Clinton Avenue Historic Apartments
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 _____

HOW DID YOU HEAR ABOUT Clinton Avenue Historic Apartments?

_____

List ALL persons who will live in the apartment. List Head of Household first:

FULL LEGAL NAME	PREFERRED NAME	PRONOUNS	RELATION SHIP	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 HEAD	CO-HEAD
Wages	$	$
Unemployment	$	$
Social Security	$	$
Public Assistance	$	$
Pensions/Annuity	$	$
Disability/SSI	$	$
Child Support/ Alimony	$	$
Section 8 Assistance	$	$
Other	$	$

TYPE OF ASSET	HEAD	CO-HEAD
	$	$
Savings Account	$	$
Checking Account (s)	$	$
Certificates of Deposits (CD's)	$	$
Stocks & Bonds	$	$
Real Property	$	$
Cash (Safe deposit box, etc.)	$	$
Any 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 she will be restricted to eligibility, which includes consideration of reasonable accommodations.* Bedroom sizes available (check all that apply): Studio [ ], 1 [ ], 2 [ ], 3 [ ], or 4 [ ]

Your signature(s) below serves as written permission for Clinton Avenue Historic Apartments to obtain a Criminal and Credit 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, Clinton Avenue Historic Apartments may cancel and annul any lease given in reliance upon such information.

LJ 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 New Anti-Discrimination Guidance Affecting People with Criminal Histories (https://hcr.ny.gov/info-justice-involvement)
- HCR New Anti-Discrimination Guidance Affecting People with Credit Histories (https://hcr.ny.gov/KYR-Credit)
- Paper copies of both of these are included with this application. Additional copies may be requested from the leasing office, if necessary.

LJ 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

Office Use Only:

Date Received _____ Time Received _____

Identification#_____

Mgr. Comments _____

PLEASE RETURN THIS FORM TO:

269 Clinton Ave., Albany, NY 12210
518.465.4123