

# CLINTON AVENUE APARTMENTS APPLICATION FOR ADMISSION



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	\$	\$			

**Preferred Unit Size(s)** (Please note that household size determines unit size eligibility) [ ] Studio [ ] 1BR [ ] 2BR  
 [ ] 3BR [ ] 4BR

**Special Requirements** (Note that special requirements may extend your wait) \_\_\_\_\_

Does anyone in your household identify as a person with a disability?  Yes  No

Will the disability require any special accommodations to your apartment or lease?  Yes  No

**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.

Have you or any member of the household ever been convicted of a felony?  Yes  No

If yes explain: \_\_\_\_\_

Are any members of the household subject to a lifetime sex offender registration requirement in any state?  Yes  No

Your signature(s) below serves as written permission for CLINTON AVENUE APARTMENTS to obtain a Criminal Background check. 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, Clinton Avenue Apartments may cancel and annul any lease given in reliance upon such information.

I am attaching a) six (6) consecutive months of recent rental payment history; or b) receipt of subsidies that pay full rental amount. If no, please explain: \_\_\_\_\_

I am aware of my right to the following (attached\*):

- HUD Notice of Occupancy Rights Under the Violence Against Women Act (<https://portal.hud.gov/hudportal/documents/huddoc?id=5380.docx>)
- HCR New Anti-Discrimination Guidance Affecting People with Criminal Histories (<http://www.nysher.org/AboutUs/Offices/FairHousing/info-for-housing-applicants.pdf>)

I am aware of my right to request a reasonable accommodation or modification as an individual with disabilities under the Americans with Disabilities Act.

\*Additional paper copies may be requested from the leasing office.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If a portion or all of the application is completed by someone other than the applicant, the following statement must be completed.*

I/We have completed all or part of this application at the request of the applicant(s):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Office Use Only:**

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

**PLEASE RETURN THIS FORM TO:**

**Clinton Avenue Apartments  
269 Clinton Ave  
Albany, New York 12210  
Phone: (518) 465 - 4123  
Fax: (518) 436 - 3717**