



ELLICOTT TOWN CENTER APARTMENTS
233 E. Eagle Street
Buffalo, NY 14204
(716) 842-0528/Fax (716) 842-0559
TDD Relay 711

(ALL BLANKS MUST BE FILLED IN OR THIS FORM WILL BE RETURNED TO YOU)

OFFICE USE ONLY: DATE RECEIVED _____ TIME RECEIVED _____

THIS FORM SHOULD BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. LIST APPLICANT FIRST, CO-APPLICANT SECOND, OTHER MEMBERS OF HOUSEHOLD THIRD, ETC. ALL INFORMATION IS KEPT CONFIDENTIAL.

(If you are unable to fill out this application, someone will fill it out for you or you may choose someone to fill it out. That person must sign the last page as the person whose hand-writing appears on the form.)

APPLICANT'S NAME _____
 PRESENT ADDRESS _____

PHONE NO. _____
 RENT: \$ _____
 UTILITIES INCLUDED? _____

A. LIST ALL PERSONS WHO WILL BE LIVING IN YOUR HOME.

NAME	DATE OF BIRTH	RELATION TO HEAD OF HOUSE	SOCIAL SECURITY # (FOR ALL)	FULL TIME STUDENT? (Y/N)
		HEAD OF HOUSEHOLD		
		CO-TENANT		

B. Do you have any unusual expenses related to employment, such as a care attendant or auxiliary apparatus for a handicapped or disabled family member? Yes _____ No _____ If yes, please explain:

Will any alterations to the apartment be necessary for you or a member of your family? Yes ___ No ___ If yes, please explain: _____

What apartment size are you applying for? _____ Bedroom(s)

Do you require a handicap accessible unit or reasonable accommodation due to disability? ___Yes ___No

C. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW. ENTER ZERO (\$0) FOR ANYTHING THAT DOES NOT APPLY:

NAME OF FAMILY MEMBER	SOURCE OF INCOME		
_____ a.	Social Security Gross monthly amount	\$	_____
_____	Social Security Gross monthly amount	\$	_____
_____ b.	Pension monthly amount	\$	_____
_____	Pension monthly amount	\$	_____
	Source of Pension(s) _____		
_____ c.	SSI Benefits monthly amount	\$	_____
_____	SSI Benefits monthly amount	\$	_____
_____ d.	Wages Gross monthly amount	\$	_____
Employer's Name _____			
Employer's Address _____			
	Wages	Gross monthly amount	\$ _____
Employer's Name _____			
Employer's Address _____			
_____ e.	Unemployment Comp. monthly amt.	\$	_____
_____	Unemployment Comp. monthly amt.	\$	_____
_____ f.	Social Services monthly amount	\$	_____
_____	Social Services monthly amount	\$	_____
_____ g.	Full Time Student over 18	\$	_____
_____	Full Time Student over 18	\$	_____
_____ h.	Alimony monthly amount	\$	_____
_____ i.	Child Support monthly amount	\$	_____
_____ j.	Earned Income		
	Tax Credit ANNUAL amount	\$	_____
_____ k.	Other Income monthly amount	\$	_____
	Source _____		
_____	Other Income monthly amount	\$	_____
	Source _____		
_____ l.	Income from investments monthly	\$	_____
_____	Income from investments monthly	\$	_____
_____ m.	Interest income monthly amount	\$	_____
_____	Interest income monthly amount	\$	_____

Do you anticipate any changes in this income during the next 12 months? Yes _____ No _____

Does anyone in the household receive any regular contributions or gifts from non-household members?
Yes _____ No _____

Does anyone in the household receive any income from property? Yes _____ No _____ Explain _____

Do you expect anyone not listed on this application to be moving in with you in the future?
Yes _____ No _____

Do you have a Section 8 voucher? Yes _____ No _____

Is either the Head of Household or Co-head a full-time student or expected to be in the next 12 months?
Yes _____ No _____

D. PLEASE LIST ALL ASSETS FOR ALL HOUSEHOLD MEMBERS (Bank checking, savings accounts, credit union accounts, C.D.'s, stock)

	ACCOUNT NUMBER	BANK	BALANCE	INTEREST RATE
Checking Account	# _____			
	# _____			
Cash on Hand				
Savings Account	# _____			
	# _____			
Credit Union	# _____			
	# _____			
C.D.'s	# _____			
	# _____			
Savings Bonds	# _____			
	# _____			
Other (property held as an investment or life insurance cash value)	# _____			
	# _____			

