



Lewiston Country Estates

916 Upper Mountain Road
Lewiston, New York 14092



Complete this application and return to: 916 Upper Mountain Rd, Lewiston, NY 14092

ACCEPTANCE OF THIS APPLICATION DOES NOT GUARANTEE RENTAL OF AN APARTMENT. ALL APPLICANTS MUST MEET SCREENING CRITERIA, INCLUDING LANDLORD AND CREDIT CHECKS. CHANGES IN FAMILY INCOME, FAMILY SIZE, ADDRESS AND TELEPHONE NUMBER MUST BE REPORTED PROMPTLY. If you have questions call 716-298-4966 between 9:00 AM and 5:00 PM Monday through Friday. TDD may call 1-800-662-1220 for assistance.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

APPLICATIONS ARE PROCESSED ON A FIRST COME, FIRST SERVED BASIS.

A. GENERAL INFORMATION

Applicant Name: _____ Telephone _____

Address: _____
Street Apt.# City State Zip

Type of Unit Requested: (You may request more than one type of unit).

___ 1st Floor One Bedroom ___ 2nd Floor One Bedroom ___ Two Bedroom ___ Handicapped

List ALL persons who will live in the apartment; Head of Household first.

NAME RELATIONSHIP BIRTHDATE SOCIAL SECURITY #

1. _____

2. _____

3. _____

Do you expect anyone not listed to be moving in with you in the future?

No ___ Yes ___ If yes, please explain _____

B. REFERENCE INFORMATION

You must provide written references from prior landlords as well as two credit references and two personal references.

Current Landlord:

Name _____

Address _____

Telephone # _____

Previous Landlord/Rental Information:

Name _____

Address _____

Telephone # _____

Credit References:

Name _____

Address _____

Telephone # _____

Name _____

Address _____

Telephone # _____

Personal References (No Relatives):

Name _____

Address _____

Telephone # _____

Name _____

Address _____

Telephone # _____

C. INCOME

<u>NAME</u>	<u>SOURCE OF INCOME</u>	<u>MONTHLY AMOUNT</u>	<u>ANNUAL AMOUNT</u>
_____	1 Social Security	\$ _____	\$ _____
_____	Social Security	\$ _____	\$ _____
_____	2 Pension (Source) _____	\$ _____	\$ _____
_____	Pension (Source) _____	\$ _____	\$ _____
_____	3 Veteran Benefits	\$ _____	\$ _____
_____	4 SSI Benefits	\$ _____	\$ _____
_____	5 Wages (Employer) _____	\$ _____	\$ _____
_____	6 Interest (Source) _____	\$ _____	\$ _____
_____	Interest (Source) _____	\$ _____	\$ _____
_____	7 Other Income (Source) _____	\$ _____	\$ _____
TOTAL INCOME		\$ _____	\$ _____

Do you anticipate changes to this income in next 12 months? No ___ Yes ___
 Yes, explain: _____

D. ASSETS

Checking Account	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Savings Account	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
CDs	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Trust Account	# _____	Bank _____	Balance \$ _____
IRAs	# _____	Bank _____	Balance \$ _____
Savings Bonds	# _____		Face Value \$ _____
Insurance Policy	# _____	Company _____	Cash Value \$ _____
Other Assets	_____		

Real Property: Do you own any property? Yes _____ No _____
 If Yes: Type of Property _____
 Location _____
 Appraised Market Value \$ _____ Mortgage Balance _____

Have you disposed of any property in the last two years? Yes _____ No _____
 If Yes: Type of Property/Asset _____
 Market Value When Sold/Disposed \$ _____ Transaction Date _____
 Amount Sold/Disposed For \$ _____

Do you have other asset not listed above (excluding personal property)?
 Yes _____ No _____ If Yes explain _____

E. MEDICAL AND HANDICAP ASSISTANCE EXPENSES

NAME		
_____	Medicare Premium(s) Monthly Amount	\$ _____
		\$ _____
_____	Health Insurance Premium(s) Monthly Amount	\$ _____
		\$ _____
_____	Projected Prescription Costs(s) Monthly Amount	\$ _____
_____	Projected Medical/Doctor Bills Monthly Amount	\$ _____
_____	Outstanding Medical Bills Monthly Amount	\$ _____

F. OTHER REQUIRED INFORMATION

List car, truck or other vehicle owned. Parking is provided for one vehicle per household. Year/Make _____ Color _____ License Plate _____

Any pets? No _____ Yes _____ If yes, describe _____

Emergency Contact:	
Name _____	
Address _____	
Telephone _____	Relationship _____

G. PROGRAM INFORMATION

Check One

Do you or anyone in your household require the special design features of a handicap accessible apartment? Yes ___ No ___
If yes, explain _____

Will any alterations to the apartment be necessary for you or a member of your family? Yes ___ No ___
If yes, explain _____

Are you or anyone in your household seeking occupancy due to a disability? Yes ___ No ___
If yes, you must provide a statement by a qualified individual.

Does anyone in the household receive regular contributions or gifts from family or non-household members? Yes ___ No ___
If yes, explain _____

Does anyone in the household receive any income from property? Yes ___ No ___
If yes, explain _____

Are you currently under eviction or have you ever been evicted? Yes ___ No ___
If yes, explain _____

Are you a drug dealer or have you ever been a drug dealer? Yes ___ No ___
If yes, explain _____

Are you a current illegal user of a controlled substance, have you been convicted for the same, or have you been convicted for the manufacture or distribution of a controlled substance? Yes ___ No ___
If yes, explain _____

Have you successfully completed a controlled substance abuse program or are you presently enrolled in such a program? Yes ___ No ___
If Yes, explain _____

Have you been convicted of, pleaded guilty or "no contest" to a felony/misdemeanor whether or not resulting in a conviction? Yes ___ No ___
If Yes, explain _____

Have you been convicted of, pleaded guilty or "no contest" to a Felony/misdemeanor involving sexual misconduct (whether or not resulting in a conviction)? Yes ___ No ___
If Yes, explain _____

