

EQUAL HOUSING OPPORTUNITY

PLEASE PRINT ALL INFORMATION

NAME _____ DAY PHONE _____ EVENING PHONE _____

ADDRESS _____
Street City State Zip

How long have you resided here? (From) _____ to _____ Reason for moving? _____

Previous Address: _____

How long did you reside there? (From) _____ to _____ Reason for moving? _____

NAME OF YOUR PRESENT LANDLORD: _____ Phone Number () _____

ADDRESS OF YOUR PRESENT LANDLORD: _____

List ALL persons who will live in the apartment. List Head of Household first:

NAME	RELATIONSHIP	AGE	BIRTH DATE	SOCIAL SECURITY NUMBER
	Head of Household			
	Co-Head of Household			

INCOME & ASSET INFORMATION

TYPE OF INCOME	GROSS MONTHLY AMOUNTS		TYPE OF ASSET	TOTAL VALUE	
	HEAD	CO-HEAD		HEAD	CO-HEAD
Wages	\$	\$	Savings Account	\$	\$
Unemployment	\$	\$	Checking Account (s)	\$	\$
Social Security	\$	\$	Certificates of Deposits (CD's)	\$	\$
Public Assistance	\$	\$	Stocks & Bonds	\$	\$
Pensions/Annuity	\$	\$	Real Property	\$	\$
Disability/SSI	\$	\$	Cash (Safe deposit box, etc.)	\$	\$
Child Support/Alimony	\$	\$	Any other	\$	\$
Section 8 Assistance	\$	\$			
Other	\$	\$			

Special Requirements (Note that special requirements may extend your wait) _____

Veterans Admission Preference Yes ____ No ____

If head or co-head is an honorably discharged veteran of the US Armed Services or such veteran's spouse, who served on active duty and resides in NYS, check box and attach form DD-214 for determination of eligibility for admission preference

Your signature(s) below serves as written permission for Ogden Gardens to obtain a Consumer Report (credit history) and previous landlord references. Ogden Gardens may obtain credit information from other sources and may exchange credit information with consumer reporting agencies. The applicant(s) affirms that all information in this application is true and complete. The applicant(s) also understands that a personal interview must be held, and assets and income verified and approved. All information received is confidential. This application creates no obligation for the Landlord or applicant. After the application process is approved, a security deposit must be made and a lease agreement signed by both applicants. If accepted, Applicant(s) certify this apartment will be their sole residence. The undersigned makes the foregoing representation knowing that if any of such proves false, Ogden Gardens may cancel and annul any lease given in reliance upon such information.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO:

Ogden Gardens Senior Living Community
20 Kingsford Lane
Ogden, New York 14559
Phone (585)352-6740 Fax (585)743-1251

Office Use Only:

Date Received _____	Time Received _____
Identification # _____	
Mgr. Comments _____	