CONFIDENTIAL DATA APPLICATION

5945 Vinecroft Drive
Clarence Center, NY 14032
Tel: 716-741-7741 ♦ Fax: 716-741-8136

Unit Desired (circle) ❒ Apartment: 1-bdrm; 1-bdrm+den or 2-bdrm ❒ Duplex

❒ One-time Entrance Fee plus monthly fee

Primary Applicant's Name: _____ Telephone #: _____

Mailing Address: _____

Social Security #: _____ Birth Date: _____

Secondary Applicant:_____

Social Security #: _____ Birth Date: _____

Children, Nearest Relative, Or Emergency Contact:

	Name	Relation	Address	Telephone #
1.				
2.				
3.				

Financial Data (Combined):

Assets		**Monthly Income**	Applicant	Second Person
1. Equity in residence(s)	$_____	1. Social Security	$_____	$_____
2. Savings & CD's	$_____	2. Pension & Retirement	$_____	$ _____
3. Stocks & Bonds	$_____	3. Trust Fund	$_____	$_____
4. Other	$_____	4. Interest/Dividends	$_____	$_____
5. Other	$_____	5. Other	$_____	$_____
TOTAL ASSETS	$_____	TOTAL MONTHLY INCOME	$_____	$_____

Preferred Move-in Time Frame & Signatures:

I (We) Prefer to Move Within (circle): 3—6 months 12 months 1—2 years 3+ years

I declare that all statements made herein are true and complete to my best knowledge and belief. In witness whereof I have set my signature to this application this ____day of _____, 20___.

_____ _____
Primary Applicant Date

_____ _____
Second Applicant Date

EQUAL HOUSING
OPPORTUNITY