

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

## ACCEPTANCE OF AN APARTMENT DOES NOT GUARANTEE ADMITTANCE TO ANY OTHER COMMUNITY ON CAMPUS. A separate application must be completed for admission to any other level of care on campus.

<b>Applicant Addres</b>	<u>ss</u> :				
Apartment #:	Street Address:		City:	State:_	
Zip Code:	Phone #:	Phone #:	email		
Head of Househo	<u>ld</u> ;				
Last Na	ame	First Name	Social Security N	o. Date of Bir	th
Co-Head of Hous	ehold:				
Last Na	ame	First Name	Social Security N	o. Date of Bir	ιh
Apartment Size:	(Select one or two	sizes. Household must meet applie	cable occupancy standard	ds.)	
		edroom (1-2 persons)		<u> </u>	
Special Requirem	ients: (i.e., imme	ediate occupancy, 1 <sup>st</sup> floor only, ne	ar the elevator, etc.)		
Gross MONTHLY W. Income:	ages: \$	Social Security: \$	Pension \$	Annuities \$	
Veterans Admiss placement on our wait veteran's surviving spo Referral Source: Certification: (Hea	ion Preference list. If head- or co- use, , check box a  (how did you  d of household and	w-2 or w-2 or copies of curre on amount previous year, A improved in a mount previous year, A improved in the	Alimony statement frice, Veterans' application discharged veteran of the mission preference.	rom previous year.  as are given priority review  e US Armed Services, or su	for uch
registries and lagree t	o furnish all require ckground check m	est of my knowledge. I have no ed documentation at the time I am ust be submitted, unless I can proconducted within 30 days prior of t	offered an apartment. I wide Brothers of Mercy S	understand that at that time	, a \$
Head of	Household Signatu	ıre:		Date:	
Co-Head of Household Signature:			,	Date:	
If yes, Name of ag (*Please note that	ency & contac Brothers of M I any Brothers	placement agency? tercy is not contracted with of Mercy facility pay a ref	any third party ref	erral agencies. Under	no any
		Housing Company Use	Only		
Application Date (dat	e original application	stamped received): / /	Monthly Inco	ome:	