



**DePaul Properties, Inc.**  
**Rental Application**

**STAFF USE ONLY**

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**Mosaic Apartments 918 Crane Street, Schenectady, NY 12303**

UPDATED  
11/11/2024

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

**Unit size you are applying for:**  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.*

**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: \_\_\_/\_\_\_/\_\_\_ SSN or ITIN: \_\_\_\_\_  
 Student?\*  Yes  No *If yes,*  Full-time  Part-time *Name of educational institution:* \_\_\_\_\_

**Head of household:** \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_ SSN or ITIN: \_\_\_\_\_  
 Student?\*  Yes  No *If yes,*  Full-time  Part-time *Name of educational institution:* \_\_\_\_\_

**Head of household:** \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_ SSN or ITIN: \_\_\_\_\_  
 Student?\*  Yes  No *If yes,*  Full-time  Part-time *Name of educational institution:* \_\_\_\_\_

**Head of household:** \_\_\_\_\_ 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_