

**Applications Due No Later Than:
September 20th, 2024**

FOR OFFICE USE ONLY
Date: _____ Time _____
Bedroom Size: _____

Please Return to Address Below:

Community View Apartments
C/O Christopher Community, Inc.
990 James St., Syracuse, NY 13203
Phone: (315) 424-1821

**Lottery Date & Location: October 4th, 2024 at 10:00am live streamed at
<https://www.facebook.com/Christopher.Community>**

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 the application is for more than one person be sure to answer all questions for any household member that is applicable.

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

A. Head of Household

Name: _____
DOB: _____ **Gender:** _____
Social Security or Taxpayer ID # _____
Current Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone Number: _____ **Telephone Messages:** _____
Best Time to Contact You: _____

B. Name of Person(s) Who Will Be Living In the Apartment With You:

<u>Name</u>	<u>Gender</u>	<u>Age</u>	<u>DOB</u>	<u>Social Security or Taxpayer ID #</u>

C. Are you or any household members 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 (explain): _____

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:

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

Name of subsidy source: _____

J. Are you on the waiting list of any Housing Authority for Section 8 Rental Assistance?

Yes _____ No _____

K. Will your family require an apartment that needs to be equipped to meet any special needs (i.e. such as a wheelchair?)

Yes _____ No _____ Please list any other accommodations required by your family:

L. Are you a full-time student?

No _____ Yes _____ School Name: _____

M. How did you hear about us?

N. Why did you choose Community View Apartments?

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, and predator status 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 provide 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.

Prefer Not to Answer American Indian/or Alaska Native Asian White
 Black or African American Native Hawaiian or Pacific Islander
Other: _____

Ethnicity of Head of Household (please check one) :

Prefer Not to Answer Hispanic or Latino Not Hispanic or Latino

Gender (please check one): male female Prefer Not to Answer



Kathy Hochul, Governor
Ruthanne Visnauskas, Commissioner/CEO

