



Resident Application

Name:					
A 11					
City/State/Zip:					
Phone Number:	Phone Number: Alternate:				
Email Address:					
Names of all occupants	SSN	Date of	of Birth	Relationship	
Place list your current la	ndlord:				
Please list your current la	Phone:				
1 Iddi OSS/					
Please list your previous	landlord:				
Address/P	hone:				
If the previous tenancy is	less than the	ree years total, ple	ease list previous	landlord:	
Please list an emergency	contact of a	friend or relative			
T 11 1	0		1		
Tell about your preference	e for an apai	rtment (check all t	that apply)		
1 Bedroom2 1 st Floor2	nd Floor	Galage 3 rd Floor	r cı Parking View	Rear View	
2	11001 _				
Please list your income so	ources*:				
		\$	/month		
Source of income		ф	, ,		
Source of income		\$	/month		
		\$	/month		
Source of income		Ψ	/111011111		

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

Bank or Financial Institution	Cash Value	As of Date
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List any norgan(s) or a ganaing that may guarante	1 . 1.	ur rantal navimant
List any person(s) or agencies that may guarante	ee or subsidize you	m remai payment.
	<u> </u>	
Have you declared bankruptcy in the past seven Have you ever been convicted of a felony?	years? YesYes	No No
Have you declared bankruptcy in the past seven Have you ever been convicted of a felony? Have you ever been evicted from a residence?	years? Yes Yes Yes	No No No
Have you declared bankruptcy in the past seven Have you ever been convicted of a felony?	years? Yes Yes Yes	No No No
Have you declared bankruptcy in the past seven Have you ever been convicted of a felony? Have you ever been evicted from a residence? List any negative credit or criminal record that remains a residence of your family listed as	years? YesYesYesnay appear during	No _ No _ No a background chec
Have you declared bankruptcy in the past seven Have you ever been convicted of a felony? Have you ever been evicted from a residence? List any negative credit or criminal record that r	years? YesYes Yes nay appear during a sex offender?	No _ No _ No a background chec

Applicant Certification:

This application will be used for the purpose of determining your eligibility to reside in Colonial Square Senior Village, 110 Creekside Drive, Painted Post, 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 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 Colonial Square Senior Housing.

		_ Date		
Head of Household				
		Date		
Co-Head of Household/Spouse				
Managamant Agant Signatura		Date & Time Received		
Management Agent Signature		Date & Time Received		
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: 607-738-3697

Fax: 716-693-3590

