

APPLICATION FOR ADMISSION FOR

**FLOWER CITY  
APARTMENTS**



DISABILITY ACCESSIBLE  
EQUAL HOUSING OPPORTUNITY  
NON-SMOKING

PLEASE PRINT ALL INFORMATION

PREFERRED NAME \_\_\_\_\_

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

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

EMAIL \_\_\_\_\_

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

FULL LEGAL NAME	PREFERRED NAME	PRONOUNS	RELATIONSHIP	AGE	BIRTHDATE	SOCIAL SECURITY NUMBER or EQUIVILANT (ITIN etc.)
			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) \_\_\_\_\_

**Do any household members identify as Limited English Proficiency persons?**  Yes  No

\*Please complete the attached Language Identification Card to identify your preferred language.

**Bedroom Preference** Applicants may select multiple options. Bedroom size will be restricted to eligibility, which includes consideration of reasonable accommodations:  0BR  1BR  2BR

Your signature(s) below serves as written permission for Flower City 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, Flower City Apartments may cancel and annul any lease given in reliance upon such information.

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

- HCR Notice of Occupancy Rights Under the Violence Against Women Act ([https://hcr.ny.gov/system/files/documents/2020/03/doc-la-hcr-model-vawa-occupancy-rights\\_7.9.2019.pdf](https://hcr.ny.gov/system/files/documents/2020/03/doc-la-hcr-model-vawa-occupancy-rights_7.9.2019.pdf))
- HCR New Anti-Discrimination Guidance Affecting People with Criminal Histories (<https://hcr.ny.gov/info-justice-involvement>)
- Paper copies of both of these are included with this application. Additional copies may be requested from the leasing office, if necessary.

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

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:**

75 South Clinton Ave  
Suite 700  
Rochester, NY 14604  
Phone: (833) 455-3273