

**RENTAL APPLICATION FOR DEVAN'S GATE I & II APARTMENTS**

**88 Devans Drive  
Otisville, NY 10963  
Telephone 845-386-4954  
Email: intake@rhachomes.org**

Date of Application: \_\_\_\_\_

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

**1. HOUSEHOLD INFORMATION**

List all household members that will be living in the apartment:

**#1 HOUSEHOLD HEAD**

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student: \_\_\_\_\_ Yes \_\_\_\_\_ No

**#2 SPOUSE OR OTHER APPLICANT**

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student: \_\_\_\_\_ Yes \_\_\_\_\_ No

**2. EMPLOYMENT HISTORY**

**HOUSEHOLD HEAD**

Name of Current Employer:

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

Telephone Number: \_\_\_\_\_

Gross paycheck amount (before deductions)  
\$ \_\_\_\_\_

\_\_\_\_ Weekly Paycheck \_\_\_\_ Biweekly Paycheck

**SPOUSE OR OTHER APPLICANT**

Name of Current Employer:

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

Telephone Number: \_\_\_\_\_

Gross paycheck amount (before deductions)  
\$ \_\_\_\_\_

\_\_\_\_ Weekly Paycheck \_\_\_\_ Biweekly Paycheck

**If less than two years at present place of employment, please list previous employment history**

Name and Address of Previous Employer:

**HOUSEHOLD HEAD**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of years employed: \_\_\_\_\_

Name and Address of Previous Employer

**SPOUSE OR OTHER APPLICANT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of years employed: \_\_\_\_\_

**3. OTHER INCOME** (List monthly amount for each person)

Self Employment Income \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Pension \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

# DEVAN'S GATE I & II APARTMENTS RENTAL APPLICATION

## 4. ASSETS

List all sources of income for each household member that will be living in this apartment. Please indicate overtime, tips, bonuses, commissions, unemployment benefits, public assistance, child support, pension, social security benefits, etc.

Checking Account: \$ \_\_\_\_\_ Bank Name \_\_\_\_\_  
Checking Account: \$ \_\_\_\_\_ Bank Name \_\_\_\_\_  
Savings Account: \$ \_\_\_\_\_ Bank Name \_\_\_\_\_  
Passbook Savings \$ \_\_\_\_\_ Bank Name \_\_\_\_\_  
Savings Certificates: \$ \_\_\_\_\_ Bank Name \_\_\_\_\_  
Stocks and Bonds \$ \_\_\_\_\_ Bank Name \_\_\_\_\_  
Certificates of Deposit, Money Market Funds (value) \$ \_\_\_\_\_  
U.S. Savings Bonds (value) \$ \_\_\_\_\_  
Trusts (value and/or monthly income) \$ \_\_\_\_\_  
IRA or Keogh Accounts (value) \$ \_\_\_\_\_  
Retirement and pension Funds (value and/or monthly income) \$ \_\_\_\_\_  
Lump sum receipts (e.g. lottery, inheritance, insurance payments) \$ \_\_\_\_\_  
Investment property \$ \_\_\_\_\_  
Whole life insurance \$ \_\_\_\_\_

## 5. HOUSING INFORMATION

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

Have you ever owned real estate? If yes, when? \_\_\_\_\_

Value of current real estate owned: \_\_\_\_\_

If you are renting, are you presently receiving a Section 8 subsidy? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you have rented an apartment during the past TWO years, please complete the following section:

### Current Landlord's

Name/Address/Phone #	Your address	Dates	From:	To:
Name: _____	_____	_____		
Address: _____	_____	_____	Amount Paid:	_____
_____	_____			
_____				
Phone #: _____				

### Previous Landlord's

Name/Address/Phone #	Your address	Dates	From:	To:
Name: _____	_____	_____		
Address: _____	_____	_____	Amount Paid:	_____
_____	_____			
_____				
Phone #: _____				

# DEVAN'S GATE I & II APARTMENTS RENTAL APPLICATION

Do you have a car? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many? \_\_\_\_\_

Do you have any pets? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list all pets \_\_\_\_\_

How did you hear about this development ? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## DEMOGRAPHIC INFORMATION:

All information we are requesting below is strictly voluntary. This information will be provided to the United States Census Bureau to help them track various migration patterns.

