



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.

Head of Household

Last Name	First Name	Social Security #	Date of Birth

Co-Head of Household

Last Name	First Name	Social Security #	Date of Birth

Address

Apartment # _____ Street Address: _____
City _____ State _____ Zip Code: _____
Phone _____ Phone _____ Email: _____

Apartment Size Requested: _____ 1 BR Suite (individual) _____ 1 Bedroom (1-2 persons)

Special Requirements:(i.e., 1st floor only, near elevator, etc.)

Gross Monthly Income:

Wages	Social Security	Pension	Annuities	Other

Proof of income must be submitted with the application (i.e., copies of current 6 pay stubs, Social Security Benefit Notice for current year, 1099-R Pension amount previous year, Alimony statement from previous year, Annuities amount previous year.

Veterans' Admission Preference: In recognition of their service, Veterans' applications are given priority review for placement on our wait list. If applicant or spouse of applicant is honorably discharged veteran of the US Armed Services, or is a surviving spouse of a Veteran, please attach a copy of the Veteran's DD214 to qualify for admission preference.

For Brothers of Mercy Trier Woods use only		
Application Date:	Monthly Income:	



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



Certification:

The above information is correct to the best of my knowledge. I have no objection to inquires 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 Trier Woods Apartments with a copy of a completed background and credit check conducted within 30 days prior to this request.

Head of Household Signature: _____ Date: _____

Co-Head of Household Signature: _____ Date: _____

Referral Source: *How did you hear about us?*

Has applicant contracted with a placement agency? _____ Name of Agency: _____

(Please note that Brothers of Mercy is not contracted with any third party referral agencies. Under no circumstances will any Brothers of Mercy facility pay a referral fee for placement of any resident at any Brothers of Mercy Facility)

For Brothers of Mercy Trier Woods use only	
Application Date:	Monthly Income: