



## APPLICATION: SENIOR APARTMENTS

APPLICANT'S LAST NAME	FIRST NAME	TEL. NO.
ADDRESS	CITY	STATE      ZIP CODE

**REASON FOR APPLYING:**

PERSONS TO RESIDE IN APARTMENT	BIRTH DATE	SOCIAL SECURITY NO.
1.		
2.		

HAVE ANY OF THE OCCUPANTS LISTED ABOVE EVER BEEN (ANSWER YES OR NO):  
 CONVICTED OF A FELONY? \_\_\_\_\_ BEEN EVICTED? \_\_\_\_\_ BROKEN A LEASE? \_\_\_\_\_  
 DECLARED BANKRUPTCY? \_\_\_\_\_. According to Section 85 of the Civil Service Law "disabled veterans shall receive preference to admission over current waiting list applicants. Are you a disabled veteran? \_\_\_\_\_

RESIDENT REPRESENTATIVE (TO CONTACT IN AN EMERGENCY)	ADDRESS	CITY AND STATE	TEL. NO.
Other Relatives/Friends			

How did you hear about the Brothers of Mercy Apartments?  
 \_\_\_\_\_

**F. CURRENT HOUSING STATUS:**

1. Do you own or rent your home?      \_\_\_\_\_ Own      \_\_\_\_\_ Rent
2. What is your mortgage payment \$ \_\_\_\_\_ (monthly) or current rent \$ \_\_\_\_\_ (monthly)
3. What is your current utility expense?      \$ \_\_\_\_\_ (monthly)
4. Are you now living in a government assisted unit?      Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do you presently have a Section 8 voucher or certificate?      Yes \_\_\_\_\_ No \_\_\_\_\_
5. Has your residency or government assistance in an assisted housing program ever been terminated for fraud, non-payment of rent, or failure to comply with recertification procedures?      Yes \_\_\_\_\_ No \_\_\_\_\_
6. Current Landlord's Name: \_\_\_\_\_ Telephone no. \_\_\_\_\_  
 Landlord's Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

List in order all your addresses in the last 5 years. Start with current	Dates at each address		Monthly Cost		Name and telephone no. of each landlord listed.	Tel no.
	From	To	Rent	Utilities		

**G. INCOME INFORMATION**

Answer each of the following questions. For each **YES** answer provide detailed information requested in the charts that follow the list of questions.

1. Does any member of your household work full time, part time, or seasonally? Yes\_\_\_\_\_ No\_\_\_\_\_
2. Does any member of your household expect to work during the next twelve (12) months? Yes\_\_\_\_\_ No\_\_\_\_\_
3. Does any member of your household work for someone who pays them in cash? Yes\_\_\_\_\_ No\_\_\_\_\_
4. Does any member of your household receive or expect to receive unemployment? Yes\_\_\_\_\_ No\_\_\_\_\_
5. Does any member of your household receive or expect to receive alimony? Yes\_\_\_\_\_ No\_\_\_\_\_
6. Does any member of your household receive or expect to receive SSI or Public Assistance? Yes\_\_\_\_ No\_\_\_\_\_
7. Does any member of your household receive income from Social Security? Yes\_\_\_\_\_No\_\_\_\_\_
8. Does any member of your household receive income from a pension or annuity?Yes\_\_\_\_\_ No\_\_\_\_\_
9. Does any member of your household receive income from assets including interest or dividends from checking or savings accounts, Certificates of Deposit, stocks, bonds, mortgages, or income from rental property, real estate, or business ventures? Yes\_\_\_\_\_ No\_\_\_\_\_

For each person who will be living in the unit, please list the type and amount of **GROSS INCOME** each person expects to receive monthly. Use the chart below:

Income Source	Head of Household	Spouse	Co-Tenant
	\$ /mo.	\$ /mo.	\$ /mo.
Social Security (SSA)			
Supplemental Security (SSI)			
Pension			
Veteran Benefits			
Annuity			
Wages/Salaries, etc.			
Welfare Assistance			
Alimony			
Rental/Real Estate Income			
Unemployment benefits			
Other Benefits(Specify)			

**H. ASSET INFORMATION**

For each asset a household member has enter the requested information in the chart below:

**1. BANK ACCOUNTS:** Checking, Savings, CD's, Money Market, IRA, etc.

Type of Account	Bank Name	Account #	Balance	Interest Rate
			\$	%
			\$	%
			\$	%

**2. SECURITIES/STOCKS/BONDS:**

Name of Company	Value of Security/stock/bond

**4. PROPERTY OWNED:**

Do you own a home or real estate? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, provide the full address:

Address:\_\_\_\_\_

City/State/Zip:\_\_\_\_\_

What is the current Market Value of this property? \$\_\_\_\_\_

5. Have you sold or given away any assets for less than its Fair Market Value in the past two (2) years?

Yes\_\_\_\_\_ No\_\_\_\_\_

Asset	Fair Market Value	Amount Received
	\$	\$
	\$	\$

**I. MEDICAL EXPENSES**

1. Do you have a personal physician? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please provide:

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

Address:\_\_\_\_\_

City/State/Zip:\_\_\_\_\_

Phone:\_\_\_\_\_

2. Do you pay for a care attendant or for any equipment for a disabled member(s) of your household which is necessary to permit someone in your household to work? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, identify expenses:\_\_\_\_\_

3. If you presently have any of the following medical expenses which you pay **OUT OF POCKET and are not reimbursed**, please fill in the following requested information:

Medical Expense	Monthly Out of Pocket Cost
Medicare insurance	\$
AARP insurance	\$
Blue Cross/Blue Shield insurance	\$
Other medical insurance	\$
Physician visit	\$
Home health care costs	\$
Service of health care facilities	\$
Prescriptions/Non-prescription	\$
Transportation to medical office/visits/hospitals	\$
Dental expenses	\$
Eyeglasses, hearing aids, batteries	\$
Monthly payments on medical bills	\$
Rental of medical equipment	\$
Other (Specify)	\$

4. Do you receive medical assistance through SSI? Yes \_\_\_\_\_ No \_\_\_\_\_

5. HUD rents are based on 30% of the adjusted gross income of a resident.

The above information is correct to the best of my knowledge. I (we) have no objection to inquiries made for the purpose of verifying the facts herein stated I (We) further agree to furnish documents of Affidavits of income if necessary. Applicant hereby authorizes the Brothers of Mercy Housing Co. to verify the information in application and obtain a credit report and criminal activity record on the above listed applicant and/or applicants.

An Applicants must be 62 years of age or older at the time of application to qualify.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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Office use only	
Appl. # _____	Date Rec.
Eligible <input type="checkbox"/>	Time Rec: _____ am/pm
	Ineligible <input type="checkbox"/>