



# Wilson Country Estates

250 Autumnview Drive  
Wilson, New York 14172



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 \_\_\_\_\_

|                           |                    |
|---------------------------|--------------------|
| <b>Emergency Contact:</b> |                    |
| 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 \_\_\_\_\_

