



Rental Application



Rockwood Center
3833 East Henrietta Road
Henrietta, New York 14467
Phone: (585) 295-1300, TTY (800) 662-1220

For Office Use Only:
Preference Eligibility: _____
Unit size _____
HCV _____

ALL HOUSEHOLD MEMBERS MUST BE LISTED ON THE APPLICATION. PLEASE PRINT ALL INFORMATION.

APPLICANT CONTACT INFORMATION		
APPLICANT NAME		CURRENT STREET ADDRESS
HOME PHONE ()		CITY, STATE, ZIP
MOBILE PHONE ()	WORK PHONE	CURRENT MONTHLY RENT
REASON FOR MOVING		EMAIL
HOW DID YOU HEAR ABOUT US?		
CURRENT LANDLORD NAME AND ADDRESS, CITY, STATE, ZIP CODE		

HOUSEHOLD INFORMATION
Please list all persons who will live in the apartment or join the household in the next 12 months, their relationship to the head of household, social security number, date of birth and full time student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the current calendar year. Include Grades K-12, College, University, Trade and Mechanical Schools.

HEAD OF HOUSEHOLD INFORMATION

NAME (FIRST MIDDLE LAST)		RELATIONSHIP TO THE HEAD OF HOUSEHOLD	SOCIAL SECURITY #
		HEAD	
ALL STATES LIVED:	MARITAL STATUS	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTHDATE (MM/DD/YY)

FOR ADDITIONAL HOUSEHOLD MEMBERS: Please complete each of the following sections for each individual household member.

NAME (FIRST MIDDLE LAST)		RELATIONSHIP TO THE HEAD OF HOUSEHOLD	SOCIAL SECURITY #
ALL STATES LIVED:	MARITAL STATUS	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTHDATE (MM/DD/YY)

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME (FIRST MIDDLE LAST)		RELATIONSHIP TO THE HEAD OF HOUSEHOLD	SOCIAL SECURITY #
ALL STATES LIVED IN:	MARITAL STATUS	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTHDATE (MM/DD/YY)

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME (FIRST MIDDLE LAST)		RELATIONSHIP TO THE HEAD OF HOUSEHOLD	SOCIAL SECURITY #
ALL STATES LIVED IN:	MARITAL STATUS	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTHDATE (MM/DD/YY)

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME (FIRST MIDDLE LAST)		RELATIONSHIP TO THE HEAD OF HOUSEHOLD	SOCIAL SECURITY #
ALL STATES LIVED IN:	MARITAL STATUS	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTHDATE (MM/DD/YY)

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME (FIRST MIDDLE LAST)		RELATIONSHIP TO THE HEAD OF HOUSEHOLD	SOCIAL SECURITY #
ALL STATES LIVED IN:	MARITAL STATUS	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTHDATE (MM/DD/YY)

Additional Information

What size apartment are you applying for?	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	
Would you benefit from special features of an accessible apartment?	<input type="checkbox"/> Wheelchair Accessible <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired	<input type="checkbox"/> YES <input type="checkbox"/> NO
Would you consider yourself or another adult household member to be frail elderly?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you or another adult household member a veteran?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you own a pet? If yes, list type and weight: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
Has any household member been convicted or are in the process of being convicted for a felony?	If yes, date of conviction:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has any household member been convicted for or are in the process of being convicted for manufacturing and/or distribution of a controlled substance?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Is any household member subject to any state lifetime sex offender registrations requirement?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If applicable, do all the children in the household live with you 50% or more of the time?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you or any adult household member require a live-in care attendant to live independently?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your reason for moving due to a domestic violence, dating violence, sexual assault, or stalking situation?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Does anyone in the household have a housing choice voucher or is receiving housing assistance from another source?		<input type="checkbox"/> YES <input type="checkbox"/> NO

*If you or any member of your household is disabled and require an accommodation to fully use our property, please complete a reasonable accommodation request (forms can be obtained from the rental office).

Income & Assets

Include income and assets for **ALL** household members, including children's income and assets.

LIST ALL INCOME SOURCES:

This includes, but is not limited to Full and or Part-time Employment, Self-Employment, Welfare Agencies, Social Security, Pensions, SSI, SSD, SSP, Armed Forces/Reserves, Unemployment, Disability, Child Care, Spousal Maintenance (Alimony), Child Support, Student Grants/Stipends, Rental Income, Gift Income, regular payouts from Annuities, 401Ks and IRAs

HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PAYMENT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PAYMENT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PAYMENT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PAYMENT

* Attach pages as needed for additional sources of household member income.

LIST ALL ASSETS:

This includes, but is not limited to, Accounts for Checking, Savings, Money Market, 529 (College Savings), and UTMA's, CD's, Brokerage accounts, Stocks, Bonds, Retirement Accounts including IRA, Roth, Keogh, 401K and 403B, Annuities, Whole Life Insurance Policies, Funded/Pre-paid Debit Cards, and on-line accounts (PayPal, DraftKings, etc.).

Please check all assets that you have:

CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	CD <input type="checkbox"/>	STOCK <input type="checkbox"/>	RETIREMENT <input type="checkbox"/>	LIFE INSURANCE <input type="checkbox"/>	FUNDED DEBIT <input type="checkbox"/>	OTHER <input type="checkbox"/>	TOTAL VALUE OF ALL ASSETS:
DO YOU OWN REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		MARKET VALUE:		IF "OTHER" SELECTED ABOVE, PLEASE EXPLAIN:				

By signing this application below, I/We understand I/We am giving permission to obtain a Criminal Background/Sex Offender Check, Consumer Report (credit history) and other references deemed necessary. I/We understand that management is relying on this information to prove my household's eligibility for an apartment. I/We understand that I/We can provide management with proof that I/We have paid my rent in full and on time for the past 12 months, or evidence that I/We have a rental subsidy that pays the full rent, in lieu of management obtaining a Consumer Report. I/We understand that a personal interview must be held and all income and assets will be verified. I/We understand that the approval of my application is contingent upon meeting the properties tenant selection criteria and the Housing Program requirements. Applicant understands that if any information relied upon by management in approving this application is deemed to be incorrect or untrue, it will be considered a material breach of the Lease and the Owner may evict the Tenant from the premises and exercise any other remedies permitted by law. I/We also understand that such an action may result in criminal penalties. Submission of false statements are punishable under Federal Law and could result in the cancellation of a lease agreement. Please initial that you have read this section: _____

If accepted, I/We certify this apartment will be my sole residence. This application creates no obligation for the Owner or Applicant.

Head of Household: _____ Date: _____

Co-Head: _____ Date: _____

The following information is requested by the apartment owner in order to assure the Federal government that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, national origin, familial status, religion and sex are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

PLEASE CIRCLE ONE: White Black PLEASE CIRCLE ETHNICITY: Hispanic/Latino Not Hispanic/Latino
PLEASE CIRCLE ONE: Male Female

FOR OFFICE USE ONLY

DATE RECEIVED	TIME RECEIVED AM PM	RECEIVED BY:
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