

HERITAGE GARDENS APPLICATION FOR ADMISSION



HANDICAPPED ACCESSIBLE
EQUAL HOUSING OPPORTUNITY

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 | \$ | \$ | | | |

Preferred Unit Size(s) (Please note that household size determines unit size eligibility) [] 1BR [] 2BR [] 3BR

Special Requirements (Note that special requirements may extend your wait) _____

Does anyone in your household identify as a person with a disability? Yes No

Will the disability require any special accommodations to your apartment or lease? Yes No

Preference in the selection of tenants, not less than 17 of the rental units shall be given to persons with intellectual and/or development disabilities. Do you wish to be considered for this preference? Yes No

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

**Heritage Gardens
950 Commons Way
Rochester, New York 14623
Phone: (585) 359-0028
Fax: (585) 334-3151**