



RENTAL APPLICATION



VOC Liberty Landing – Temporary Address
 c/o East Court Apartments
 410 Alexander Street
 Rochester, NY 14607
 Phone: (585) 417-9333, TTY: (800) 662-1220

ALL ADULTS 18 YEARS OF AGE OR OLDER MUST BE INCLUDED ON THE APPLICATION.

| APPLICANT CONTACT INFORMATION | | | |
|---|-------------------|--------------------------|--|
| APPLICANT NAME | | STREET ADDRESS (Present) | |
| HOME PHONE () | | CITY, STATE, ZIP | |
| MOBILE PHONE () | WORK PHONE () | CURRENT MONTHLY RENT \$ | |
| REASON FOR MOVING | | EMAIL | |
| HOW DID YOU HEAR ABOUT US? PLEASE DESCRIBE: | | | |

HOUSEHOLD INFORMATION

Please list all household members that are applying to live in the apartment with you. Also list any new members that you anticipate will be living in the apartment in the next 12 months. (Please include unborn children.) Please list **all** states in which **every** household member has lived. (This disclosure is mandatory under HUD rules; criminal screening will be reviewed for each state via national criminal and sex offender databases. Failure to provide a complete list will result in rejection of the application.)

*S = SINGLE / M = MARRIED / W = WIDOWED / SEP = SEPARATED / D = DIVORCED

FOR THE HEAD OF HOUSEHOLD: Please complete this section for the Head of Household only.

| | | | |
|---|--|--------------------------|--|
| NAME (FIRST, MIDDLE INITIAL, LAST) | RELATIONSHIP TO HEAD OF HOUSEHOLD HEAD | SS # | DRIVER'S LICENSE # |
| STATES LIVED IN, INCLUDING WASHINGTON DC: | MARITAL STATUS S/M/W/SEP/D* | BIRTH DATE (MM/DD/YY) | STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO |

FOR ADDITIONAL HOUSEHOLD MEMBERS: Please complete each of the following sections for each individual household members.

| | | | |
|---|-----------------------------------|--------------------------|---|
| NAME (FIRST, MIDDLE INITIAL, LAST) | RELATIONSHIP TO HEAD OF HOUSEHOLD | SS # | DRIVER'S LICENSE # |
| STATES LIVED IN, INCLUDING WASHINGTON DC: | MARITAL STATUS S/M/W/SEP/D* | BIRTH DATE (MM/DD/YY) | STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO |

FOR ADDITIONAL HOUSEHOLD MEMBERS:

| | | | |
|---|-----------------------------------|--------------------------|---|
| NAME (FIRST, MIDDLE INITIAL, LAST) | RELATIONSHIP TO HEAD OF HOUSEHOLD | SS # | DRIVER'S LICENSE # |
| STATES LIVED IN, INCLUDING WASHINGTON DC: | MARITAL STATUS S/M/W/SEP/D* | BIRTH DATE (MM/DD/YY) | STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO |

FOR ADDITIONAL HOUSEHOLD MEMBERS:

| | | | |
|---|-----------------------------------|--------------------------|---|
| NAME (FIRST, MIDDLE INITIAL, LAST) | RELATIONSHIP TO HEAD OF HOUSEHOLD | SS # | DRIVER'S LICENSE # |
| STATES LIVED IN, INCLUDING WASHINGTON DC: | MARITAL STATUS S/M/W/SEP/D* | BIRTH DATE (MM/DD/YY) | STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO |

FOR ADDITIONAL HOUSEHOLD MEMBERS:

| | | | |
|---|-----------------------------------|--------------------------|---|
| NAME (FIRST, MIDDLE INITIAL, LAST) | RELATIONSHIP TO HEAD OF HOUSEHOLD | SS # | DRIVER'S LICENSE # |
| STATES LIVED IN, INCLUDING WASHINGTON DC: | MARITAL STATUS S/M/W/SEP/D* | BIRTH DATE (MM/DD/YY) | STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO |

FOR ADDITIONAL HOUSEHOLD MEMBERS:

| | | | |
|---|--------------------------------------|--------------------------|---|
| NAME (FIRST, MIDDLE INITIAL, LAST) | RELATIONSHIP TO HEAD OF HOUSEHOLD | SS # | DRIVER'S LICENSE # |
| STATES LIVED IN, INCLUDING WASHINGTON DC: | MARITAL STATUS S/M/W/SEP/D* | BIRTH DATE (MM/DD/YY) | STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO |

FOR ADDITIONAL HOUSEHOLD MEMBERS:

| | | | |
|---|--------------------------------------|--------------------------|---|
| NAME (FIRST, MIDDLE INITIAL, LAST) | RELATIONSHIP TO HEAD OF HOUSEHOLD | SS # | DRIVER'S LICENSE # |
| STATES LIVED IN, INCLUDING WASHINGTON DC: | MARITAL STATUS S/M/W/SEP/D* | BIRTH DATE (MM/DD/YY) | STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO |

A. General Information:

| | | | | |
|--|--|-------|--------|--|
| Do you own a pet? | TYPE | BREED | WEIGHT | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Would you benefit from special features of an accessible apartment? | Check all that apply: <input type="checkbox"/> WHEELCHAIR ACCESSIBLE <input type="checkbox"/> HEARING IMPAIRED <input type="checkbox"/> VISUALLY IMPAIRED | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has anyone listed on this application been evicted from or are in the process of being evicted from an apartment? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has anyone listed on this application been convicted or are in the process of being convicted of a felony? | If YES, date of conviction: _____ | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has anyone listed on this application been convicted for or are in the process of being convicted for manufacturing and/or distribution of a controlled substance? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has anyone listed on this application been evicted from Federally Assisted housing for drug-related activity in the last 3 years? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Is anyone listed on this application subject to any state lifetime sex offender registration requirement? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

