



Senior Apartments

10500 Bergtold Road – Clarence – NY 14031 – 716-759-2122



Directions: *Print or type all requested information and sign certification.*

Applicant Address:

Apartment #: _____ Street Address: _____ City: _____ State: _____

Zip Code: _____ Phone #: _____ Phone #: _____ email _____

Head of Household:

Last Name	First Name	Social Security No.	Date of Birth

Co-Head of Household:

Last Name	First Name	Social Security No.	Date of Birth

Apartment Size: *(Select one or two sizes. Household must meet applicable occupancy standards.)*

☐ 1 bedroom suite (individual) ☐ 1 Bedroom (1-2 persons)

Special Requirements: *(Note that special requirements can extend your wait for an apartment.):*

Gross

MONTHLY **Wages:** \$ _____ **Social Security:** \$ _____ **Pension** \$ _____ **Annuities** \$ _____
Income:

Veterans Admission Preference: ☐ *If head- or co-head of household is an honorably discharged veteran of the US Armed Services, or such veteran's surviving spouse, who served on active duty in time of war and resides in New York State, check box and attach DD-214 to qualify for admission preference.*

Certification: *(Head of household and co-head must sign and date.)*

The above information is correct to the best of my knowledge. I have no objection to inquiries of credit, criminal and sexual offender registries and I agree to furnish all required documentation at the time I am offered an apartment. I understand that at that time, a \$20 fee for a credit and background check must be submitted, unless I can provide Brothers of Mercy Senior Apartments with a copy of a completed background and credit check conducted within 30 days prior of the request.

Head of Household Signature: _____ Date: _____

Co-Head of Household Signature: _____ Date: _____

Housing Company Use Only		
Application Date <i>(date original application stamped received):</i> / /	Monthly Income:	