



**THIS SPACE FOR OFFICE USE ONLY**

Date Sent Out By Office: \_\_\_/\_\_\_/\_\_\_  
 Date Returned To Office: \_\_\_/\_\_\_/\_\_\_  
 Time Received By Office: \_\_\_:\_\_\_ am/pm  
 Mgr. Signature: \_\_\_\_\_  
 Identification Number: \_\_\_\_\_  
 Bedroom Size: \_\_\_\_\_

**SITE NAME: LAS PALOMAS APARTMENTS**

Corporate Office: (585) 427-7699; Fax: (585) 427-8865  
 Massachusetts TDD Relay Service (800) 439-2370  
 Maine TDD Relay Service (800) 437-1220  
 New Hampshire TDD Relay Service (800) 735-2964  
 New York State TTD Relay Service (800) 662-1220

*Incomplete applications will be returned - All items need to be completed - If any items do not apply enter "no" or "N/A" on that line.*

Applicant's Full Name:		Date of Birth	Age	Social Security Number
Other Residents Names:	Relationship to Applicant	Date of Birth	Age	Social Security Number

**Residence History**

<b>Your Present Address:</b>	Phone:	<b>Your Previous Address :</b>
Landlord Name:		Landlord Name:
Landlord Address:		Landlord Address:
Rent paid per month \$		Rent paid per month \$
Landlord Phone:		Landlord Phone:
Reason for Moving?:		Reason for Moving?:
Length of time at present address? _____		Length of time at previous address: _____
<del>IF LENGTH OF TIME AT BOTH ADDRESSES DOES NOT EQUAL 5 YEARS - PLEASE COMPLETE ATTACHED.</del>		
Do you anticipate changes in your family composition during the next 12 months? <u>  </u> YES <u>  </u> NO		
IF YES, WHAT? _____		

**List Income Received By All Family Members Age 18 or Older (attach another page if necessary)**

Employee:	Employee:
Company Name: _____	Company Name: _____
Address _____	Address _____
Name of Supervisor: _____	Name of Supervisor: _____
Position _____	Position _____
Current GROSS monthly income: _____	Current GROSS monthly income: _____
<b>DATE OF HIRE:</b> _____	<b>DATE OF HIRE:</b> _____

**Other Household Income - If any items below do not apply, enter "no" or "none" on that line**

**LIST GROSS MONTHLY AMOUNTS**

Social Security Benefits	\$ _____	Unemployment Benefits	\$ _____
Supplemental Security Benefits	\$ _____	Public Assistance	\$ _____
Pensions	\$ _____	Workman's Compensation	\$ _____
Veterans Benefits	\$ _____	Disability	\$ _____
Annuities	\$ _____	Child Support	\$ _____
Dividends	\$ _____	Alimony	\$ _____
Other Income (tips, commissions etc.) _____			
Do you anticipate any changes in this income in the next 12 months? Yes <u>  </u> No <u>  </u>			
If Yes, explain: _____			

**STUDENT STATUS:**

# of household members K-12 \_\_\_\_\_, part-time college \_\_\_\_\_, full-time college \_\_\_\_\_  
 Amount of Student Financial Aid received during current taxpayer year: \_\_\_\_\_

List ALL bank accounts held by household members (checking, savings, IRA's, CD's etc.)  
 \*Please attach a separate sheet with all additional asset accounts, if necessary.

1) Bank/Firm Name: _____	Acct. Type: _____
Address: _____	Acct. # _____
Name(s) on Account _____	S.S. # _____
2) Bank/Firm Name: _____	Acct. Type: _____
Address: _____	Acct. # _____
Name(s) on Account _____	S.S. # _____

Stocks/Savings Bonds: NO. \_\_\_\_\_ Maturity \_\_\_\_/\_\_\_\_/\_\_\_\_ Value\$ \_\_\_\_\_  
 NO. \_\_\_\_\_ Maturity \_\_\_\_/\_\_\_\_/\_\_\_\_ Value\$ \_\_\_\_\_  
 Life Insurance Policy No. : \_\_\_\_\_ Cash Value \$ \_\_\_\_\_  
 Company: \_\_\_\_\_ Address: \_\_\_\_\_

Does Any Applicant Have Equity in a House? Yes \_\_\_ No \_\_\_ How Many? \_\_\_ Market Value? \_\_\_\_\_  
 Does Any Applicant Have Equity in Land? Yes \_\_\_ No \_\_\_ How Many? \_\_\_ Market Value? \_\_\_\_\_  
 Has any applicant disposed of any assets at less than Fair Market Value? (Example: Given money away to a relative, set up irrevocable trust fund)? Yes \_\_\_ No \_\_\_ If yes, describe asset: \_\_\_\_\_  
 Date Disposed \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Disposed \$ \_\_\_\_\_  
 Have you ever lived at ANY Housing Management Resources site before? Yes \_\_\_\_\_ NO \_\_\_\_\_  
 If YES, please provide dates of residency AND name of site: \_\_\_\_\_  
 Does any member have any other asset not listed above (excluding personal property)? Yes \_\_\_ No \_\_\_\_\_

Automobile Information:  
 Vehicle Make: \_\_\_\_\_ Plate # \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_  
 Vehicle Make: \_\_\_\_\_ Plate # \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_



