



**THE PACKARD APARTMENTS**  
**1325 Main Street**  
**Buffalo, NY 14209**  
**(716) 883-3055**  
**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		
_____ k.	Tax Credit	ANNUAL amount	\$ _____
_____	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/disposed of any property in the last 2 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, type of property \_\_\_\_\_  
Market Value when sold/disposed \$ \_\_\_\_\_  
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?

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