A blue and white sign with a person in a wheelchair

Description automatically generated

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | **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

Your signature(s) below serves as written permission for Tailor Square 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, Tailor Square 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

|  |
| --- |
| Date Received Time Received  Identification #  Mgr. Comments |

**Office Use Only: PLEASE RETURN THIS FORM TO:** Tailor Square

75 South Clinton Ave

Suite 700

Rochester, NY 14604

Phone: (833) 455-3273

Application deadline: November 29th, 2024

The lottery will be hosted and recorded through Teams on December 17th, 2024 at 2pm. Link: <https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1>

Meeting ID: 266 012 350 469

Passcode: k5TE2N