



Please Return To:

**Christopher Community, Inc.**  
990 James Street  
Syracuse, New York 13203  
Phone: (315) 424-1821

**FOR OFFICE USE ONLY**

Application Form # \_\_\_\_\_  
Date: \_\_\_\_\_ Time \_\_\_\_\_  
Bedroom Size: \_\_\_\_\_

INFORMATION SOLICITED ON THIS APPLICATION IS REQUESTED BY THE APARTMENT OWNER IN ORDER TO ASSURE THE GOVERNMENT THAT FEDERAL NEW YORK AND STATE LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICATIONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, MARTIAL STATUS, AGE AND HANDICAP ARE COMPLIED WITH. THIS INFORMATION WILL NOT BE USED TO DISCRIMINATE AGAINST YOU.

Please respond to all questions on this form as appropriate. If application is for more than one person be sure to answer all questions for any household member that is applicable.

WHAT AREA ARE YOU INTERESTED IN: (MARK ALL THAT APPLY) \_\_\_\_\_ West \_\_\_\_\_ North \_\_\_\_\_ South \_\_\_\_\_ No preference

A. **Head of Household Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Telephone Messages: \_\_\_\_\_  
Best Time To Contact You: \_\_\_\_\_

B. **NAME OF ALL PERSONS WHO WILL BE LIVING IN THE APARTMENT:**

Name	Age	DOB	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. **Are you or any household member employed? If so, complete the following:**

Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

D. **Present Income:**

Social Security payment per month \_\_\_\_\_  
Supplemental Security income per month \_\_\_\_\_  
Pension income per month \_\_\_\_\_  
Gross Employment income per month \_\_\_\_\_  
Public Assistance income per month \_\_\_\_\_  
Unemployment Assistance \_\_\_\_\_  
Child Support \_\_\_\_\_  
Other (Explain source) \_\_\_\_\_

E. **Current Bank Account Balance:**  
Checking account \_\_\_\_\_ Savings account \_\_\_\_\_  
Money Market account \_\_\_\_\_ Other accounts \_\_\_\_\_

F. **Assets:**  
Full value of stocks \$ \_\_\_\_\_ Full value of bonds \$ \_\_\_\_\_  
Full value of CD's \$ \_\_\_\_\_ Market value of Real Estate \$ \_\_\_\_\_  
Full value of other \$ \_\_\_\_\_

G. **Present Living Accommodations (please check as appropriate):**  
Own House or Mobile Home \_\_\_\_\_ Rental Housing \_\_\_\_\_  
Public Housing \_\_\_\_\_ Boarding House \_\_\_\_\_  
Living with Relatives \_\_\_\_\_ Hotel/Motel \_\_\_\_\_  
Living with Friends \_\_\_\_\_ Other \_\_\_\_\_  
How long have you lived at your residence? \_\_\_\_\_  
If you rent, what is your monthly rent, including utilities? \_\_\_\_\_

H. **Name, Address & Phone Number of Your Present Landlord:**  
\_\_\_\_\_

**Name, Address & Phone Number of your Previous Landlords in past 5 years:**  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

I. **Are you presently receiving any form of rent subsidy/certificate?** \_\_\_\_\_  
Name of subsidy source \_\_\_\_\_

J. **Are you on the waiting list of the Syracuse Housing Authority for the Section 8 Rental Assistance?** Yes \_\_\_\_\_ No \_\_\_\_\_ **or on the Syracuse Housing Authority Apartment Wait List?** Yes \_\_\_\_\_ No \_\_\_\_\_

K. **Have You Ever Been Evicted?** Yes \_\_\_\_\_ No \_\_\_\_\_ **When?** \_\_\_\_\_  
If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

L. **Will your family require an apartment that needs to be equipped to meet any special needs (i.e. such as wheelchair?)** Yes \_\_\_\_\_ No \_\_\_\_\_  
Please list any other accommodations required by your family: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

M. **Please list 3 personal references (who are not relatives):**  
Name Address/City/State/Zip Phone Number  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

N. **Have you or any adult members of your household been convicted of a criminal Offense?** No \_\_\_\_\_ Yes \_\_\_\_\_ **Offense** \_\_\_\_\_

O. **Are you a full time student?** No \_\_\_\_\_ Yes \_\_\_\_\_ **School Name:** \_\_\_\_\_

Please review your application carefully. **If any questions are not answered the application may be deemed to be incomplete and returned to you.**

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING**

Any willful misrepresentation or concealment of any material fact which would affect eligibility for admission will be considered grounds for termination of lease and eviction. I, therefore, declare the information provided to be true to the best of my knowledge.

I understand that I/We will be asked to provide "Release of Information" forms to confirm income, references, criminal background, predator status, and credit history if this application is to be processed for consideration of occupancy.

\_\_\_\_\_  
Co-applicant #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant #2

\_\_\_\_\_  
Date

.....  
**Race/Ethnicity Information:**

The information regarding race, ethnicity and sex designation is requested for statistical purposes only. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Race of Head of Household (please check all that apply):

\_\_\_\_ American Indian/or Alaska Native      \_\_\_\_ Asian      \_\_\_\_ Black or African American  
\_\_\_\_ Native Hawaiian or Pacific Islander      \_\_\_\_ White      \_\_\_\_ Other: \_\_\_\_\_

Ethnicity of Head of Household (please check one) : \_\_\_\_ Hispanic or Latino      \_\_\_\_ Not Hispanic or Latino

Gender (please check one): \_\_\_\_ male      \_\_\_\_ female