

RENTAL APPLICATION FOR DEVAN'S GATE I & II APARTMENTS

88 Devans Drive

Otisville, NY 10963

Telephone 845-386-4954

Email: emanny@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 \$ _____

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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 #: _____		

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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

YOU MUST SEND THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

ASSET SOURCES

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

INCOME SOURCES

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

BIRTH CERTIFICATE/PHOTO ID