



**CALAMAR**

Builder • Developer • Manager • Financier



**Colonial Square Senior Village**

[www.colonialsquaresenior.com](http://www.colonialsquaresenior.com)

(716) 332.4841

**Resident Application**

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

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

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

Phone Number: \_\_\_\_\_ Alternate: \_\_\_\_\_

Names of all occupants	SSN	Date of Birth	Relationship

Please list your current landlord: \_\_\_\_\_  
Address/Phone: \_\_\_\_\_

Please list your previous landlord: \_\_\_\_\_  
Address/Phone: \_\_\_\_\_

If the previous tenancy is less than three years total, please list previous landlord:  
\_\_\_\_\_.

Please list an emergency contact of a friend or relative:  
\_\_\_\_\_.

Tell about your preference for an apartment (check all that apply)

\_\_\_ 1 Bedroom    \_\_\_ 2 bedroom    \_\_\_ Garage    \_\_\_ Pet  
\_\_\_ 1<sup>st</sup> Floor    \_\_\_ 2<sup>nd</sup> Floor    \_\_\_ 3<sup>rd</sup> Floor    \_\_\_ Parking View    \_\_\_ Rear View

Please list your income sources\*:  
\_\_\_\_\_ \$ \_\_\_\_\_/month

Source of income

\_\_\_\_\_ \$ \_\_\_\_\_/month

Source of income

\_\_\_\_\_ \$ \_\_\_\_\_/month

Source of income

\*Income must be verified by presentation of pay stubs, statements or financial reports.

If you wish present assets to support income sources, please list here:

Bank or Financial Institution	Cash Value	As of Date
Bank or Financial Institution	Cash Value	As of Date
Bank or Financial Institution	Cash Value	As of Date

List any person(s) or agencies that may guarantee or subsidize your rental payment:

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Have you declared bankruptcy in the past seven years? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been evicted from a residence? Yes \_\_\_\_\_ No \_\_\_\_\_

List any negative credit or criminal record that may appear during a background check.

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Are you or any member of your family listed as a sex offender? \_\_\_\_\_

How did you initially hear about our community? \_\_\_\_\_

Do you require the features of a fully disability accessible unit as can be verified by a physician? \_\_\_\_\_.

Do you require modifications or accommodations to the unit or policies, please list:

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**Applicant Certification:**

This application will be used for the purpose of determining your eligibility to reside in Colonial Square Senior Village, 110 Creekside Drive, Erwin, NY, 14870. Please complete all requested information in order that we may process the application as quickly as possible. Blank, false or misleading information could result in declination of housing or refusal by the landlord to consider this application. Colonial Square Senior Village. and Calamar Industries is an Equal Opportunity Housing Provider, without discrimination against race, color, religion, creed, national origin, familial status, sex or disability. Information provided and discovered will remain confidential and will not be sold or given to others, but is subject to review by auditors. If this application is placed on a waiting list, it is considered on the basis of first come, first served and that an offer for an apartment may be given by the owner with less than thirty days notice. Colonial Square is occupancy restricted for applicants in which the Head of Household or co-Head is 60 years of age or older at the time of application. The qualifying member must be 60 years of age at the time of application in order to be placed on a waiting list.

By signing and/or submitting this application, I/we authorize the landlord to verify all information provided, to contact present and previous landlords and other sources and to conduct credit and criminal history investigation through reporting agencies available to Calamar and management of Colonial Square Senior Housing.

\_\_\_\_\_ Date \_\_\_\_\_  
Head of Household

\_\_\_\_\_ Date \_\_\_\_\_  
Co-Head of Household/Spouse

\_\_\_\_\_ Date & Time Received \_\_\_\_\_  
Management Agent Signature

*For Office Use:*

Application fee: _____	
Application Approved: _____	Declined: _____ Date: _____
Unit Assigned: _____	Move In Date: _____
Hold Fee Accepted: _____	Management Initials: _____

**Fax or Mail Applications to:**

**Calamar  
3949 Forest Parkway, Suite 100  
Wheatfield, NY 14120  
Phone: 716-332-4841  
Fax: 716-693-3590**



# Calamar Senior Services

## Senior Apartments Holding Fee Agreement

This Holding Fee agreement between Colonial Square Senior Village (Property) and, \_\_\_\_\_ (tenant) recording receipt of \$ \_\_\_\_\_ for the purpose of pre-leasing a specific unit within the community.

The following is agreed:

- Landlord will hold unit \_\_\_\_\_ at address \_\_\_\_\_ for up to 30 days from date the apartment is available for occupancy, unless otherwise agreed in writing by both parties. As a condition of holding a unit, applicant agrees to sign a standard form of lease, copy attached.
- Tenant agrees that if he/she defaults for any reason, landlord will keep the hold fee as recompense.
- Landlord will refund hold fee if tenant does not qualify for apartment under the screening criteria or if he/she is unable to reside independently in the community as confirmed by a licensed physician.
- The Hold Fee will be applied to the first months rent or portion thereof.
- If tenant is unable to enter into Lease Agreement due to inability to reside independently as verified by physician and in accordance with applicable New York State law, this Holding Fee will be refunded within thirty days of cancellation.

I, \_\_\_\_\_, agree to the above listed terms.

\_\_\_\_\_  
Signature of Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Manager

\_\_\_\_\_  
Date

