



# Middleport Country Estates

89 Telegraph Road  
Middleport, New York 14105



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 \_\_\_\_\_ Handicapped

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

NAME RELATIONSHIP BIRTHDATE SOCIAL SECURITY #

1. \_\_\_\_\_

2. \_\_\_\_\_

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 \_\_\_\_\_

<p><b>Emergency Contact:</b></p> <p>Name _____</p> <p>Address _____</p> <p>Telephone _____ Relationship _____</p>
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**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 \_\_\_\_\_

