



# DePaul Properties, Inc. Rental Application

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 UPDATED  
3/31/2025

**Pan-American Square Apartments 2633 Delaware Avenue, Buffalo, NY 14216**

How did you hear about us? \_\_\_\_\_

**Unit size you are applying for:** ☐ Studio ☐ One-bedroom ☐ Two-bedroom

You may apply for more than one bedroom size if your household is eligible, or a member of your household requires another bedroom size as a reasonable accommodation.

**Accommodation request(s):** ☐ Handicap accessible unit ☐ Audio/visual accessible unit ☐ Other - please specify: \_\_\_\_\_

**Head of household:** \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN or ITIN: \_\_\_\_\_

 Student?\* ☐ Yes ☐ No If yes, ☐ Full-time ☐ Part-time Name of educational institution: \_\_\_\_\_

**Co-head of household:** \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN or ITIN: \_\_\_\_\_

 Student?\* ☐ Yes ☐ No If yes, ☐ Full-time ☐ Part-time Name of educational institution: \_\_\_\_\_

**Additional member name:** \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN or ITIN: \_\_\_\_\_

 Student?\* ☐ Yes ☐ No If yes, ☐ Full-time ☐ Part-time Name of educational institution: \_\_\_\_\_

**Additional member name:** \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN or ITIN: \_\_\_\_\_

 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 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 \_\_\_\_\_

This information is not used as a basis for eligibility. New York State Human Rights Law prohibits the discrimination in housing based on lawful source of income like whether you have a Section 8 voucher.

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 long do you think you would be renting from DePaul Properties? \_\_\_\_\_

Date you would be able to move in? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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, 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_