

## RENTAL APPLICATION

VILLAGE PLACE APARTMENTS  
2 Framark Drive  
Victor, New York 14564

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

### NO SMOKING

**NOTE: PLEASE PRINT.**

---

APPLICANT: \* MAXIMUM OCCUPANCY 2 PERSONS

\* HEAD OF HOUSEHOLD (Head of Household must be age 60 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. #  
(if less than 2 yrs)  
\_\_\_\_\_  
                            City            State                            Zip Code (required)                            Landlord's Name: \_\_\_\_\_

---

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 any pets?  
Been convicted of a felony ( ) yes ( ) no Type \_\_\_\_\_

HANDICAPPED STATUS:

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

Are you wheelchair bound? ( ) Yes ( ) No

**THERE ARE NO DRIVE IN OR WALK IN SHOWERS. ALL UNITS HAVE TUBS.**

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. \_\_\_\_\_ Annual Amount \_\_\_\_\_ Contact address or phone \_\_\_\_\_  
 Type of income

3. \_\_\_\_\_ Annual Amount \_\_\_\_\_ Contact address or phone \_\_\_\_\_  
 Type of income

**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 .6% 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

Village Place Apartments is a non-smoking building for all new residents. No smoking is allowed on the property.



**We Do Business in Accordance With the Federal Fair Housing Law.**

(The Fair Housing Amendments Act of 1988)