

RENTAL APPLICATION

VIENNA PLACE APARTMENTS
3510 Vienna Street
Palmyra, N.Y. 14522

MANAGED BY: Sermar Management, LLC
349 W. Commercial St. #3100
E. Rochester, NY 14445
585-248-5490



THIS IS A NO SMOKING BUILDING
NOTE: PLEASE PRINT.

APPLICANT: * MAXIMUM OCCUPANCY 2 PERSONS

* HEAD OF HOUSEHOLD (Head of Household must be age 55 or older at the time of occupancy)

FULL NAME: _____
 First M/I Last SS # Birthdate

CO-APPLICANT:

FULL NAME _____
 First M/I Last SS# Birthdate

STUDENT STATUS

Will you be a full time student? () Yes () No

RENT OWN

Current Address _____ Monthly Rent \$ _____ How long? _____
 Street Name Apt. # Telephone Number _____

 City State Zip Code (required) Landlord's Name: _____

Landlord Phone Home Phone Reason for moving

Previous Address _____ Monthly Rent\$ _____ How long? _____
 Street Name Apt. # Landlord's Name: _____
(if less than 2 yrs)

 City State Zip Code (required)

Landlord Phone Home Phone Reason for moving

REFERENCES:

NAME: _____ ADDRESS _____ PHONE # _____

NAME: _____ ADDRESS _____ PHONE# _____

NAME: _____ ADDRESS _____ PHONE# _____

BANK NAME: _____ SAVINGS# _____ CHECKING# _____

DRIVERS LICENSE: _____ STATE _____ EXPIRES _____

VEHICLE MODEL: _____ YEAR _____ COLOR _____

VEHICLE MODEL: _____ YEAR _____ COLOR _____

OTHER INFORMATION

Have you ever Filed for Bankruptcy () yes () no Do you have a pet?
Been convicted of a felony () yes () no Type of pet _____

HANDICAPPED STATUS:

Two apartments are handicap adapted. Would you require a handicap adapted apartment? () Yes () No
Are you wheelchair bound? () Yes () No

IN CASE OF EMERGENCY, NOTIFY:

NAME _____ PHONE _____ RELATIONSHIP _____

ADDRESS _____

EMPLOYMENT:

Circle all applicable Employed full time Employed part time Self-employed
Non-employed/Retired Unemployed

Current Employer: _____ Position: _____ How Long? _____

Address: _____ Supervisor: _____ Phone# _____

City, State, Zip: _____ FAX# _____

Current wages: _____ per hour week bi-weekly month year (circle one)

Average hours worked per week: _____ Average tips per week \$ _____

Do you have more than one job? () yes () no

OTHER INCOME:

Note: Applicants must complete this section in order to determine qualification for residency within the Federal Low Income Housing Tax Credit Program. Although this information is voluntary under the Federal Fair Housing Act, failure to provide such income may result in non-qualification for residency for any rental unit in Affordable Housing Program.

Other Income Includes: Alimony, child support, welfare, unemployment, aid to dependent children, social security, annuities, insurance policies, retirement benefits, pensions, disability, gifts from family, and other regular periodic payments. Please consult the leasing personnel for complete list of other income.

If none, check here () No other sources of income

1. _____
Type of income Annual Amount Contact address or phone

2. _____
 Type of income Annual Amount Contact address or phone

3. _____
 Type of income Annual Amount Contact address or phone

RENTAL ASSISTANCE:

No Rental Assistance Rental Assistance From: _____

Voucher Certificate Tenant Portion \$ _____

ASSETS:

Assets Include: Cash (wherever held), trust corpus, equity in real estate or capital investments, notes receivable, stocks, bonds, money market accounts, certificates of deposit, IRA's, retirement and pension funds, and luxury personal property (gems, jewelry, art, coin collections, etc...) You must also include the value of any assets disposed of in the past 24 months at less than fair market value.

Assets do not Include: Necessary personal property such as clothing, furniture, daily-use autos, tools, dishes, etc... Also excluded is any special equipment for use by the handicapped and assets of a business.

Are the assets (as defined above) of the whole household more than \$5,000? Yes No
 Have you disposed of any assets at less than fair market value within 24 months? Yes No

ASSETS

YES	NO	DO YOU HAVE:	BANK	BALANCE	RATE
		*Checking Account(s)?		\$	
		**Savings Account(s)?		\$	
		Certificate(s) of Deposit?		\$	
		Cash held at home, etc?		\$	
		Money in Trust?		\$	
		Stocks or Bonds?		\$	
		IRA or Keogh Account(s)		\$	
		Money Market Account(s)?		\$	
		Treasury Bills?		\$	
		A Retirement Fund?		\$	
		Mutual Funds?		\$	
		A Whole Life Insurance Policy?		\$	
		Personal Property held as Investment? (Jewelry, coin collection, antiques)? Cash Value: \$ _____			
		Equity in Real Estate or Capital Investments? Market Value less unpaid balance and selling costs = Cash Value \$ _____			
		Have you received any Lump Sum Receipts? (Inheritances, capital gains, lottery winnings, insurance settlements or other claims) When _____ Amount \$ _____			
		Have you sold/given away any assets within the last 2 years? If yes, complete the "disposal of assets" form.			

* The 6-month average balance must be used for the checking account.
 **The current balance must be used for the savings account.

TOTAL NET FAMILY ASSETS \$ _____

1. Total Cash Value of **ALL** Assets: _____

2. Total **ACTUAL** Asset Income: _____

3. **IMPUTED** Asset Income Calculation: _____ x .6% = _____
Line #1 HUD Pasesbook Rate 2% Imputed Asset Income

A. Total Income: \$ _____

B. Total Asset Income: \$ _____
Greater of Line #2 or #3

The undersigned makes the foregoing representation knowing that if any of such proven false, owner at his option may cancel and annul any lease given in reliance upon such information. The undersigned hereby grant Landlord permission to obtain any additional information deemed appropriate pertaining to my personal and financial records.

Signature Date

Signature Date

