



**CATHERINE GARDENS APARTMENTS**  
**5133 N. Catherine Street**  
**Plattsburgh, NY 12901**  
**(518) 324-4626**  
**TDD Relay 711**

**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.)

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

APPLICANT'S NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
 PRESENT ADDRESS \_\_\_\_\_ 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 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 an 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 \_\_\_\_\_ If yes, explain \_\_\_\_\_

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:**

- Current Landlord: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_
- Prior Landlord: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_
- Are you currently under eviction or have you ever been evicted ore refused to pay rent? Yes \_\_\_\_\_ No \_\_\_\_\_.  
 If so, why \_\_\_\_\_
- Are you a current illegal user of controlled substance or have you ever been convicted of using a controlled substance? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 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.

**\*RACE/ETHNICITY ORIGIN OF HEAD AND CO-TENANT:** \*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, handicap, sexual orientation or gender identity 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

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

Do we have your current e-mail address?

\_\_\_\_\_

We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, family status, national origin, age, sexual orientation, marital status or military status. Additionally, we respect and adhere to any municipal statutes that may exist.

**Non-Smoking Application Addendum**

**Property:** \_\_\_\_\_

In order to protect the health of our residents and employees, this facility has been designated a **non-smoking** facility. That means that there is no smoking in the building (including the apartments) or within fifty feet of the building by anyone, including tenants, guests, employees, vendors or contractors.

Do you understand our smoking policy and agree to adhere to it should your application be approved and you are accepted for residency?

\_\_\_\_ Yes      \_\_\_\_ No

(If no, please understand that you cannot be accepted for occupancy since you are not willing to abide by the terms and conditions of the Lease Agreement.)

I understand the smoking policy and agree to abide by it if my application is approved.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date