DePaul Properties, Inc.
Rental Application

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UPDATED
5/18/2020

Ebenezer Square Apartments - 2400 Seneca Street, West Seneca, New York 14210

How did you hear about us? _____

Unit size you are applying for: ☐ One-bedroom ☐ Two-bedroom

Waitlist preference: ☐ Homeless ☐ Veteran ☐ Deaf ☐ 55+ ☐ 62+ ☐ Disabled

Accommodation request(s): ☐ Handicap accessible unit ☐ Audio/visual accessible unit ☐ Other - *please specify:* _____
_____

Head of household: _____ Date of birth: ___ / ___ / _____ Social Security number: ____ - ___ - _____
Student?* ☐ Yes ☐ No *If yes,* ☐ Full-time ☐ Part-time *Name of educational institution:* _____

Co-head of household: _____ Date of birth: ___ / ___ / _____ Social Security number: ____ - ___ - _____
Student?* ☐ Yes ☐ No *If yes,* ☐ Full-time ☐ Part-time *Name of educational institution:* _____

Additional household member: _____ Date of birth: ___ / ___ / _____ Social Security number: ____ - ___ - _____
Student?* ☐ Yes ☐ No *If yes,* ☐ Full-time ☐ Part-time *Name of educational institution:* _____

Additional household member: _____ Date of birth: ___ / ___ / _____ Social Security number: ____ - ___ - _____
Student?* ☐ Yes ☐ No *If yes,* ☐ Full-time ☐ Part-time *Name of educational institution:* _____

Current address: _____
Previous address: _____
Daytime phone: (_____) _____ - _____   Evening phone: (_____) _____ - _____
Alternate phone: (_____) _____ - _____   Email: _____

Do you currently: ☐ Rent ☐ Own ☐ Homeless   **Monthly rent amount** $_____
☐ Other - *please specify* _____   **Monthly mortgage** $_____

Do you own any rental property(ies)? ☐ Yes ☐ No *If yes, rental property address(es):* _____
_____

Do you receive any rental income? ☐ Yes - *monthly income* $_____ ☐ No

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Do you pay any of the following utilities? ☐ Heat ☐ Electric ☐ Gas ☐ All of my utilities are included in my rent.
Please check all that apply. ☐ Other - *please specify* _____

Do you currently receive any rental assistance? ☐ Yes - *monthly assistance payment amount* $_____ ☐ No
If yes, do you receive ☐ Shelter Plus Care Voucher ☐ Section 8 ☐ Other - *please specify* _____
Monthly assistance provider contact information: _____
_____

Will you be bringing a registered and vaccinated therapy/service animal to live with you? ☐ Yes ☐ No
If yes, ☐ Cat ☐ Dog ☐ Other - *please specify* _____

Head of Household

Income source(s) - *check all that apply*

- ☐ Monthly gross pension $_____
- ☐ Monthly SSI / SSDI / SSP $_____
- ☐ Monthly public assistance $_____
- ☐ Monthly unemployment $_____
- ☐ Other monthly income $_____
  - *please specify:*_____

Employment status

- ☐ Full-time   ☐ Part-time
- ☐ Seasonal   ☐ Per diem
- ☐ Other - *specify:* _____

Company:_____

Supervisor:_____

Company address:_____

_____

Company phone (____) _____ - _____

Hire date: ____ / ____ / _____

Monthly gross pay $_____

Reference

Name: _____

Relationship: _____

Address: _____

_____

Phone (____) _____ - _____

Co-Head of Household

Income source(s) - *check all that apply*

- ☐ Monthly gross pension $_____
- ☐ Monthly SSI / SSDI / SSP $_____
- ☐ Monthly public assistance $_____
- ☐ Monthly unemployment $_____
- ☐ Other monthly income $_____
  - *please specify:*_____

Employment status

- ☐ Full-time   ☐ Part-time
- ☐ Seasonal   ☐ Per diem
- ☐ Other - *specify:* _____

Company:_____

Supervisor:_____

Company address:_____

_____

Company phone (____) _____ - _____

Hire date: ____ / ____ / _____

Monthly gross pay $_____

Reference

Name: _____

Relationship: _____

Address: _____

_____

Phone (____) _____ - _____

Additional Household Member

Income source(s) - *check all that apply*

- ☐ Monthly gross pension $_____
- ☐ Monthly SSI / SSDI / SSP $_____
- ☐ Monthly public assistance $_____
- ☐ Monthly unemployment $_____
- ☐ Other monthly income $_____
  - *please specify:*_____

Employment status

- ☐ Full-time   ☐ Part-time
- ☐ Seasonal   ☐ Per diem
- ☐ Other - *specify:* _____

Company:_____

Supervisor:_____

Company address:_____

_____

Company phone (____) _____ - _____

Hire date: ____ / ____ / _____

Monthly gross pay $_____

Reference

Name: _____

Relationship: _____

Address: _____

_____

Phone (____) _____ - _____

General Information

How did you hear about the apartments? _____

How long do you think you would be renting from DePaul Properties?_____

Date you would be able to move in? ____ / ____ / _____

Have you had any recurring problems with your current apartment or landlord?   ☐ Yes   ☐ No

    If yes, please explain: _____

Why are you moving from your current address? _____

Are you currently on any public housing waiting list?   ☐ Yes   ☐ No

Agreement & Authorization Signature

The statements I have made are true and correct. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is a preliminary application for an apartment and does not constitute a rental or lease agreement or application approval. I understand that once an apartment becomes available, I must meet the income and occupancy guidelines established for each property. Any questions regarding rejected applications must be submitted in writing to DePaul Properties, Inc., Compliance Department, 150 Mt. Hope Ave., Rochester, NY 14620. **By signing this application, you grant DePaul Properties, Inc. permission to communicate with all the contacts listed in the reference section in the event you are unreachable.**

Applicant signature _____ Date ___ / ___ / _____