



Cadence Square ... *a place to call home*

**IMPORTANT**

**VETERAN STATUS IS REQUIRED FOR ELIGIBILITY FOR AT LEAST 1 FAMILY MEMBER**  
**PLEASE PRINT. COMPLETE ALL INFORMATION - DO NOT LEAVE ANY AREAS BLANK.**  
**RETURN COMPLETED APPLICATION TO: CADENCE SQUARE, 400 FORT HILL AVENUE,**  
**BUILDING 17, CANANDAIGUA, NY 14424**

**1. HOUSEHOLD INFORMATION**

List all household members, including yourself, that are applying to live with you in the apartment

Name	M/F	Full-time Student (Yes or No)	Veteran Status (Yes or No)	Birth Date	Social Security Number

**2. CURRENT ADDRESS**

Street Name and Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Length of Time There \_\_\_\_\_

Current Landlord \_\_\_\_\_ Landlord Address \_\_\_\_\_ Landlord Telephone Number \_\_\_\_\_

**3. PREVIOUS LIVING HISTORY**

Address	Landlord or Mortgagee	Own/Rent	Dates
Name:		<input type="checkbox"/> Own	From: To:
Address:		<input type="checkbox"/> Rent	
Phone:			

Address	Landlord or Mortgagee	Own/Rent	Dates
Name:		<input type="checkbox"/> Own	From: To:
Address:		<input type="checkbox"/> Rent	
Phone:			

Address	Landlord or Mortgagee	Own/Rent	Dates
Name:		<input type="checkbox"/> Own	From: To:
Address:		<input type="checkbox"/> Rent	
Phone:			

**4. PERSONAL REFERENCES:** If you have no landlord history, please provide the names of at least two individuals who can verify your ability to live by the conditions of a lease. (example: clergy, employer)

Reference	Relationship to You	How Long Known
Name:		
Address:		
Phone:		

Reference	Relationship to You	How Long Known
Name:		
Address:		
Phone:		

**5. APPLICANT STATUS**

**YES NO**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you or any household member used a name or social security number other than the one listed on this application?                |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you expect any additions to the household within the next 12 months?<br>Name & Relationship: _____                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Is there anyone currently living with you that you do not expect to move with you to the apartment?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are there any absent household members who normally would live with you?<br><i>(For example, a household member in the military)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have custody of your children 50% of the time or more? (If applicable)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Does anyone in your family have any pets other than those used as service animals?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you or anyone on the application filed for bankruptcy in the last 2 years?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you or anyone listed on the application been convicted of a felony?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you or anyone listed on the application been arrested for any type of violent crime?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Have you or anyone listed on the application been convicted of dealing or manufacturing illegal drugs?                              |

Explain: \_\_\_\_\_

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you or anyone listed on the application been evicted from a rental unit? |
|--------------------------|--------------------------|---|

Explain: \_\_\_\_\_

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you or anyone listed on the application moved in violation of a lease with owner? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Are you currently receiving a Section 8 subsidy?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Are any household members subject to lifetime registration as a sex offender?          |



**7. ASSET INFORMATION:** Include all assets held by all household members including minors.

**Do you or any household member have any of the following assets:**

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	<b>Checking/Savings Account</b>		<b>Checking</b>			<b>Savings</b>	
		Name of Bank	Account #	Current Balance	% Interest	6 Mos. Avg. Balance	Current Balance	% Interest

<input type="checkbox"/>	<input type="checkbox"/>	<b>CD's, Money Market Accts, or Treasury Bills</b>				
		Financial Institution	Type of Account	Account #	Balance	% Interest

<input type="checkbox"/>	<input type="checkbox"/>	<b>Stocks, Bonds or Securities</b>				
		Financial Institution	Type of Account	Account #	Current Value	Dividend/% Interest

<input type="checkbox"/>	<input type="checkbox"/>	<b>Trust Funds or Life Insurance Policy</b>				
		Financial Institution	Type of Account	Account #	Current Value	% Interest

<input type="checkbox"/>	<input type="checkbox"/>	<b>Pensions, IRA's, Keogh or other Retirement Accounts</b>				
		Financial Institution	Type of Account	Account #	Current Value	% Interest

<input type="checkbox"/>	<input type="checkbox"/>	<b>Real Estate</b> (including home, land, rental property, commercial property, other real estate)				
		Type of Real Estate	Value of Real Estate			% of Ownership

<input type="checkbox"/>	<input type="checkbox"/>	<b>Personal Property Held as an Investment</b>				
		Type of Property			Value of Property:	

<input type="checkbox"/>	<input type="checkbox"/>	<b>Safe Deposit Box</b>				
		Contents			Value of Contents	

<input type="checkbox"/>	<input type="checkbox"/>	<b>Cash on Hand</b> (over \$500 in value)				
		Amount:				

**OTHER**

**YES**   **NO**

     Do you wish to seek a preference because you or a person in your household is in recovery from substance abuse?

     Will you or any ADULT household member require a live-in aide?

     Does your household have any needs that might require a unit, which is accessible to persons with mobility, hearing or visual impairments?

**8. CERTIFICATION:**

I/WE CERTIFY THAT THIS WILL BE MY/OUR PERMANENT RESIDENCE. I/WE UNDERSTAND I/WE MUST PAY A SECURITY DEPOSIT FOR THIS APARTMENT PRIOR TO OCCUPANCY. I/WE UNDERSTAND THAT THE SECURITY DEPOSIT WILL BE EQUAL TO ONE MONTH'S RENT. I/WE FURTHER UNDERSTAND THAT FAILURE TO GIVE A PROPER 30 DAYS NOTICE WILL RESULT IN LOSS OF SECURITY DEPOSIT. I/WE UNDERSTAND THAT MY/OUR ELIGIBILITY FOR HOUSING WILL BE BASED ON APPLICABLE INCOME LIMITS AND BY MANAGEMENT'S SELECTION CRITERIA. I/WE CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND I/WE UNDERSTAND THAT PROVIDING FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY AFTER OCCUPANCY. **ALL ADULT APPLICANTS, 18 OR OLDER, MUST SIGN THIS APPLICATION. I/WE HEREBY GIVE PERMISSION FOR CADENCE SQUARE, LP. TO VERIFY ALL OF THE ABOVE INFORMATION AND REFERENCES, AND TO OBTAIN MY/OUR CONSUMER CREDIT REPORT AND CRIMINAL BACKGROUND REPORTS.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

ACCEPTANCE OF THIS APPLICATION DOES NOT GUARANTEE RENTAL OF AN APARTMENT. ALL APPLICANTS MUST MEET SCREENING CRITERIA, INCLUDING LANDLORD, CREDIT AND CRIMINAL CHECKS WHICH IS AUTHORIZED BY THE ABOVE SIGNED PARTIES. CHANGES IN FAMILY INCOME, SIZE, AND ADDRESS MUST BE REPORTED PROMPTLY TO MANAGEMENT. A ONE YEAR LEASE IS REQUIRED.

Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or employee of HUD or owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of information collected based on this verification is restricted to the purpose cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a),(6),(7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408(a),(6),(7) and (8).

