

RENTAL APPLICATION
OLEAN HEIGHTS APARTMENTS
This is a smoke-free building and property

PLEASE RETURN THIS FORM TO:
 Olean Heights Apartments
 70 Coretta Scott Crossings
 Rochester, NY 14608
 PHONE: 585-436-4040

PLEASE PRINT ALL INFORMATION

LAST NAME: _____ FIRST: _____ MIDDLE INITIAL _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ ALTERNATE PHONE NUMBER: _____

HOW DID YOU HEAR ABOUT OLEAN HEIGHTS? _____

WHAT SIZE APARTMENT ARE YOU APPLYING FOR? _____ DO YOU NEED THE FEATURES OF A HANDICAP ACCESSIBLE APARTMENT? _____

PLEASE LIST ALL LANDLORDS FOR PAST THREE YEARS BEGINNING WITH CURRENT LANDLORD (ATTACH PAGE IF NEEDED):

NAME	ADDRESS	PHONE NUMBER	MOVE IN & OUT DATE	REASON FOR LEAVING

LIST ALL STATES & COUNTIES IN WHICH ANY HOUSEHOLD MEMBER HAS RESIDED: _____

LIST ALL PERSONS WHO WILL BE LIVING IN THE APARTMENT ATTACH PAGE IF NEEDED:

NAME	RELATIONSHIP	MARITAL STATUS	STUDENT	BIRTHDATE	SOCIAL SECURITY #
	SELF				

- 1.) ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD SUBJECT TO A LIFETIME SEX OFFENDER REGISTRATION REQUIREMENT IN ANY STATE? YES NO
- 2.) DOES ANYONE LIVE WITH YOU NOW THAT IS NOT LISTED ABOVE? YES NO
- 3.) HAS ANYONE IN THE HOUSEHOLD BEEN CONVICTED OF A CRIME? YES NO
- 4.) DO YOU OR ANYONE IN YOUR HOUSEHOLD HAVE A HOUSING CHOICE VOUCHER? YES NO

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE PLEASE EXPLAIN: _____

LIST THE INCOME OF ALL PERSONS WHO WILL BE LIVING IN THE APARTMENT ATTACH PAGE IF NEEDED:

TYPE OF INCOME	GROSS MONTHLY AMOUNT		TYPE OF ASSET	TOTAL VALUE	
	HEAD	CO-HEAD		HEAD	CO-HEAD
Wages - List Employer:	\$	\$	Savings Account	\$	\$
Unemployment	\$	\$	Checking Account(s)	\$	\$
Social Security	\$	\$	Certificate of Deposit (CD)	\$	\$
Public Assistance	\$	\$	Stocks & Bonds	\$	\$
Pensions/Annuity	\$	\$	Real Property	\$	\$
Disability/SSI	\$	\$	Cash (Safe deposit box, etc.)	\$	\$
Alimony/Child Support	\$	\$	Other Assets	\$	\$
Other Income	\$	\$		\$	\$

If accepted, I certify this apartment will be my sole residence. This application creates no obligation for the Landlord or Applicant. To secure an apartment, a personal interview must be held; assets and income verified; references, credit and criminal background checked; applicant approved; a security deposit made and a lease signed. All information is confidential. By signing below, I am authorizing a reference, credit, and criminal background checks.

Your Signature: _____ Date: _____

Co-Head Signature: _____ Date: _____

The following information is requested by the apartment owner in order to assure the Federal government that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, national origin, familial status, religion and sex are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

PLEASE CIRCLE ONE: White Black
 PLEASE CIRCLE GENDER: Male Female
 PLEASE CIRCLE ETHNICITY: Hispanic/Latino Not Hispanic/Latino Alaskan Native/ American Indian Asian Hispanic Other

Date Received: _____ Time Received: _____ Application #: _____



EQUAL OPPORTUNITY HOUSING



Rev.5/16/14