questions truthfully. We will verify all of your answers. Any misrepresentation of information related to eligibility, preference for admissions, allowances, rent, family composition or prior resident history is grounds for rejection. Additionally, you should be aware that Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

Answering questions relating to handicap or disability:

Answers to questions on your application concerning handicap or disability status are *optional*, but please note that individuals with handicaps or disabilities may be entitled to (1) certain deductions from income that affect rent or (2) units designed to be accessible for individuals with handicaps or disabilities. So, without this information, we may not be able to calculate your rent correctly or verify your eligibility to live in an accessible unit.

If you answer the questions relating to handicap or disability, we will need to verify that you are handicapped or disabled. We do not need to know the nature, extent, or current condition of the handicap or disability. But we will need to know that you meet the federal definitions that apply to these terms and that you can abide by the terms of our lease.

Housing Requirements Questionnaire:

Please complete the Housing Requirements Questionnaire that accompanies your application. This information is needed so that we may assign you a unit appropriate to any needs that exist for your household. Your answers will be verified. If, however, there are no household members with a handicap or disability, or if you do not wish to complete the document for any reason, simply indicate that choice in the space provided at the top of the document. The choice not to complete this document will not in any way affect the processing of your application for an apartment.



Notice to All Applicants Options for Applicants with Disabilities or Handicaps

This property is managed by Arbor Development, Inc., P.O. Box 31, Bath, NY 14810.

Arbor Development provides assisted housing to the general public under New York State. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, sexual orientation, national origin, familial status, disability or handicap. In addition, we have an obligation to provide "reasonable accommodations" to applicants if they or any household members have a disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the programs under which we operate. Examples of reasonable accommodations and structural modifications include, but are not limited to:

- Making reasonable alterations to a unit so it could be used by a household member with a wheelchair;
- Installing strobe type flashing light smoke detectors in an apartment for a household with a hearing impaired member;
- Permitting a household to have a seeing-eye dog to assist a vision-impaired household member where existing pet rules would not allow the dog;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing-impaired applicant during the application process;
- Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria.

An applicant household that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to maintain their apartment in a safe and sanitary condition, to report required information to the building manager, to avoid

disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your household have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

If you wish to complete the ***Housing Requirements Questionnaire*** and provide management with information regarding any household member with a handicap or disability, please do so. If no household member has a handicap or disability, or if you do not wish to complete the questionnaire for any reason, please indicate so, sign the form and return it with your application.



I choose to complete this form

I choose not to complete this form

Signature Head of Household: _____

Social Security #: _____

Housing Requirements Questionnaire

1. Do you or does any member of your household have a condition that requires:

A separate bedroom

A one-level apartment

Unit for hearing-impaired

A barrier free apartment

Unit for vision-impaired

Physical modifications of apartment

Special parking space

Unit on first floor

Other: _____

2. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation: _____

3. What is the name of the household member who needs the features identified above?

4. Do you or any of your household members need special features to go up and down stairs other than traditional railings? Yes No

If yes, please indicate how we may assist your household member:

5. Will you or any of your household members require a live-in aide to assist you?

Yes No

6. Who should we contact to verify your need for the features you have identified above (example: Doctor or social service agency):

Name: _____ Phone #: _____

Address: _____