



*Forestview Senior Village*

*Upscale Retirement Living*

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

(716) 692-9663

### 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     Smoking     Non-Smoking     Garage  
 1<sup>st</sup> Floor     2<sup>nd</sup> Floor     Parking View     Rear View     Pet

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:

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Bank or Financial Institution	Cash Value	As of Date
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Bank or Financial Institution	Cash Value	As of Date
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Bank or Financial Institution	Cash Value	As of Date
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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? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Have you ever been evicted from a residence? \_\_\_\_\_

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 The Woodlands? \_\_\_\_\_

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 Forestview Senior Apartments at 3959 Forest Parkway, Wheatfield, NY 14120. 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. Forestview Senior Apts. 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. Forestview Senior Apartments is occupancy restricted for applicants in which the Head of Household or co-Head is 55 years of age or older at the time of application. The qualifying member must be 55 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 Forestview Senior Housing.

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

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

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

*For Office Use:*

Application fee: \$25 received on: _____	
Application Approved: _____	Declined: _____ Date: _____
Unit Assigned: _____	Move In Date: _____
Hold Fee Accepted: _____	Management Initials: _____

Fax or Mail Applications to:

Forestview Senior Village  
3959 Forest Parkway  
North Tonawanda, NY 14120

Phone: 716-692-9663

Fax: 716-693-3590

