

## Rental Application

**Return Completed Application to:**

Lakeview Health Services, Inc., 600 W. Washington Street, Geneva, New York 14456  
Attn: Susan Lane, Property Manager Phone: (315) 787-0420 Fax: (315) 789-5515  
[slane@lakeviewhs.org](mailto:slane@lakeviewhs.org)

**Type of Housing You Are Looking For:**

- Community Apartment     Residential Program Apartment     SP-SRO Apartment

**Preference – List All That Apply:** (Requires Verification)

- Veteran     Homeless     On Public Housing Wait List for Subsidized Housing     Current Sub-Standard Housing

**Requested Accommodation:** (Requires Verification of Disability)

- Mobility Accessible     Audio/Visual Accessible

**You MUST answer ALL questions. Do NOT leave any questions blank or your application will be denied.  
If a question does not apply to you, use: N/A. Please PRINT CLEARLY.**

**HOUSEHOLD INFORMATION:**

**APPLICANT 1:**

Name (First, MI, Last):		Date of Birth:	
Social Security #:	Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
List all other names you have used in the past:			
Home Phone:		Cell Phone:	
Email:			
Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			

**APPLICANT 2:**

Name (First, MI, Last):		Date of Birth:	
Social Security #:	Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
List all other names you have used in the past:			
Home Phone:		Cell Phone:	
Email:			
Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			

**REFERENCES & EMERGENCY CONTACTS:**

	Personal Reference	Personal Reference	Nearest Relative
Name:			
Street Address:			
City:			
State & Zip:			
Phone Number:			
Relationship:			



**RENTAL/RESIDENCE HISTORY:**

	<b>Current Residence</b>	<b>Immediate Past Residence</b>	<b>Prior Residence</b>
Street Address:			
City:			
State & Zip:			
Landlord Name:			
Landlord Street Address:			
Landlord City:			
Landlord State & Zip:			
Landlord Phone Number:			
Rent Amount:			
Were you asked to move?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:			
Is/was rent paid in full?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you give notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>From/To</b>	<b>From/To</b>	<b>From/To</b>
Dates of Residency:			

**INCOME:**

<b>Check all sources of income and provide the monthly amount received</b>	
<b>Source</b>	<b>Amount Received Per Month</b>
<input type="checkbox"/> Employment	
<input type="checkbox"/> Self-Employment	
<input type="checkbox"/> Do you work for someone that pays you cash?	
<input type="checkbox"/> Social Services Cash Assistance	
<input type="checkbox"/> Military Pay	
<input type="checkbox"/> Social Security (Retirement)	
<input type="checkbox"/> Social Security (Widow Benefit)	
<input type="checkbox"/> Social Security (Disabled Child)	
<input type="checkbox"/> SSD – Social Security Disability	
<input type="checkbox"/> SSI-Supplemental Security Income	
<input type="checkbox"/> SSP-Supplemental Security State Amount	
<input type="checkbox"/> Unemployment	
<input type="checkbox"/> Worker’s Compensation	
<input type="checkbox"/> Disability Benefits	
<input type="checkbox"/> Rental Subsidy	
<input type="checkbox"/> From Rental Property	
<input type="checkbox"/> Long Term Care Insurance Payments	
<input type="checkbox"/> Training Program	
<input type="checkbox"/> Other (List Source):	
<input type="checkbox"/> Training Program	
<input type="checkbox"/> Pension/Retirement	
<input type="checkbox"/> Scheduled Payments From Investments	
<input type="checkbox"/> Full Time Student Income (18 & Over)	



INCOME Continued:

Check all sources of income and provide the monthly amount received				Amount Received Per Month
Source				
<input type="checkbox"/> Financial Aid (Grants & Scholarships over the cost of tuition)				
<input type="checkbox"/> Regular Gifts/Payments from anyone outside the household				
<input type="checkbox"/> Alimony				
<input type="checkbox"/> Child Support				
Are you receiving alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, amount per month:	
Are you receiving child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, amount per month:	
Are you currently receiving a rental subsidy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, from who?	
Do you or any other household members expect any changes to your income in the next 12 months?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, explain:				
Do you or anyone else in the household have a Representative Payee?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Rep Payee contact information – Name:				
Street Address:				
City:				
State & Zip:				
Telephone:				
Email:				

EMPLOYMENT:

Are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Current Employer	Immediate Past Employer
Employed By:		
Street Address:		
City, State, Zip:		
Employer's Phone:		
Occupation:		
Name of Supervisor:		
Monthly Gross Pay:		
	From/To	From/To
Dates of Employment:		

ASSETS:

Check all assets:	Bank or Institution Name	Current Balance/Value
<input type="checkbox"/> Savings Account		
<input type="checkbox"/> Checking Account		
<input type="checkbox"/> Social Security Debit Card		
<input type="checkbox"/> Personal Property (Investment)		
<input type="checkbox"/> Certificate of Deposit		
<input type="checkbox"/> Money Market Funds		
<input type="checkbox"/> Annuity <input type="checkbox"/> Treasury Bills <input type="checkbox"/> Burial Fund		
<input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Trust Fund		
<input type="checkbox"/> Life Insurance Policy <input type="checkbox"/> Real Estate		
<input type="checkbox"/> Pension <input type="checkbox"/> IRA <input type="checkbox"/> Retirement		
<input type="checkbox"/> Other		



**GENERAL INFORMATION:**

Have you ever been served a late rent notice?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been served an eviction notice?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, when?	
Have you had any problems with your current apartment or landlord?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please explain:	
Why are you moving from your current address?					
Do you have any pets other than service/assistance animals?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do any of the people who would be living in the apartment smoke?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever filed for bankruptcy?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, when?	
Are you a US Citizen?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If No: Are you a non-citizen with eligible immigrant status?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Are you a non-citizen student?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Note: Citizenship and/or eligible immigrant status must be verified and you must provide an acceptable document recognized by the US government</b>					
Have you ever been convicted of a felony?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a violent crime?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of using, dealing or manufacturing illegal drugs?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are any household members subject to registration as a sex offender?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
A criminal background check will be obtained. Please provide comments on potential negative findings:					
How did you hear about this apartment?					

**AGREEMENT & AUTHORIZATION SIGNATURE:**

All adult applicants, 18 or older, must sign this application.

I certify that all information in this application is true to the best of my knowledge. I have revealed all assets currently held and I have no assets other than those listed on this form (except personal property). I understand that providing false statements or information is punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

I understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. All applicants must meet screening criteria, including income and asset verification, landlord and reference checks and credit and criminal checks.

I understand that this is a preliminary application for an apartment and does not constitute a rental or lease agreement in whole or part. Acceptance of this application does not guarantee rental of an apartment.

I hereby give permission for Lakeview Health Services, Inc. to verify all of the information provided in this application including references, and to obtain my consumer credit report and criminal background report. My signature is my consent to obtain all such verifications.

Print Applicant Name	Applicant Signature	Date
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