



PATHSTONE CORPORATION

Tenant Application

**PLEASE RETURN TO:**

PathStone Management Corp.
 6 Prince Street
 Rochester, NY 14607
 Phone (585) 546-6340
 FAX (585) 546-4825

FOR OFFICE USE ONLY

Application # _____
 Project # _____
 Date _____ Time _____
 Application Accepted by: _____

INFORMATION SOLICITED ON THIS APPLICATION IS REQUESTED BY THE APARTMENT OWNER IN ORDER TO ASSURE THAT FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICATIONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, MARITAL STATUS, AGE AND HANDICAP ARE COMPLIED WITH. THIS INFORMATION WILL NOT BE USED TO DISCRIMINATE AGAINST YOU. WE ARE AN EQUAL HOUSING OPPORTUNITY ORGANIZATION.

Please review your application carefully. If any questions are not answered, the application may be deemed to be incomplete and could be returned to you.

Applicant #1Applicant #2

Name: _____	Name _____
Address: _____	Address _____
City: _____	City _____
Zip Code: _____	Zip Code _____
Telephone # () _____	Telephone # () _____
Age: _____ Sex: _____	Age: _____ Sex: _____
Date of Birth: _____	Date of Birth _____
Social Security# _____	Social Security# _____

FAMILY COMPOSITION (Persons to reside in apartment in addition to above named):

Name	Relationship	Birth date	Social Security #
1.			

BEDROOM SIZE REQUESTED:

(1) One Bedroom (2) Two Bedroom

Name of other person we can contact, if you are not available:

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
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INCOME/ASSET INFORMATION

Applicant #1

Applicant #2

Current Income:

(RHAC #01) Gross Employment/month	_____	_____
(RHAC #05) Public Assistance	_____	_____
(RHAC #07) SSI/Social Security/month	_____	_____
(RHAC #08) IRA/Pension/month	_____	_____
(RHAC #08) Veterans Benefits	_____	_____
(RHAC #04) Unemployment	_____	_____
(RHAC #06) Alimony/Child Support	_____	_____
(RHAC #19) No Child Support	_____	_____
(RHAC #02) Self-Employment	_____	_____
(RHAC #08) Other Income	_____	_____

(RHAC #20) Are you or any adult member claiming zero income? _____

Bank Accounts:(include all household members)

(RHAC #09) Checking Account	_____	_____
(RHAC #09) Savings Account	_____	_____
(RHAC #09) Money Market Account	_____	_____
(RHAC #09) Credit Union	_____	_____
(RHAC #09) Other (please specify)	_____	_____

Present Assets:

(RHAC #10) Full value of stocks	_____	_____
(RHAC #10) Full value of bonds	_____	_____
(RHAC #10) Full value of CD's	_____	_____
(RHAC #10) Market value of Real Estate	_____	_____

(RHAC #11) Have you or any member of your household disposed of any assets for less than fair market value with in the past 2 years? \$ _____

PRESENT LIVING CONDITIONS:

Do You: Own Rent

How long have you lived at your residence? _____

What is your rental cost each month? _____

Does your rent include utilities? _____

If rent does not include utilities, what is your average cost per month?
(Do not include phone or cable) _____

Do you receive rental assistance or rent subsidy? Yes _____ No _____
If yes, state amount: \$ _____

Do you have a disability that will require special accommodations in your apartment?
Applicant #1: Yes _____ No _____ Applicant #2: Yes _____ No _____

How did you hear about this housing? _____

When would you be able to take an apartment? _____

WHY DO YOU WISH TO MOVE? _____

(RHAC #12) Are you or any household members full time students?

Name (s) _____

REFERENCES:

REFERENCES ARE REQUIRED AS PART OF THE APPLICATION PROCESS. WE ASK YOU TO LIST AS APPROPRIATE, PERSONS WE MAY CONTACT AS REFERENCES.

LANDLORD REFERENCES - Please list all places of residence **within the last five years**
(Use back of page for additional space).

(RHAC #22) Present Landlord: Name _____
Address _____
Phone _____
Dates From _____ To _____

Previous Landlords:

Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Dates: From _____ To _____	Dates: From _____ To _____

PLEASE SIGN THE ATTACHED LANDLORD REFERENCE AUTHORIZATION. APPLICATION WILL NOT BE PROCESSED OR ACCEPTED WITHOUT SIG_NED AUTHORIZATION FORM.

EMPLOYMENT:

<u>Applicant #1</u>	<u>Applicant #2</u>
Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Dates: From _____ To _____	Dates: From _____ To _____
Type of Work _____	Type of Work _____

PERSONAL REFERENCES (Not a relative):

<u>Applicant #1</u>	<u>Applicant #2</u>
Name _____	Name _____
Address _____	Address _____

PLEASE SIGN THE ATTACHED CREDIT CHECK AUTHORIZATION. APPLICATION WILL NOT BE PROCESSED OR ACCEPTED WITHOUT SIGNED AUTHORIZATION FORM.

WE ARE AN EQUAL OPPORTUNITY HOUSING ORGANIZATION. WE WOULD APPRECIATE YOUR VOLUNTARY ANSWER TO THE FOLLOWING QUESTIONS:

Race: White _____ African American _____ Hispanic American _____
Oriental _____ Native American _____ Other _____

vvv PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING vvv

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLFULLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. Any willful misrepresentation or concealment of any material fact that 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.

In conjunction with our application for renewal of a lease I hereby certify that all information contained herein is true and correct. I understand that the material falsification of information provided may result in the rejection of this application in termination of my lease agreement. "

"By execution of this application, I hereby authorize PathStone Management Corporation, or its agent to make such investigation into my credit, employment, rental, and criminal history as they may deem appropriate, and release all parties from all liability for any damage that may result from their furnishing information to you. "

Signature of Applicant #1

Signature of person assisting with application

Signature of Applicant #2

Name of person assisting with application

Date

Address and Phone number

PLEASE ATTACH VERIFICATION OF AGE: BIRTH CERTIFICATE/DRIVERS LICENSE, ETC.