

Please Return To:

Camillus Heights Apartments
209 Camillus Heights Way
Camillus, New York 13031
Phone: (315) 671-1222

FOR OFFICE USE ONLY

Date: _____ Time _____
Bedroom Size: _____

INFORMATION SOLICITED ON THIS APPLICATION IS REQUESTED BY THE APARTMENT OWNER IN ORDER TO ASSURE THE GOVERNMENT THAT FEDERAL NEW YORK AND STATE LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICATIONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, MARTIAL STATUS, AGE AND HANDICAP ARE COMPLIED WITH. THIS INFORMATION WILL NOT BE USED TO DISCRIMINATE AGAINST YOU.

Please respond to all questions on this form as appropriate. If application is for more than one person be sure to answer all questions for any household member that is applicable.

NUMBER OF BEDROOMS: (MARK ALL THAT APPLY): 1 2 3

A. **Head of Household Name:** _____
DOB: _____ Gender: _____
Social Security (or TIN, prior address history)# _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Telephone Messages: _____
Best Time To Contact You: _____

B. **NAME OF PERSONS WHO WILL BE LIVING IN THE APARTMENT WITH YOU:**

Name	Gender	Age	DOB	Social Security #

C. **Are you or any household member employed? If so, complete the following:**

Employer's Name: _____
Address: _____
City/State/Zip: _____
Phone Number: _____

Employer's Name: _____
Address: _____
City/State/Zip: _____
Phone Number: _____

D. **Present Income:**

Social Security payment per month _____
Supplemental Security income per month _____
Pension income per month _____
Gross Employment income per month _____
Public Assistance income per month _____

Unemployment Assistance _____
Child Support _____
Other (Explain source) _____

E. Current Bank Account Balance:

Checking account _____ Savings account _____
Money Market account _____ Other accounts _____

F. Assets:

Full value of stocks \$ _____ Full value of bonds \$ _____
Full value of CD's \$ _____ Market value of Real Estate \$ _____
Full value of other \$ _____

G. Present Living Accommodations (please check as appropriate):

Own House or Mobile Home _____ Rental Housing _____
Public Housing _____ Boarding House _____
Living with Relatives _____ Hotel/Motel _____
Living with Friends _____ Other _____
How long have you lived at your residence? _____
If you rent, what is your monthly rent, including utilities? _____

H. Name, Address & Phone Number of Your Present Landlord:

Name, Address & Phone Number of your Previous Landlords in past 5 years:

1. _____
2. _____
3. _____

I. Are you presently receiving any form of rent subsidy/certificate? _____

Name of subsidy source _____

J. Are you on the waiting list of the Syracuse Housing Authority for the Section 8 Rental Assistance? Yes _____ No _____ or on the Syracuse Housing Authority Apartment Wait List? Yes _____ No _____

K. Will your family require an apartment that needs to be equipped to meet any special needs (i.e. such as wheelchair?) Yes _____ No _____

Please list any other accommodations required by your family: _____

L. Please list 3 personal references (who are not relatives):

Name	Address/City/State/Zip	Phone Number
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M. Have you or any adult members of your household been convicted of a criminal

Offense? No _____ Yes _____ Offense _____

N. Are you a full time student? No _____ Yes _____ School Name: _____

O. How did you hear about us? _____

P. Why did you choose Camillus Heights? _____

Please review your application carefully. **If any questions are not answered the application may be deemed to be incomplete and returned to you for completion.**

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

Any willful misrepresentation or concealment of any material fact which would affect eligibility for admission will be considered grounds for termination of lease and eviction. I, therefore, declare the information provided to be true to the best of my knowledge.

I understand that I/We will be asked to provide "Release of Information" forms to confirm income, references, criminal background, predator status, and credit history if this application is to be processed for consideration of occupancy.

Co-applicant #1

Date

Co-applicant #2

Date

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Race/Ethnicity Information:

The information regarding race, ethnicity and sex designation is requested for statistical purposes only. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Race of Head of Household (please check all that apply):

____ American Indian/or Alaska Native ____ Asian ____ Black or African American

____ Native Hawaiian or Pacific Islander ____ White ____ Other: _____

Ethnicity of Head of Household (please check one) : ____ Hispanic or Latino ____ Not Hispanic or Latino

Gender (please check one): ____ male ____ female



Kathy Hochul / Governor
Ruthanne Visnauskas, Commissioner/CEO

