



The Woodlands Senior Village
Sophisticated Living for a New Generation

www.woodlandssenior.com

(716) 692-9663

Resident Application

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Alternate: _____

Names of all occupants	SSN	Date of Birth	Relationship

Please list your current landlord: _____

Address/Phone: _____

Please list your previous landlord: _____

Address/Phone: _____

If the previous tenancy is less than three years total, please list previous landlord:

Please list an emergency contact of a friend or relative:

Tell about your preference for an apartment (check all that apply)

1 Bedroom 2 bedroom Smoking Non-Smoking Garage

1st Floor 2nd Floor Parking View Rear View Pet

Please list your income sources*:

_____ \$ _____/month

Source of income

_____ \$ _____/month

Source of income

_____ \$ _____/month

Source of income

*Income must be verified by presentation of pay stubs, statements or financial reports.

If you wish present assets to support income sources, please list here:

Bank or Financial Institution	Cash Value	As of Date
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Bank or Financial Institution	Cash Value	As of Date
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Bank or Financial Institution	Cash Value	As of Date
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List any person(s) or agencies that may guarantee or subsidize your rental payment:

Have you declared bankruptcy in the past seven years? _____

Have you ever been convicted of a felony? _____

Have you ever been evicted from a residence? _____

List any negative credit or criminal record that may appear during a background check.

Are you or any member of your family listed as a sex offender? _____

How did you initially hear about The Woodlands? _____

Do you require the features of a fully disability accessible unit as can be verified by a physician? _____

Do you require modifications or accommodations to the unit or policies, please list:

Applicant Certification:

This application will be used for the purpose of determining your eligibility to reside in The Woodlands Senior Apartments at 3979 Forest Parkway, Wheatfield, NY 14120. Please complete all requested information in order that we may process the application as quickly as possible. Blank, false or misleading information could result in declination of housing or refusal by the landlord to consider this application. The Woodlands Senior Apts. and Calamar Industries is an Equal Opportunity Housing Provider, without discrimination against race, color, religion, creed, national origin, familial status, sex or disability. Information provided and discovered will remain confidential and will not be sold or given to others, but is subject to review by auditors. If this application is placed on a waiting list, it is considered on the basis of first come, first served and that an offer for an apartment may be given by the owner with less than thirty days notice. The Woodlands Senior Apartments is occupancy restricted for applicants in which the Head of Household or co-Head is 55 years of age or older at the time of application. The qualifying member must be 55 years of age at the time of application in order to be placed on a waiting list.

By signing and/or submitting this application, I/we authorize the landlord to verify all information provided, to contact present and previous landlords and other sources and to conduct credit and criminal history investigation through reporting agencies available to Calamar and management of The Woodlands Senior Housing.

_____ Date _____
Head of Household

_____ Date _____
Co-Head of Household/Spouse

_____ Date & Time Received _____
Management Agent Signature

For Office Use:

Application fee: \$10 received on: _____	
Application Approved: _____	Declined: _____ Date: _____
Unit Assigned: _____	Move In Date: _____
Hold Fee Accepted: _____	Management Initials: _____

Fax or Mail Applications to:

The Woodlands Senior Village
3979 Forest Parkway
North Tonawanda, NY 14120

Phone: 716-692-9663
Fax: 716-693-3590

