



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 #: _____

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. **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: _____ Date: _____

Co-Head of Household Signature: _____ Date: _____

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