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**Trolley Station Apartments - 2464 County Road 28, Canandaigua, New York 14424**

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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_