Real Property: Do you own any property? Yes _____ No _____
If yes, type of property _____
Where is property located _____
Appraised Market Value \$ _____

Have you sold/dispensed of any property in the last 2 years? Yes _____ No _____
If yes, type of property _____
Market Value when sold/dispensed \$ _____
Date of transaction _____

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up irrevocable trust accounts)? Yes _____ No _____ If yes, describe asset _____
Date of Disposition _____
Amount disposed \$ _____

Do you have any other assets not listed above (excluding personal property)? Yes _____ No _____
If yes, list _____

E. REFERENCES:

1. Current Landlord: Name _____
Address _____
Phone Number _____
2. Prior Landlord: Name _____
Address _____
Phone Number _____
3. Are you currently under eviction or have you ever been evicted ore refused to pay rent? Yes _____ No _____
If so, why _____
4. Are you a current illegal user of controlled substance or have you ever been convicted of using a controlled substance? Yes _____ No _____
5. Are you a drug dealer or have you ever been a drug dealer? Yes _____ No _____

6. If you answered yes to either question E4 or E5 above, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? ___Yes ___No

CRIMINAL HISTORY: Have you or any household member:

1. Ever been convicted or pleaded "no contest" to a crime (whether or not resulting in a conviction)? ___Yes ___No If yes, what State/County? _____
When? _____

2. Ever been convicted of or pleaded guilty or "no contest" to a crime involving sexual misconduct (whether or not resulting in a conviction)? ___Yes ___No
If yes, what State/County? _____ When? _____

3. Are you or any member of your household a Registered or Unregistered Sex Offender? ___Yes ___No

CREDIT REFERENCES:

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

PERSONAL REFERENCES (NO RELATIVES)

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

IN CASE OF EMERGENCY NOTIFY: _____
Address _____ Phone Number _____

LIST YEAR, MAKE, COLOR AND LICENSE PLATE # FOR ALL VEHICLES IN YOUR HOUSEHOLD

YEAR/MAKE	COLOR	LICENSE PLATE #
_____	_____	_____
_____	_____	_____

Do you own any pets: Yes ___ No ___ If yes, describe _____

Acceptance of this application does not guarantee rental of an apartment. All applicants must meet screening criteria, including landlord and credit checks. Changes in family income, size and address and phone number must be reported promptly to management in order to properly process your application.

A security deposit and a one year lease are required. Copies of birth certificates will be required for all household members.

I/We certify that all information in this application is true to the best of my/our knowledge and that I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We certify that if accepted for tenancy, this unit will be my/our permanent residence and I/we will not maintain a separate subsidized rental unit in a different location.

SIGNATURES:

Applicant

Co-Applicant

Date Signed

Date Signed

AUTHORIZATION

I/WE DO HEREBY AUTHORIZE BELMONT MANAGEMENT CO., INC. AND ITS STAFF OR AUTHORIZED REPRESENTATIVES TO CONTACT ANY AGENCIES, OFFICES, GROUPS OR ORGANIZATIONS TO OBTAIN AND VERIFY ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY/OUR APPLICATION FOR HOUSING IN THIS PROPERTY MANAGED BY BELMONT MANAGEMENT CO., INC.

SIGNATURES:

Applicant

Co-Applicant

Date Signed

Date Signed

Signature of Person Filling Out
Form for Tenant

***RACE/ETHNICITY ORIGIN OF HEAD AND CO-TENANT: COMPLETION OF THIS SECTION IS REQUIRED BY HUD**

*The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the U.S. Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. It will not be used in evaluating your application or to discriminate against you in any way.

APPLICANT #1

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Race: (Mark one or more)

- American Indian/Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

Gender:

- Male Female

APPLICANT #2

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Race: (Mark one or more)

- American Indian/Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

Gender:

- Male Female

APPLICANT #3

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Race: (Mark one or more)

- American Indian/Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

Gender:

- Male Female

APPLICANT #4

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Race: (Mark one or more)

- American Indian/Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

Gender:

- Male Female

APPLICANT #5

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Race: (Mark one or more)

- American Indian/Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

Gender:

- Male Female

APPLICANT #6

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Race: (Mark one or more)

- American Indian/Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

Gender:

- Male Female

Do we have your current e-mail address?
