**Date Received \_\_\_\_\_\_\_\_\_\_\_ Time Received\_\_\_\_\_\_\_\_\_\_\_**

**Identification #\_\_\_\_\_\_\_\_\_\_\_**

Asteri Utica

Rental Application

Unit Type desired □ 1 Bedroom □ 2 Bedroom

***NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Email****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***ADDRESS***

 ***Street City State Zip***

How long have you lived here?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for Moving?

Name of Present Landlord: Phone Number:

Address of Present Landlord :

**List ALL Persons who will live in the apartment including “unborn child” if applicable. List Head of Household first:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME** | **RELATIONSHIP TO HEAD OF HOUSEHOLD** | **SEX** | **DATE OF BIRTH****MM/DD/YR** | **AGE** | **SOCIAL SECURITY #** |
|  | Head of Household |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**INCOME & ASSET INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TYPE OF INCOME | GROSS MONTHLY AMOUNTSFill in each section with an amount or N/A |  | **TYPE OF ASSET** | TOTAL VALUEFill in each section with an amount or N/A |
|  | HEAD | CO-HEAD |  |  | HEAD | CO-HEAD |
| Wages | $ | $ |  | Savings Account (s) | $ | $ |
| Pensions/Annuity | $ | $ |  | Checking Account (s) | $ | $ |
| Unemployment | $ | $ |  | Cert of Deposit (CD’s) | $ | $ |
| Social Security | $ | $ |  | Stocks & Bonds | $ | $ |
| Public Assistance | $ | $ |  | Real Property | $ | $ |
| Disability/SSI | $ | $ |  | Cash (incl.safe dep.) | $ | $ |
| Child Support | $ | $ |  | Any other | $ | $ |
| Alimony | $ | $ |  |  |  |  |
| Other | $ | $ |  |  |  |  |

Page 1 of 3

**Identification #\_\_\_\_\_\_\_\_\_\_\_**

**Rental Application, continued.**

Are there any household members enrolled in an institute of higher education? Y or N If Yes, list members below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you or any member of your household a U.S. Military Veteran? Y or N

Agency Referral? Y or N Name of Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently receiving Rental Assistance or Section 8? Y or N Name of Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you on a public/subsidized housing waitlist? Y or N Name of Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a need for an accessible unit? Y or N

Does someone in your household require a reasonable accommodation? Y or N If yes, a separate form will be completed.

Is any member of the applicant household subject to a State lifetime sex offender registration in any state? Y or N

If yes, list member and state (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has anyone listed on this application been convicted for or are in the process of being convicted for manufacturing and/or distribution of a controlled substance? Y or N

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, handicap/ disability 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.

*KEY FOR CHART*

**Race** **1**-White **2**-Black/African American **3**-Native American/Alaskan **4**-Native Hawaiian/Pacific Islander **5**-Asian **6**-Other **7**-Decline to provide.

**Ethnicity** **1**-Hispanic **2**-Latino **3**-Neither Hispanic or Latino **4**-Decline to provide.

**Citizenship** **1**-Citizen of US **2**-Non-Citizen of US

**List all Persons who will be living in the apartment. List Head of Household first.**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **RACE, circle one** | **ETHNICITY, circle one** | **CITIZENSHIP, circle one** |
|  | 1 2 3 4 5 6 7 | **1 2 3 4** | **1 2** |
|  | **1 2 3 4 5 6 7** | **1 2 3 4** | **1 2** |
|  | **1 2 3 4 5 6 7** | **1 2 3 4** | **1 2** |
|  | **1 2 3 4 5 6 7** | **1 2 3 4** | **1 2** |
|  | **1 2 3 4 5 6 7** | **1 2 3 4** | **1 2** |
|  | **1 2 3 4 5 6 7** | **1 2 3 4** | **1 2** |
|  | **1 2 3 4 5 6 7** | **1 2 3 4** | **1 2** |

 **Page 2 of 3**

**Identification #\_\_\_\_\_\_\_\_\_\_\_**

**Rental Application, continued.**

My/Our signature(s) below serves as written permission for **Asteri Utica** to obtain a Consumer Report (credit history), previous landlord references and other references deemed necessary. We may obtain credit information from other sources and may exchange credit information with consumer reporting agencies. The applicant(s) also affirm that all information in this application is true and complete. The applicants also understand that a personal interview must be held, assets and income verified before approval. All information received is confidential. After the application process is approved, a security deposit must be made and a lease agreement signed by all applicants. If accepted, I/We certify this apartment will be my/our sole residence. The undersigned makes the foregoing representation knowing that if any of such proves false, **Asteri Utica** may cancel and annul any lease given in reliance upon such information.

***Your Signature*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Co-Applicant Signature:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION TO:**

***Asteri Utica***

***327 Bleecker Street***

***Utica, NY 13501***

***Phone: 315-507-5519***

 **Page 3 of 3**