

APPLICATION FOR ADMISSION



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
Wages	\$	\$
Unemployment	\$	\$
Social Security	\$	\$
Public Assistance	\$	\$
Pensions/Annuity	\$	\$
Disability/SSI	\$	\$
Child Support/Alimony	\$	\$
Section 8 Assistance	\$	\$
Other	\$	\$

	HEAD	CO-HEAD
Savings Account	\$	\$
Checking Account (s)	\$	\$
Certificates of Deposits (CD's)	\$	\$
Stocks & Bonds	\$	\$
Real Property	\$	\$
Cash (Safe deposit box, etc.)	\$	\$
Any 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: ☐ 2BR ☐ 3BR ☐ 4BR

Your signature(s) below serves as written permission for Beechwood 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, Beechwood 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)
- HCR Anti-Discrimination Guidance Affecting People with Criminal Histories (<https://hcr.ny.gov/info-justice-involvement>)
- HCR Anti-Discrimination Guide to Applying NYS Credit Policy for Applicants to State-Funded Housing (<https://hcr.ny.gov/KYR-Credit>)
- Paper copies 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:

Beechwood Apartments

45 East Avenue

2nd Floor

Rochester, NY 14604

Phone: (585)749-8035

Email:

beechwoodapartments@homeleasing.net