For best results and to digitally complete this application, please open in Adobe Acrobat Reader.



RECEIVED		
DATE	BY	







Neighborhood of the Arts (NOTA) Apartments - 21 Elton Street, Rochester, New York 14607 How did you hear about us? UPDATED 2/18/2022				
Unit size you are applying for: Studio One-bedroom Two-bedroom Three-bedroom				
Waitlist preference: Homeless Veteran Deaf 55+ 62+ Disabled				
Accommodation request(s): Handicap accessible unit accessible unit Audio/visual 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?*				
Additional household member: Date of birth:/ Social Security number: Student?*				
Additional household member: Date of birth: / / Social Security number: Student?*				
Additional household member: Date of birth: / / Social Security number: Student?* Yes No If yes, Full-time Part-time Name of educational institution:				
Current address: Daytime phone: ()				
Do you currently: Rent Own Homeless Monthly rent amount \$ Other - please specify Monthly mortgage \$				
Do you own any rental property(ies)?				
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				









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Head of Household	Co-Head of Household	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:	Income source(s) - check all that apply Monthly gross pension \$ Monthly SSI / SSDI / SSP \$ Monthly public assistance \$ Monthly unemployment \$ Other monthly income \$ - please specify:	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 \$	Employment status Full-time Part-time Seasonal Per diem Other - specify: Company: Supervisor: Company address: Company phone () Hire date: / / Monthly gross pay \$	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 ()	Reference Name: Relationship: Address: Phone ()	Reference Name: Relationship: Address: Phone ()		
General Information				
How did you hear about the apartments?				

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, 1931 Buffalo Road, Rochester, NY 14624. 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 / /	
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Additional Household Member	Additional Household Member	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:	Income source(s) - check all that apply Monthly gross pension \$ Monthly SSI / SSDI / SSP \$ Monthly public assistance \$ Monthly unemployment \$ Other monthly income \$ - please specify:	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:	Employment status Full-time Part-time Seasonal Per diem Other - specify Company: Supervisor: Company address:	Employment status Full-time Part-time Seasonal Per diem Other - specify Company: Supervisor: Company address:
Company phone () Hire date: / / Monthly gross pay \$	Company phone () Hire date: / / Monthly gross pay \$	Company phone () Hire date: / / Monthly gross pay \$
Reference Name:	Reference Name: Relationship: Address: Phone ()	Reference Name: Relationship: Address: Phone ()