



STAFF USE ONLY

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

UPDATED
11/21/2024

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.

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:* _____

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 ____ / ____ / _____