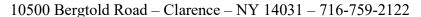


Senior Apartments





Print or type all requested information and sign certification. **Applicant Address:** Apartment #:_____ Street Address:_____ City:_____ State:___ Zip Code: Phone #: Phone #: email **Head of Household:** First Name Social Security No. Date of Birth Last Name Co-Head of Household: Social Security No. Last Name First Name 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.): Wages: \$_____ Social Security: \$ _____ Pension \$____ Annuities \$_____ m 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. I understand that a \$25.00 fee is required to process all background checks and must be submitted with application. This fee is non-refundable under any circumstances. Head of Household Signature: Co-Head of Household Signature: _____ Date: ____ **Housing Company Use Only** Monthly Application Date (date original application stamped received): / Income: