



PLEASE PRINT ALL INFORMATION

NAME \_\_\_\_\_ DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

EMAIL \_\_\_\_\_

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 |     |            |                        |
|      |                      |     |            |                        |

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 |         |
|-----------------------|-----------------------|---------|---------------------------------|-------------|---------|
|                       | 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 a single person household may not occupy a 2BR unit without an approved reasonable accommodation)

1BR  2BR

**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

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 The Gardens at Town Center 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, The Gardens at Town Center 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.nyshcr.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:**

**Gardens at Town Center  
100 Greece Center Drive  
Rochester, NY 14612  
Phone: (585) 225-0103  
Fax: (585) 225-0109**