

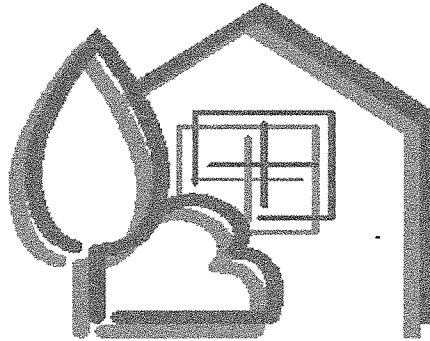
ST. PAUL'S PLACE APARTMENTS

930 Lake Street
Angola New York 14006

APPLICATION for HOUSING

Please complete all requested information on all sides of this form and return to:

St. Paul's Place Apartments
c/o Shaarey Zedek
410 Hartford Rd.
Amherst, New York 14226
(716) 934-3711



A. GENERAL INFORMATION

Applicant's Full Name: _____

Address: _____

Street Apt. # City State Zip Code
Phone: _____ **Email Address:** _____

Do you Rent Own (check one)

If owned, do you receive monthly rental income from property: Yes No

Check Utilities paid by you: Heat Electricity Gas Other _____

Approximate monthly cost of utilities paid by you (excluding phone and cable): _____

B. HOUSEHOLD COMPOSITION

	Name	Relationship to Head	Marital Status M-married D-divorced S-single L-legal separation E-estranged	Birth Dat	Social Security Number	Student Y/N
Hea						
Co-Head						
3.						
4.						

Do you anticipate any additions to the household in the next twelve months? Yes No

If yes, explain _____

Do you own any pets? Yes No

C. INCOME

List all sources of income as requested below. If one does not apply, write N/A

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	
	Social Security	

	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veterans's Benefits (list claim #)	\$
	Veterans's Benefits (list claim #)	\$
	Unemployment compensation	\$
	Unemployment compensation	\$
	Full-time Student Income (18 & over only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$

	Employer:
	Position Held:
	How long employed:

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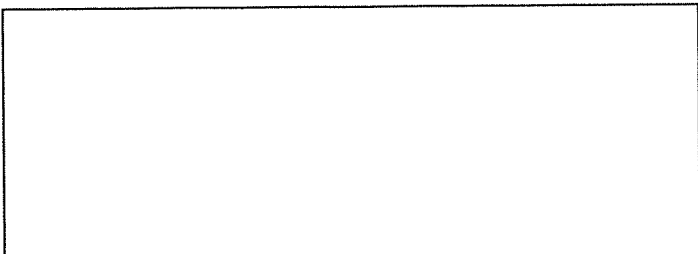
Alimony	\$
Are you entitled to receive alimony?	
If yes, list amount you are entitled to receive.	
Do you receive alimony?	
If yes, list the amount you receive.	

Social Security

\$
\$
\$

Employment Amount	\$
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Employment Amount	\$
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C. INCOME

List all sources of income as requested below. If one does not apply, write N/A

Household Member Name	Source of Income	Gross Monthly Amount
	Child Support	\$
	Are you entitled to receive child support?	
	If yes, list the amount you are entitled to receive.	\$
	Do you receive child support?	
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
Do you anticipate any changes in this income in the next 12 months?		
If yes, explain:		

D. ASSETS

If your assets are too numerous to list here, please request an additional form. If section does not apply, cross out or write N/A

Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Account	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Account	#	Bank	Balance \$
	#	Bank	Balance \$
Certificates	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Bonds	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

D. ASSETS

If your assets are too numerous to list here, please request an additional form. If section does not apply, cross out or write N/A

Stocks	Name:	#Shares	Dividend Paid \$	
	Name:	#Shares	Dividend Paid \$	
	Name:	#Shares	Dividend Paid \$	
Bonds	Name:	#Shares	Interest or Dividend \$	Value \$
	Name:	#Shares	Interest or Dividend \$	Value \$
Mutual Funds		#Shares	Interest or Dividend \$	
Mutual Funds		#Shares	Interest or Dividend \$	
Mutual Funds		#Shares	Interest or Dividend \$	

Investment Property: Do you own any property ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Location of Property:	
Appraised Market Value:	\$
Mortgage or outstanding balance due:	\$
Amount of annual insurance premium:	\$
Amount of recent tax bill:	\$

Have you disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, type of property:	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction	

Have you disposed of any other assets in the last 2 years (Ex: given away money to relatives, set up irrevocable trust accounts?) <input type="checkbox"/> Yes <input type="checkbox"/> No
--

If yes, describe the asset	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If so, please list	1.
	2.
	3.

E. ADDITIONAL INFORMATION

Are you or any of your household currently using an illegal substance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your household ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe		
Have you or any member of your household ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe		

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Business	
	Length of Tenancy	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Business	
	Length of Tenancy	

Personal Reference #1:	
Address:	
Relationship	Phone #
Personal Reference #2:	
Address:	
Relationship:	Phone #

G. EMERGENCY CONTACT INFORMATION

In case of emergency notify:	
Address:	
Relationship:	Phone #
In case of emergency notify:	
Address:	
Relationship:	Phone #

H. VEHICLE INFORMATION

List any cars, trucks, or other vehicles owned.

1. Type of Vehicle:		License Plate #
Year/Make:		Color:
2. Type of Vehicle		License Plate #
Year/Make:		Color:

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further 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 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 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 application. I hereby give permission for Episcopal Community Housing, Inc. to verify all of the above information and references. I understand that in lieu of a credit check I may provide proof of 12 months on-time and in-full rent payment in the past 12 consecutive months or receipt of subsidy or subsidies that pay the full rent.

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

**Visit our Website at:
www.echahousing.com**