Do you receive Rental Assistance? \_\_\_\_\_  
 Have you or any member of your household ever been evicted from any housing? \_\_\_\_\_  
 If yes, describe: \_\_\_\_\_  
 Have you or your Co-applicant ever been Convicted of a Felony? \_\_\_ Yes \_\_\_ No  
 If Yes, Explain.....  
 Have you or your Co-applicant ever been Convicted for Illegal Use, Possession, Manufacture, or Distribution of a Controlled Substance? \_\_\_ Yes \_\_\_ No  
 Do You or your Co-applicant *currently* use, manufacture, or distribute illegal drugs? \_\_\_ Yes \_\_\_ No  
 How did you hear about this Housing? \_\_\_\_\_

In case of Emergency, Notify which Relative? \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 When do you wish to move-in? \_\_\_\_\_

Are you applying for a handicapped and/or elderly unit? \_\_\_ Yes \_\_\_ No  
 Do you have any pets that will be in the unit? \_\_\_ Yes \_\_\_ No

**Certification Statement:**  
 I/We certify that the information supplied is accurate to the best of my knowledge, that I/We have not willingly supplied false information and give Housing Management Resources, Inc as managing agent, authorization to contact any references and/or agency that I/We have listed on this application. I further understand and agree, that a credit report will be obtained and Landlords, (current and past) will be contacted. Also, I/We will occupy this unit as my/our permanent residence and I/We do/will not maintain a separate subsidized rental unit. I/We fully understand the Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or Agency of the United States.

Applicant's Signature : \_\_\_\_\_ Date: \_\_\_\_\_  
 Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Other Adult Member: \_\_\_\_\_ Date: \_\_\_\_\_  
 Other Adult Member: \_\_\_\_\_ Date: \_\_\_\_\_

**WE'LL FILL OUT THIS PORTION FOR YOU, THANKS.**

Security Deposit	\$ _____	Apartment Number	_____
Pro-Rated Rent	\$ _____	Type of Apartment	_____
Monthly Rent Due	\$ _____	Lease Dates	From _____ To _____
Amount Received	\$ _____	Move In Date	_____
Balance Due	\$ _____	Approval Date	_____



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**ADDITIONAL FAMILY MEMBERS:**

Other Household Members	Relationship to Applicant	Date of Birth	Age	Social Security Number

<b>Family Member (Employee):</b>	
Company Name:	_____
Company Address:	_____
Name of Supervisor:	_____
Position:	_____
<b>DATE OF HIRE:</b>	_____

<b>Family Member (Employee):</b>	
Company Name:	_____
Company Address:	_____
Name of Supervisor:	_____
Position:	_____
<b>DATE OF HIRE:</b>	_____

**ADDITIONAL BANK / ASSET SOURCES:**

<b>Bank/Firm Name:</b>	
Address: _____	
Type of Account:	Account #: _____
Name(s) on Account: _____	
Social Security # for Account Holder: _____	

<b>Bank/Firm Name:</b>	
Address: _____	
Type of Account:	Account #: _____
Name(s) on Account: _____	
Social Security # for Account Holder: _____	

<b>Bank/Firm Name:</b>	
Address: _____	
Type of Account:	Account #: _____
Name(s) on Account: _____	
Social Security # for Account Holder: _____	



Please list ALL places you have lived in **LAST FIVE CONSECUTIVE YEARS**  
**EACH NON-RELATED ADULT HOUSEHOLD MEMBER MUST COMPLETE THIS FORM**

Applicant Name: \_\_\_\_\_

Present Address: \_\_\_\_\_  
*(Please include complete address, city, state)*

Length of time : \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone # \_\_\_\_\_

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Applicant Name: \_\_\_\_\_

PAST Address: \_\_\_\_\_  
*(Please include complete address, city, state)*

Length of time : \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone # \_\_\_\_\_

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Applicant Name: \_\_\_\_\_

PAST Address: \_\_\_\_\_  
*(Please include complete address, city, state)*

Length of time : \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone # \_\_\_\_\_

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Applicant Name: \_\_\_\_\_

PAST Address: \_\_\_\_\_  
*(Please include complete address, city, state)*

Length of time : \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone # \_\_\_\_\_

+++++

Applicant Name: \_\_\_\_\_

PAST Address: \_\_\_\_\_  
*(Please include complete address, city, state)*

Length of time : \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone # \_\_\_\_\_

+++++

Applicant Name: \_\_\_\_\_

PAST Address: \_\_\_\_\_  
*(Please include complete address, city, state)*

Length of time : \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone # \_\_\_\_\_

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# Housing Management Resources, Inc.

Community Name: LAS PALOMAS APARTMENTS

## CREDIT RELEASE AUTHORIZATION ADDENDUM

### AUTHORIZATION:

*I hereby authorize Housing Management Resources, Inc. and/or its affiliated communities to conduct an inquiry concerning my credit history, landlord tenant court records, criminal history or whatever it deems necessary to process my application for residency. I understand that the procurement of such reports may contain information as to my personal or financial background and release them and any affiliated organization from any liability in doing so. This authorization also applies to any update reports which may be ordered as needed. I am willing that a photocopy or fax of this authorization be accepted with the same authority as the original.*

**APPLICANT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**CO-APPLICANT NAME:** \_\_\_\_\_

**CO-APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_