

CHRISTINE APARTMENTS

526 Niagara Street
Buffalo, New York 14201
Telephone: (716) 834-5700

Return Completed Application to:

**Christine Apartments
C/o Shaarey Zedek Apts.
410 Hartford Road
Amherst, New York 14226**

*Please Print
Complete all Information. Do
Not Leave Any Items Blank*

CHRISTINE APARTMENTS ARE FUNDED UNDER THE FEDERAL LC PROGRAM, New York STATE HOUSING TRUST FUND PROGRAM AND APPLICANTS MAY BE ADMITTED ONLY IF THEY MEET ALL PROG

1. HEAD OF HOUSEHOLD:

(LAST NAME)

(FIRST NAME)

(MI)

2. PHONE: _____

SOCIAL SECURITY # _____ / _____ / _____

3. BIRTH DATE: _____

E MAIL: _____

REQUIRED FOR CREDIT CHECK

ALL REFERENCES MUST BE COMPLETE, INCLUDING FULL NAME, ADDRESS AND PHONE

4. PRESENT ADDRESS:

(NO. AND STREET)

(CITY)

(STATE)

(ZIP)

LENGTH OF TIME THERE: FROM _____ TO _____ 7. RENT \$ _____ /MO.

UTILITIES INCLUDED? (YES) _____ (NO) _____

PRESENT LANDLORD: _____
(FULL NAME) (COMPLETE ADDRESS) (PHONE)

5. LAST PREVIOUS ADDRESS: _____
(NO. AND STREET) (CITY) (STATE) (ZIP)

LENGTH OF TIME THERE: FROM _____ TO _____ REASON FOR MOVING: _____

LANDLORD:

(FULL NAME)

(COMPLETE ADDRESS)

(PHONE)

6. 2ND LAST PREVIOUS ADDRESS: _____
(NO. AND STREET) (CITY) (STATE) (ZIP)

LENGTH OF TIME THERE: FROM _____ TO _____ REASON FOR MOVING: _____

LANDLORD:

(FULL NAME)

(COMPLETE ADDRESS)

(PHONE)

7. IF YOU DO NOT HAVE A PREVIOUS RENTAL HISTORY, LIST A THIRD PARTY THAT COULD VERIFY YOUR ABILITY TO LIVE BY THE CONDITIONS OF A LEASE. (EXAMPLE: CLERGY, EMPLOYER)

(NAME)

(COMPLETE ADDRESS)

(PHONE)

8. LIST ALL PERSONS, INCLUDING YOURSELF, WHO WILL LIVE WITH YOU IN THE APARTMENT

Full Name	Social Security #
1.	
2.	
3.	
4.	

9. ARE YOU CURRENTLY RECEIVING A SECTION 8 RENT SUBSIDY? YES _____ NO _____

10. HOUSING: IS YOUR PRESENT HOUSING IN GOOD CONDITION? YES _____ NO _____

IF NOT, BRIEFLY DESCRIBE:

ARE YOU CURRENTLY PAYING MORE THAN 50% OF YOUR FAMILY INCOME TOWARD RENT?
 YES ___ NO ___

11. HOUSEHOLD INCOME: DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD RECEIVE THE FOLLOWING INCOME OR BENEFITS?

Source of Income/Benefits	Yes/No	Head of Household	Other Household Member	Frequency i.e. per week, month, year	Received By: Name(s)
Social Security/SSI		\$	\$		
Disability		\$	\$		
Employment		\$	\$		
Unemployment		\$	\$		
TANF/Public Assistance		\$	\$		
Alimony		\$	\$		
Military Pay		\$	\$		
Veterans Benefits		\$	\$		
Insurance Benefits		\$	\$		
Retirement Benefits		\$	\$		
Mortgage Payments		\$	\$		
Child Support/Alimony		\$	\$		
Net Income from Business		\$	\$		
Contributions from friends or relatives		\$	\$		

DO YOU RECEIVE ANY OTHER INCOME NOT LISTED ABOVE? YES _____ NO _____

12. ASSETS: DO YOU OR A HOUSEHOLD MEMBER HAVE ANY OF THE FOLLOWING ASSETS?

Checking Account	Yes	No
Savings Account	Yes	No
Certificates of Deposit	Yes	No
IRA	Yes	No
Other Retirement Funds	Yes	No

Stocks or Bonds	Yes	No
Mutual Funds	Yes	No
Trust Accounts	Yes	No
Life Insurance	Yes	No
Real Estate	Yes	No

13. HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE DURING THE TWO YEARS PRECEDING THE EFFECTIVE DATE OF THIS APPLICATION?

YES _____ NO _____

14. DO YOU REGULARLY RECEIVE MONETARY GIFTS OR NON-CASH CONTRIBUTION (E.G. FOOD, CLOTHING) FROM FRIENDS OR RELATIVES OR OTHER SOURCES? (DO NOT INCLUDE FOOD STAMPS)

YES _____ NO _____

15. HAVE YOU EVER BEEN ASKED TO MOVE OR BEEN EVICTED FROM ANY HOUSING? YES _____ NO _____

16. ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD CURRENTLY USING AN ILLEGAL SUBSTANCE?

YES _____ NO _____

17. HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CONVICTED OF A FELONY?

YES _____ NO _____

18. ARE ANY INDIVIDUALS WHO WILL LIVE IN THE UNIT FULL TIME STUDENTS? YES _____ NO _____

19. DO YOU ANTICIPATE ANY ADDITIONS TO THE HOUSEHOLD IN THE NEXT TWELVE MONTHS?

YES _____ NO _____

20. CERTIFICATION:

I/WE CERTIFY THAT THIS WILL BE MY/OUR PERMANENT RESIDENCE. I/WE UNDERSTAND I/WE MUST PAY A SECURITY DEPOSIT FOR THIS APARTMENT PRIOR TO OCCUPANCY. I/WE UNDERSTAND THAT THE SECURITY DEPOSIT WILL BE EQUAL TO ONE MONTH'S RENT. I/WE FURTHER UNDERSTAND THAT FAILURE TO GIVE A PROPER 30 DAYS NOTICE WILL RESULT IN LOSS OF SECURITY DEPOSIT. I/WE UNDERSTAND THAT MY/OUR ELIGIBILITY FOR HOUSING WILL BE BASED ON APPLICABLE INCOME LIMITS AND BY MANAGEMENT'S SELECTION CRITERIA. I/WE CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND I/WE UNDERSTAND THAT PROVIDING FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY AFTER OCCUPANCY. ALL ADULT APPLICANTS, 18 OR OLDER, MUST SIGN THIS APPLICATION. I/WE HEREBY GIVE PERMISSION FOR EPISCOPAL COMMUNITY HOUSING, INC. TO VERIFY ALL OF THE ABOVE INFORMATION AND REFERENCES, AND TO OBTAIN MY/OUR CONSUMER CREDIT REPORT AND CRIMINAL BACKGROUND REPORTS.

(SIGNATURE)

(DATE)

(SIGNATURE)

(DATE)



ACCEPTANCE OF THIS APPLICATION DOES NOT GUARANTEE RENTAL OF AN APARTMENT. ALL APPLICANTS MUST MEET SCREENING CRITERIA, INCLUDING LANDLORD AND CREDIT CHECKS WHICH IS AUTHORIZED BY

THE ABOVE SIGNED PARTIES. CHANGES IN FAMILY INCOME, SIZE, AND ADDRESS MUST BE REPORTED PROMPTLY TO MANAGEMENT. A ONE YEARS LEASE IS REQUIRED.