

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			

Special Requirements (Note that special requirements can extend your wait for an apartment) _____

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

I N C O M E & A S S E T I N F O R M A T I O N

TYPE OF INCOME

GROSS MONTHLY AMOUNTS

TYPE OF ASSET

TOTAL VALUE

	<u>GROSS MONTHLY AMOUNTS</u>			<u>TOTAL VALUE</u>	
	<u>HEAD</u>	<u>CO-HEAD</u>		<u>HEAD</u>	<u>CO-HEAD</u>
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	\$	\$			

Your signature(s) below serves as written permission for Voters Block Community to obtain a Consumer Report (credit history) and previous landlord references. Voters Block Community 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, Voters Block Community may cancel and annul any lease given in reliance upon such information.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

<p>Apartment Building Interested In:</p> <p><input type="checkbox"/> 431 West Main Street</p> <p><input type="checkbox"/> Wertz Building 556-560 West Main Street</p> <p><input type="checkbox"/> Frederick Douglass Apartments</p>
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PLEASE RETURN THIS FORM TO:

Home Leasing, LLC, Voters Block Community
180 Clinton Square
Rochester, New York 14604
 Phone (585)764-3535 Fax (585) 232-3135

Office Use Only:

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