



110 Brookline Road, Ballston Spa, NY 12020  
 Telephone: 518-885-4185 \* Fax: 518-885-0517

Application #: \_\_\_\_\_

### RENTAL QUESTIONNAIRE

There is a Non-Refundable Processing Fee of \$50.00 to be paid with a money order

Desired Apartment Size:      1 BR      2 BR      3 BR      Date Desired: \_\_\_\_\_

#### HOUSEHOLD INFORMATION

List ALL household members and all sources of income for each household member that is going to live in this apartment. Please indicate overtime, tips, bonuses, commissions, unemployment benefits, public assistance, child support, pension, SSI benefits.

Household Members Name First, MI, Last	1.	2.	3.	4.	5.
Relationship to Head Of Household	Head of Household				
Male / Female					
S.S.N. <i>(Must Have For All)</i>					
Date of Birth					
Student Status Yes/No					

#### INCOME THAT IS ANTICIPATED FOR THE NEXT 12 MONTHS FOR EACH HOUSEHOLD MEMBER

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

Employer Name Phone Number(s) Fax #					
Dates Employed					
Position					
Annual Gross	\$	\$	\$	\$	\$
Employer Name Phone / Fax #'s					
Dates Employed					
Position					
Annual Gross	\$	\$	\$	\$	\$
Alimony / Child Support					
SSI / Pension Retirement					
Self-Employment					
Other Income					

#### INCLUDE ALL ASSETS AND THE INCOME DERIVED FROM THE ASSETS

ASSETS	BANK NAME & LOCATION	ACCOUNT NUMBERS	AVERAGE BALANCE
Checking Account			
Savings Account			
Checking Account			
Savings Account			
Other Asset(s)			
No-Asset(s)			



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**HOUSING INFORMATION**

Current Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Do you own or rent at your current address?  Rent  Own Other: \_\_\_\_\_

Have you or anyone else named on this application been evicted from a rental unit at any time?  Yes  No

Explain: \_\_\_\_\_

If you have rented an apartment during the past (2) years, please list Landlord / Apartment information below:

CURRENT LANDLORD'S NAME / ADDRESS / PHONE #	YOUR COMPLETE ADDRESS	DATES FROM / TO
_____	_____	_____
_____	_____	RENT \$ _____
( ) _____	_____	_____

PREVIOUS LANDLORD'S NAME / ADDRESS / PHONE #	YOUR PREVIOUS ADDRESS	DATES FROM / TO
_____	_____	_____
_____	_____	RENT \$ _____
( ) _____	_____	_____

Do you own a pet?  Yes  No

Type of Pet? \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

All animals must have vet records showing proof of vaccinations / flea treatments. All dogs have to be licensed.

Have you or anyone else named on this application been convicted of a felony?  Yes  No

Explain: \_\_\_\_\_

**SIGNATURE CLAUSE**

I certify that all the 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 and consent to have Bridgewater Apartments Management office 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**

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_



INCOME QUESTIONNAIRE

Name & Address of Head of Household: \_\_\_\_\_

We need to know about the income that each member of your household expects to receive in the next 12 months. The following is a list of items the government counts as income in determining your eligibility for the federal housing assistance. Check YES for the type of income that applies to each household member. Check NO if no member receives this type of income.

WARNING: Section 1001 of title 18 of the US code makes it a criminal offense to willfully make false statements or misrepresentations of any material fact involving the use of obtaining of federal funds.

1. EMPLOYMENT INCOME:

(Do not include children less than 18 years of age)

- Wages, Salary, Overtime, Commissions, Fees, Tips, Bonuses, Any other amount adult household members earn from working for other people/themselves

2. BENEFIT PAYMENTS:

(This includes lump-sum payments received for delays processing. No lump-sum payments for SS/SSI)

- Supplemental Security Income, Social Security, Workers Compensation, Disability Pay / Benefits, Unemployment Benefits, Severance Pay, Annuities, Insurance Policy Payments, Pensions, Retirement Fund Benefits, Death Benefits (veteran's disability, black lung sick benefits, dependent indemnity compensation)

3. WELFARE ASSISTANCE:

(This includes lump-sum payments received for delays in processing but no grants or other amounts received specifically for medical care of disable person(s))

- Medical care of disable person(s)

4. ALIMONY / CHILD SUPPORT:

(This includes adoption assistance)

- Adoption assistance

5. INTEREST / DIVIDENDS/ OTHER INCOME FROM ASSETS:

- Interest from Bank Accounts/Bonds, Dividends from Stocks/Mutual Funds, Income distributed from Trust Funds, Money from renting household assets

6. LOTTERY WINNINGS PAID IN PERIODIC PAYMENTS

- Lottery winnings

7. MONEY/GIFTS GIVE BY PERSONS NOT LIVING IN THE UNIT:

(This includes rent/utility payments regularly paid by someone on behalf of household. It doesn't include recurring amounts paid directly to a childcare provider, gifts, groceries, utility rebates paid to seniors, payments received for the care of foster children/gifts received on a non-recurring basis)

- Money/gifts

8. ANY OTHER SOURCE OF INCOME?

If yes, please specify \_\_\_\_\_

9. ARE YOU OR ANY OTHER ADULT HOUSEHOLD MEMBER CLAIMING ZERO INCOME?

- Zero income

10. HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER DISPOSED OF OR GIVEN AWAY ANY ASSET(S) FOR LESS THAN FAIR MARKET VALUE WITHIN THE PAST TWO YEARS?

- Asset disposal

11. WILL YOUR HOUSEHOLD BE RECEIVING SECTION 8 RENTAL ASSISTANCE AT THE TIME OF MOVE-IN?

- Rental assistance

I hereby certify that all of the above information is true and correct to the best of my knowledge.

Head of Household: \_\_\_\_\_

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

Co-Head of Household: \_\_\_\_\_

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

Other Adult: \_\_\_\_\_

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