Borrower: Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Disabled? \_\_\_\_\_

Co-Borrower: Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Disabled? \_\_\_\_\_

Family Size: \_\_\_\_\_ Preferred Language \_\_\_\_\_

### Your Ethnicity:

- Hispanic
- Non-Hispanic

### Your Race: (Check one only)

- American Indian / Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- American Indian or Alaska Native **and** White
- Asian **and** White
- Black or African American **and** White
- American Indian or Alaska Native **and** Black or African American
- Other Multiple Race

## 6. LETTER OF UNDERSTANDING

I (we) understand that the monthly rental amounts are subject to change, although every effort will be made to keep the actual rent amount as close as possible to the figures listed on the cover letter.

I (we) grant permission for the development/marketing/management team for Devan's Gate II to exchange credit and financial information about me (us) with others. You may request a credit report on me (us) and, if asked, you will tell me (us) the name and address of the consumer reporting agency that furnished it.

I (we) understand and certify that all information contained in this application is true and correct to the best of my (our) knowledge.

I (we) understand that all information provided on this form will be kept confidential, and only persons involved in administering this program will have access to this information.

\_\_\_\_\_  
Household head signature

\_\_\_\_\_  
Spouse or other application signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## **THE FOLLOWING DOCUMENTS ARE REQUIRED FOR APPROVAL:**

### **ASSET SOURCES**

- |   |   |
|---|---|
| <b>IF YOU HAVE A CHECKING ACCOUNT</b>     | <b>* Six months of most recent checking statements</b>                            |
| <b>IF YOU HAVE A SAVINGS ACCOUNT</b>      | <b>* Passbook or account statement</b>  |
| <b>IF YOU HAVE A MONEY MARKET ACCOUNT</b> | <b>* Latest statement of account</b>  |
| <b>IF YOU HAVE ANY STOCKS, BONDS</b>      | <b>* Statements showing value of stocks or bonds and earnings credited to you</b> |
| <b>IF YOU RECEIVE INCOME FROM A TRUST</b> | <b>* Documentation verifying income received from trust</b>                       |
| <b>IF YOU RECEIVE A PENSION</b>           | <b>* Documentation verifying income received from pension</b>                     |
| <b>IF YOU HAVE A 401K PROGRAM</b>         | <b>* Documentation verifying contributions and present amount in 401K program</b> |

### **INCOME SOURCES**

- |   |  |
|---|--|
| <b>IF EMPLOYED YOU MUST SEND</b>  | <b>* Paycheck stubs for 1 month<br/>Most Recent Federal Income Tax return</b>                                    |
| <b>IF RECEIVING SOCIAL SECURITY OR SUPPLEMENTAL SECURITY INCOME</b>     | <b>* Most Recent Award or benefit notification letter</b>  |
| <b>IF RECEIVING WELFARE (AFDC)</b>                                      | <b>* Most Recent Award/Budget Letter</b>   |
| <b>IF RECEIVING ALIMONY OR CHILD SUPPORT</b>                            | <b>* Copy of Separation or Settlement agreement stating the amount and type of support and payment schedules</b> |
| <b>IF RECEIVING DISABILITY INSURANCE, COMPENSATION OR SEVERANCE PAY</b> | <b>* Most Recent Payment stub or WORKMAN'S verification letter</b>   |
| <b>IF RECEIVING PENSION PAYMENTS</b>                                    | <b>* Most Recent Award letter/payment stub</b>   |
| <b>IF RECEIVING VETERAN'S BENEFITS</b>                                  | <b>* Most Recent Award letter</b>  |
| <b>IF RECEIVING ANY OTHER FORM OF PERIODIC INCOME</b>                   | <b>* Verification of type of income</b>  |

**BIRTH CERTIFICATE AND PHOTO ID**