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



STAFF USE ONLY			
RECEIVED BY	DATE	TIME	







)	
	1

Divarata Anartmante '990 (Intorio Stroot Duttolo Nou Vork 1/90)	DATED 11/2024			
How did you hear about us?				
Unit size you are applying for: One-bedroom Two-bedroom				
Waitlist preference:				
Accommodation request(s): Handicap accessible unit Audio/visual Other - please specify:				
Head of household name: Date of birth:// Social Security number: Student?* Yes No If yes, Full-time Part-time Name of educational institution:				
Co-head name: Date of birth: / / Social Security number: Student?* Yes No If yes, Full-time Part-time Name of educational institution:				
Additional member name: Date of birth: / / Social Security number: Student?* Yes No If yes, Full-time Part-time Name of educational institution:				
Additional member name: Date of birth: / / Social Security number: Student?*				
Current address:				
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?				
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 any pet, assistance or service animal to live with you? Yes No If yes, Cat Dog Other - please specify				





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 ()	
How long do you think you would be renting from DePaul Properties?			
Why are you moving from your current address?			

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.

A II 4	D . 1
Applicant signature	Date / /