Lincoln Gardens
senior living community

APPLICATION FOR ADMISSION

HANDICAPPED ACCESSIBLE
EQUAL HOUSING OPPORTUNITY
NON SMOKING BUILDING

PLEASE PRINT ALL INFORMATION

NAME _____ **DAY PHONE** _____ **EVENING PHONE** _____

ADDRESS _____
Street **City** **State** **Zip**

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 above 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 Lincoln Gardens to obtain a Consumer Report (credit history) and previous landlord references Lincoln Gardens 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, Lincoln Gardens 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:

Lincoln Gardens
373 Canisteo Road
Hornell, New York 14843
Phone: (607) 968-8193
Fax: (607) 968-8196