

PRELIMINARY TENANT APPLICATION

MAIL ONE (1) APPLICATION FORM PER FAMILY TO:

Brewery Apartments (#100)
133-153 Lake Avenue
Middletown, NY 10940

ALL APPLICATIONS SHOULD BE RECEIVED AS SOON AS POSSIBLE BY MAIL.

NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION, PREPARATION, FILING OR PROCESSING OF THIS APPLICATION.

NO CERTIFIED MAIL, EXPRESS MAIL, OR OTHER SPECIAL DELIVERY MAIL WILL BE ACCEPTED.

TO BE FILLED OUT BY APPLICANT:

Name _____

Present Address _____ Apt. No _____

City _____ State _____ Zip _____

How Long _____

Home Phone # _____ Work Phone # _____

Social Security Number _____ D.O.B. _____

Present Landlord _____ Rent _____

Landlord's Telephone _____ Heat Included *(Circle One)* Yes No

Previous Landlord _____ Telephone _____

Previous Address _____

City _____ State _____ Zip _____ How Long _____

Number of persons in household _____

Do you expect any change in your family size? If yes, explain: _____

Do you have pets? _____

Do you have a car? _____ If yes, how many? _____

LIST ALL PERSONS WHO WILL LIVE WITH YOU

	<u>FULL NAME</u>	<u>RELATIONSHIP</u>	<u>D.O.B.</u>	<u>AGE</u>	<u>SEX</u>	<u>ATTENDING SCHOOL?</u>
(1)	_____	_____	_____	_____	_____	_____
	Occupation _____		Social Security _____			
(2)	_____	_____	_____	_____	_____	_____
	Occupation _____		Social Security _____			
(3)	_____	_____	_____	_____	_____	_____
	Occupation _____		Social Security _____			
(4)	_____	_____	_____	_____	_____	_____
	Occupation _____		Social Security _____			

INCOME: LIST ALL FULL AND/OR PART-TIME EMPLOYMENT FOR HOUSEHOLD MEMBERS. INCLUDE SELF-EMPLOYED EARNINGS.

NAME OF MEMBER	NAME & ADDRESS OF EMPLOYER	GROSS EARNINGS <i>(before taxes)</i>
_____	_____	\$ _____ Per Hrs.
(Name)		Per Week Worked \$ _____
_____	_____	\$ _____ Per Hrs.
(Name)		Per Week Worked \$ _____
_____	_____	\$ _____ Per Hrs.
(Name)		\$ Per Week Worked _____

OTHER SOURCES OF INCOME: *(Examples: Social Security, SSI, Pensions, Disability compensation, Unemployment Compensation, Interest, baby sitting, caretaking, alimony, child support, annuities, dividends, income from rental property, armed forces reserves, scholarships, and/or grants).*

HOUSEHOLD MEMBER	SOURCE	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

ASSETS:

A. Checking Accounts:

Bank _____ Acct. No. _____ Amount _____

Address _____ No. _____ Amount _____

B. Passbook Savings:

Bank _____ Acct. No. _____ Amount _____

Address _____ No. _____ Amount _____

C. CD Certificates:

Bank _____ Acct. No. _____ Amount _____

Address _____ No. _____ Amount _____

D. Credit Union Shares:

Credit Union Name _____ Amount _____

Address _____

E. Stocks and Bonds (value) \$ _____

Do you NOW own real estate?: _____ If "yes", what is the value: _____

Have you EVER owned real estate?: _____ If "yes", when: _____

I DECLARE THAT THE STATEMENTS CONTAINED IN THE APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. WARNING: FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE; SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

Signature _____ Date _____

PLEASE DO NOT MAIL MORE THAN ONE APPLICATION. IF MORE THAN ONE APPLICATION IS RECEIVED FROM ANY ONE FAMILY, PRIOR APPLICATIONS FROM THAT FAMILY WILL BE DISQUALIFIED.

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members of age 18 and older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety or welfare of other residents.

The Brewery Apartments will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

- 1. Have you been evicted from a federally assisted site for drug related criminal activity within the past three years? Yes No
- 2. Do you currently use illegal drugs or abuse alcohol? Yes No
- 3. Are you currently subject to the lifetime registration requirement under state sex offender registration program? Yes No
- 4. Have you been convicted of any drug related crime within the past five years? Yes No
- 5. Have you been convicted of any felony within the past five years? Yes No
- 6. Have you been convicted of any crime involving fraud or dishonesty within the past five years?
Yes No
- 7. Have you been convicted of any crime involving violence within the past five years? Yes No
- 8. Are you currently charged with any of the above criminal activities? Yes No
- 9. Please list all states in which you have lived or have held licenses to drive *(include driver's license numbers)*

- 10. Have you ever used or been known by any other name? Yes No
If yes, please list names: _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize **The Brewery Apartments** to verify the above information, and I consent to the release of any necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or offender registration information to **The Brewery Apartments**, to public housing authority, or to any agency contracted by **The Brewery Apartments** to conduct criminal background checks.

APPLICANT'S SIGNATURE _____ **DATE** _____

APPLICANT'S NAME
(PLEASE PRINT) _____