B. Household Composition:

| | | |
|--|------|--|
| If applicable, do all of the children in the household live with you 50% or more of the time? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are there any absent household members who under normal conditions would live with you? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Will you or any adult household member require a live-in care attendant to live independently? | NAME | RELATIONSHIP |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

C. Additional Household Eligibility:

| | | | |
|---|---|--|--|
| What size bedroom are you applying for? | Check all that apply: <input type="checkbox"/> STUDIO <input type="checkbox"/> 1 BEDROOM <input type="checkbox"/> 2 BEDROOM <input type="checkbox"/> 3 BEDROOM <input type="checkbox"/> OTHER | | |
| Would you consider yourself or your spouse frail elderly? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you enlisted in the US Military or a veteran of the US Military? | Check all that apply: <input type="checkbox"/> ENLISTED <input type="checkbox"/> RESERVE <input type="checkbox"/> VETERAN | | |
| Are you the spouse of a deceased veteran of the US Military? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you a victim of a recent presidentially declared disaster or of a government action? | Please explain: _____ | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you receive any assistance in paying your utility bills? | Check all that apply: <input type="checkbox"/> HEAP <input type="checkbox"/> LEAP <input type="checkbox"/> OTHER | | |
| Are you currently receiving housing assistance from HUD or a Public Housing Authority? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you currently on a Public Housing or subsidized housing waitlist? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you currently homeless or living in a homeless shelter? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Is your reason for moving due to a domestic violence, dating violence, sexual assault, or stalking situation? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

D. Emergency Contact: (Not someone listed on the application. Please list someone in the immediate area if possible.)

| | | |
|-------------------|---------------------|-------------------|
| CONTACT NAME(S) | | RELATIONSHIP |
| HOME PHONE () | MOBILE PHONE () | WORK PHONE () |

INCOME AND ASSETS
Include income and assets for **ALL** household members, including children's income and assets.

A) LIST ALL INCOME SOURCES.

This includes, but is not limited to, Full- and/or Part-time Employment, Self-Employment, Welfare Agencies, Social Security, Pensions, SSI, Disability, Armed Forces/Reserves, Unemployment, Child Care, Alimony, Child Support, Student Grants/Stipends, Rental income, Gift Income, and Regular Payouts from Annuities, 401ks and IRAs. (Attach sheet as needed for additional Income Sources.)

| HOUSEHOLD MEMBER | INCOME SOURCE | MONTHLY GROSS PYMT |
|------------------|---------------|--------------------|
| HOUSEHOLD MEMBER | INCOME SOURCE | MONTHLY GROSS PYMT |
| HOUSEHOLD MEMBER | INCOME SOURCE | MONTHLY GROSS PYMT |
| HOUSEHOLD MEMBER | INCOME SOURCE | MONTHLY GROSS PYMT |

****Attach sheet as needed for additional sources of Household Member income.**

B) LIST ALL ASSETS.

This includes, but is not limited to, Accounts for Checking, Savings, Money Market, 529 (College Savings), and UTMA's, CDs, Brokerage accounts, Stocks, Bonds, Retirement accounts including IRA, Roth, Keogh, 401k, and 403b, Annuities, Whole Life Insurance policies, Funded/Pre-paid Debit cards, and Online accounts (PayPal, DraftKings, etc.).

| | | | | | | | | |
|---|-------------------------------------|--|-----------------------------------|--|--|--|-----------------------------------|------------------------|
| CHECKING <input type="checkbox"/> | SAVINGS <input type="checkbox"/> | CD <input type="checkbox"/> | STOCK <input type="checkbox"/> | RETIREMENT <input type="checkbox"/> | LIFE INSURANCE <input type="checkbox"/> | FUNDED DEBIT <input type="checkbox"/> | OTHER <input type="checkbox"/> | TOTAL VALUE OF ASSETS: |
| DO YOU OWN REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO | MARKET VALUE | IF "OTHER" SELECTED ABOVE, PLEASE EXPLAIN: | | | | | | |

Signature Clause: (please read)

My/Our signature(s) below serves as written permission to obtain a Criminal Background/Sex Offender Check, Consumer Report (credit history) and other references deemed necessary. I understand that management is relying on this information to prove my household's eligibility for an apartment. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. The Resident acknowledges that the Owner is also relying on information provided by the Resident, or by employers and others on the Resident's behalf, and the Resident agrees that if any information relied on by the Owner in approving residency, regardless of its source, including, without limitation, any information contained in the Application or the Certification or any re-certification, is incorrect or untrue, this constitutes a material breach of the Lease and the Owner may evict the Resident from the premises and exercise any other remedies permitted by law. I also understand that such action may result in criminal penalties. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Housing Program requirements. I understand the responsibility to report to management any changes in family composition for the changes in eligibility, income and assets they represent, whenever they occur. Submission of false statements of information are punishable under Federal Law, and could result in the cancellation of a lease agreement.

APPLICANT SIGNATURES:

| | | |
|---------------------------|------------------------------|----------------------|
| _____ Signature | _____ Printed Name | _____ Date |
| _____ Signature | _____ Printed Name | _____ Date |
| _____ Signature | _____ Printed Name | _____ Date |
| _____ Signature | _____ Printed Name | _____ Date |

FOR OFFICE USE ONLY

| | | | |
|---------------|---------------|--------------|--|
| DATE RECEIVED | TIME RECEIVED | RECEIVED BY: | CHECK ALL THAT APPLY: <input type="checkbox"/> WAITLIST <input type="checkbox"/> LOTTERY <input type="checkbox"/> OTHER _____ |
|---------------|---------------|--------------|--|

a conifer community