

**PLEASE PRINT ALL INFORMATION**

**FIRST NAME** \_\_\_\_\_ **MI** \_\_\_\_\_ **LAST** \_\_\_\_\_

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

**Daytime Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Evening Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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	\$	\$			

**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 Eastgate Apartments to obtain a Consumer Report (credit history) and previous landlord references Eastgate Apartments 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, Eastgate Apartments may cancel and annul any lease given in reliance upon such information.

**I am aware of my right to access the following documents:** HUD Notice of Occupancy Rights Under the Violence Against Women Act (<https://portal.hud.gov/hudportal/documents/huddoc?id=5380.docx>) and HCR New Anti-Discrimination Guidance Affecting People with Criminal Histories (<http://www.nyshcr.org/AboutUs/Offices/FairHousing/info-for-housing-applicants.pdf>). Paper copies are available upon request, please contact the Community 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:**

**Eastgate Apartments  
150 Harriet Street  
Elmira, NY 14901  
Phone: (607) 732-1182  
Fax: (607) 737-9024**

Eastgate Apartments

**Directions:** Print or type all requested information and sign certification. Original application will be time and date stamped upon receipt and entered into NYS Homes and Community Renewal's Automated Waiting List (AWL) in chronological order. Applicant will be given a print out of AWL summary with application number. Applicants can monitor waiting list position and update their contact information using the AWL's public access function @ [www.nyshcr.org](http://www.nyshcr.org).

**Applicant Address:**

Apartment #: \_\_\_\_\_ Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Head of Household:** (Must be completed. Head of household must be 18 years of age or older.)

Last Name	First Name	Social Security No.	Age

**Co-Head of Household:** (Complete if applicable. Co-head must be 18 years of age or older.)

Last Name	First Name	Social Security No.	Age

**Other Household Members:** (List all other persons who will reside in apartment.)

Last Name	First Name	Social Security No.	Age

**Apartment Size:** (Select one or two sizes. Household size must meet applicable occupancy standards.)

Studio (1-2 persons)    1 Bdrm (1-2 persons)    2 Bdrm (2-4 persons)    3 Bdrm (4-6 persons)    4 Bdrm (5-8 persons)

**Special Requirements:** (Note that special requirements can extend your wait for an apartment.)

**Gross Household Income:**     \$ \_\_\_\_\_ (Enter total estimated income for all household members, from all sources, for the next 12 months.)

**Veterans Admission Preference:**    If head- or co-head of household is an honorably discharged veteran of the US Armed Services, or such veteran's surviving spouse, who served on active duty in time of war and resides in New York State, check box and attach DD-214 to qualify for admission preference.

**Certification:** (Head of household and co-head must sign and date.)

The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verifying this information and I agree to furnish all required documentation.

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Housing Company Use				For HCR Use	
Application Date (date original application stamped received):    /    /			AWL #:		Approved by::
Is this original application? (Check yes/no; if no, attach original application.)			Yes ___	No ___	
Bldg #:	Apt #:	# Bdrms:	# Rental Rms:		Date:    /    /
Basic Rent:	Excess Income:		Total Mthly Rent:		Comment:
Comment:					
Approved by:			Date:    /    /		