



DePaul Properties, Inc. Rental Application

RECEIVED
DATE BY



La Rosa Villas - 43 Mill Street, LeRoy, New York 14482

UPDATED 5/18/2020

How did you hear about us? _____

Unit size you are applying for: [] Studio [] 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 [] Other - please specify _____
Monthly rent amount \$ _____
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

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 ____ / ____ / ____