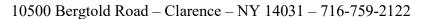


## Senior Apartments





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 b registries and I agree to furnish all require fee for a credit and background check much completed background and credit check of	ed documentation at the time I am ust be submitted, unless I can pro	offered an apartment <mark>. I understar</mark> vide Brothers of Mercy Senior Ap	nd that at that time, a \$20
Head of Household Signature:		Date:	
Co-Head of Household Signature:		Date:	
	ing Company Use Oak		
Housing Company Use Only			

/

Application Date (date original application stamped received):

Monthly

Income: