

Liberty Square
APPLICATION FOR ADMISSION:



PLEASE PRINT ALL INFORMATION

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

ADDRESS _____
Street City State Zip

EMAIL _____

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: _____

LEGAL NAME	RELATIONSHIP	PRONOUN	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) [] Studio [] 1BR [] 2BR

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

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 Liberty 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, Liberty Square may cancel and annual any lease given in reliance upon such information.

[] I am attaching a) six (6) consecutive months of recent rental payment history; or b) receipt of subsidies that pay full rental amount.
If no, please explain: _____

- [] I am aware of my right to the following (attached*):
- HUD Notice of Occupancy Rights Under the Violence Against Women Act (<https://portal.hud.gov/hudportal/documents/huddoc?id=5380.docx>)
 - HCR New Anti-Discrimination Guidance Affecting People with Criminal Histories (<http://www.nyshcr.org/AboutUs/Offices/FairHousing/info-for-housing-applicants.pdf>)

[] I am aware of my right to request a reasonable accommodation or modification as an individual with disabilities under the Americans with Disabilities Act.
*Additional paper copies may be requested from the 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:

PLEASE RETURN THIS FORM TO:

Date Received _____	Time Received _____
Identification # _____	
Mgr. Comments _____	

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