

St. Mark's Manor

www.echahousing.com

A Smoke Free Facility

120 Albemarle Street

Buffalo, New York 14207

Telephone: (716) 871-0219

Return Completed Application to:

**Episcopal Community Housing,
Inc.**

**120 Albemarle Street
Buffalo, New York 14207
Attn: Amanda Bowman**

Please Print
Complete all information.
Do Not Leave Any Items
Blank

St. Mark's Manor is funded under the United States Department of Housing and Urban Development (HUD) section 202/811. **The head of household is 62 years old or older and/or the head of household is physically handicap/disabled.**

Applicants may be admitted only if they meet all eligibility requirements.

St. Mark's Manor is a smoke free facility

1. HEAD OF HOUSEHOLD:

(LAST NAME)

(FIRST NAME)

(MI)

2. PHONE: _____

SOCIAL SECURITY # _____ / _____ / _____

3. BIRTH DATE: _____
(REQUIRED FOR CREDIT CHECK)

EMAIL ADDRESS: _____

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 _____ 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. LIST ALL THE STATES YOU OR/AND ANY MEMBER OF YOU HOUSEHOLD HAVE RESIDED IN

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

Full Name	Social Security #
1.	
2.	

10. IS THE HEAD OF HOUSEHOLD 62 OR OLDER?

YES _____ NO _____

11. IS THE HEAD OF HOUSEHOLD PHYSICALLY HANDICAP / DISABLED?

YES _____ NO _____

12. ARE YOU A MILITARY VETERAN YES _____ NO _____

13. ARE YOU CURRENTLY RESIDING IN A HUD SUBSIDIZED HOUSING?

YES _____ NO _____

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

15. **HOUSING:** IS YOUR PRESENT HOUSING IN GOOD CONDITION? YES _____ NO _____
IF NOT, BRIEFLY DESCRIBE:

16. ARE YOU CURRENTLY PAYING MORE THAN 50% OF YOUR FAMILY INCOME TOWARD RENT?

YES _____ NO _____

17. **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		\$	\$		
Net Income from Business		\$	\$		
Contributions from friends or relatives		\$	\$		

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

19. **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

20. 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 _____

21. 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 _____

22. ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD A MILITARY VETERAN (not someone currently serving in the arm forces) YES _____ NO _____

23. ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD A VICTIM OF A VAWA CRIME

YES _____ NO _____

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

YES _____ NO _____

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

YES _____ NO _____

26. ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD SUBJECT TO A LIFETIME SEX OFFENDER REGISTRATION REQUIREMENT IN ANY STATE?

YES _____ NO _____

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

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

YES _____ NO _____

29. 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 day 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, sex offender, criminal 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 year's lease is required.

