



APPLICANT QUESTIONNAIRE

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

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 _____



Household Information (Continued from Page 1)

Name of Each Household Member	First →	HEAD	2	3	4
	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					

Woodcrest Estates
100 Woodcrest Drive
Port Jefferson, NY 11776

INSTRUCTIONS FOR COMPLETING AN APPLICATION

1. Please be sure to complete all information. Incomplete applications could result in processing delays.
2. Please indicate the type of apartment that you desire at the top of your application.
3. Please be aware that apartments will be assigned on a first come first serve basis.
4. The Head of Household must be 55 years of age or older.
5. All persons must be at least 19 years of age.
6. There is a \$25.00 per person application fee for each applicant and cosigner. This fee is non-refundable and must be paid by certified check or money order. Cash will not be accepted.

INCOME QUALIFICATIONS:

Maximum Income Allowable

▪ 1 Person	\$37,320
▪ 2 Persons	\$42,660
▪ 3 Persons	\$48,000
▪ 4 Persons	\$53,340

7. These amounts are subject to change, please check with us at the time you apply.
8. Social security benefits, pensions, IRA's, 401K plans, all assets, and any forms of employment will be used in calculating your total income.
9. A current written appraisal is required if you own real estate or are in the process of selling real estate.
10. We will need a copy of a photo ID.

If you have any further questions, please feel free to contact the leasing office at 631.473.4114

Equal Housing Opportunity