

**Please Return to Address Below:**

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

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 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

**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

**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

