



## APPLICANT QUESTIONNAIRE

Desired Apartment Size (circle one): 1 BR 2 BR

Date Desired: \_\_\_\_\_

<b>Household Information</b>
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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:**

**JACOBS HILL  
2500 Jacobs Hill Road  
Cortlandt Manor, NY 10567**