



DePaul Properties, Inc. Rental Application

RECEIVED DATE BY



Skybird Landing Apartments - 16 Mustang Circle, Geneseo, New York 14454

UPDATED 5/18/2020

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 [ ] 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_