



**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 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 Ogden Gardens to obtain a Consumer Report (credit history) and previous landlord references. Ogden 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, Ogden 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:**

**Ogden Gardens Senior Living  
Community  
20 Kingsford Lane  
Ogden, New York 14559  
Phone: (585)352-6740  
Fax (585)743-1251**