



# DePaul Properties, Inc.

## Packet Boat Landing Apartments Rental Application

465 South Street Lockport, New York 14094

Are you currently part of a Scattered Site Supported Housing Program and entitled to receive rental stipend assistance? Please list your Housing Specialist Contact Information

<b>Preference:</b> <i>Check box if it applies</i>	<input type="checkbox"/> Audio/Visual Accessible	<input type="checkbox"/> U.S Military Veteran	<input type="checkbox"/> Homeless	<input type="checkbox"/> Handicap Accessible
<b>Number of bedrooms:</b>	<input type="checkbox"/> 1 Bedroom Community Rental	<input type="checkbox"/> 1 Bedroom SPSRO Program Furnished		

Do you receive a rental subsidy that is not project-based?  Yes  No If yes, from where:

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Birth Date</b>	<b>Social Security #</b>	<b>Driver's License #</b>
<b>Any Other Names You've Used In The Past</b>			<b>Home Phone</b>	<b>Cell Phone</b>	
<b>All Other Proposed Occupants</b>				<b>Date of Birth</b>	<b>Relationship to Applicant</b>
<b>Are any proposed occupants students?</b> <i>Check box if it applies below</i>				<b>If so, please list the name and educational institution in line below</b>	
<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time				

<b>RENTAL HISTORY</b>	<b>Current Residence</b>	<b>Previous Residence</b>
<b>Street Address</b>		
<b>City</b>		
<b>State &amp; Zip</b>		
<b>Last Rent Amount Paid</b>		
<b>Owner/Manager and Phone Number</b>		
<b>Reason for leaving</b>		
<b>Is/Was rent paid in full?</b>		
<b>Did you give notice?</b>		
<b>Were you asked to move?</b>		
<b>Name(s) in which your utilities are now billed:</b>		
<b>Dates of Residency</b>	<b>From/To</b>	<b>From/To</b>

<b>SOURCES OF INCOME</b>	<b>Occupant 1</b>	<b>Occupant 2</b>	<b>Occupant 3</b>
<b>Monthly Gross Pension</b>			
<b>Monthly SSI/SSDI/SSP</b>			
<b>Monthly Public Assistance</b>			
<b>Monthly Unemployment</b>			
<b>Other Income</b>			

**EMPLOYMENT HISTORY**

	Current Employment	Previous Employment
Employed By		
Address		
Employer's Phone		
Name of Supervisor		
Occupation		
Monthly Gross Pay		
	From/To	From/To
Dates of Employment		

**CREDIT HISTORY**

	Bank/Institution Name	Balance On Deposit or Balance Owed
Savings Account		
Checking Account		
Credit Card		
Auto Loan		

**REFERENCES & EMERGENCY CONTACTS**

	Personal Reference #1	Personal Reference #2	Nearest Relative Living Elsewhere
Name			
Street Address			
City			
State & Zip Code			
Phone Number			

By signing the application you grant us permission to communicate with all the contacts listed in this section in the event we can't locate you. Furthermore, if you abandon the apartment for any reason then you grant us permission to allow your relative listed above to remove all contents of the dwelling on your behalf.

**GENERAL INFORMATION**

Have you ever been served a late rent notice?	Do any proposed occupants smoke?	How long do you think you would be renting from us?
Have you ever filed for bankruptcy? If so, when?	When would you be able to move in?	Have you ever been convicted of a felony?
Have you ever been served an eviction notice? If so, when?		
Have you had any recurring problems with your current apartment or landlord? If yes, please explain:		
Why are you moving from your current address?		
We will run a credit check and a criminal background check. Is there anything negative we will find that you want to comment on?		
How did you hear about this apartment?	Do you have an e-mail address where you can be reached?	

**Agreement & Authorization Signature**

The statements I have made are true and correct. I hereby authorize DePaul to run a credit and/or criminal background check and to verify any information I provided and to communicate with any and all of the names listed on this application. 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, Compliance Department, 150 Mt. Hope Ave., Rochester, NY 14620.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DePaul Staff Use ONLY**
 DePaul Supported Housing Referral In Place
