



APPLICANT QUESTIONNAIRE

Desire Apartment Size (circle one): 1 BR 1BR+Den Upper Lower Application Number: _____

Date Desired: _____

Household Information

List all household members and all sources of income for each member that will be living in this apartment. Please include overtime, tips, bonuses, commissions, unemployment benefits, public assistance, child support, pension, social security benefits.

*If employment listed below is less than two years, please list previous employment for each member of the household.

| | | HEAD | 2 | 3 | 4 |
|-----------------------------------|---------|-------|-------|-------|-------|
| Name of Each Household Member | First → | _____ | _____ | _____ | _____ |
| | Last → | _____ | _____ | _____ | _____ |
| Relationship to Head of Household | | HEAD | | | |
| Male / Female | | | | | |
| Social Security Number | | | | | |
| Date of Birth | | | | | |
| Student Yes/No | | | | | |

Income anticipated for the next 12 months for each household member.

| | | | | |
|---------------------------------------------------|--|--|--|--|
| Name of Employer | | | | |
| Dates Employed | | | | |
| Position | | | | |
| Annual or Monthly Income | | | | |
| Name of Employer | | | | |
| Dates Employed | | | | |
| Position | | | | |
| Annual or Monthly Income | | | | |
| Alimony, Child Support | | | | |
| Social Security, Pensions, Retirement Funds, Etc. | | | | |
| Self Employment Income | | | | |
| Other Income | | | | |
| Other Income | | | | |

Include all assets held and the income derived from the assets.

| Assets | Bank Name | Account Number | List Average Balance |
|--------------|-----------|----------------|----------------------|
| Checking | | | |
| Checking | | | |
| Savings | | | |
| Savings | | | |
| Other Source | | | |



Do you fall into the category of "Frail Elderly" as defined below (check appropriate box)? YES NO

"Persons age 55 or more who require assistance with one or more activities of daily living or instrumental activities of daily living. Also, persons age 55 or more who have limitations in mental capacity or emotional strength and motivation that affect their capacity to viably live independently; that is without assistance or intervention."

Current Address: _____

Daytime Phone: _____ Evening Phone: _____

Do you have any pets? Yes No If yes, please list all pets. _____

Housing Information

Do you own or rent at your current address? Rent Own

If you have rented an apartment during the past **TWO** years, please list apartment information below:

| <u>Current Landlord's Name/ Address</u> | <u>Your Address</u> | <u>Dates From: To:</u> |
|---------------------------------------------|---------------------|------------------------|
| Name: _____ | _____ | _____ |
| Address: _____ | _____ | <u>Amount Paid</u> |
| _____ | _____ | _____ |
| Phone: _____ | _____ | _____ |

| <u>Previous Landlord's Name/ Address</u> | <u>Your Address</u> | <u>Dates From: To:</u> |
|----------------------------------------------|---------------------|------------------------|
| Name: _____ | _____ | _____ |
| Address: _____ | _____ | <u>Amount Paid</u> |
| _____ | _____ | _____ |
| Phone: _____ | _____ | _____ |

Signature Clause

I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application.

I authorize my consent to have management verify the information in this application for the purpose of providing my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and requirements.

All ADULT household members must sign below:

Signature

Date

Signature

Date



MAIL APPLICATION TO:

**Brookview Commons
100 Commons Way
Deer Park, NY 11729**