## **CONFIDENTIAL DATA APPLICATION**



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

Unit Desired (circle	e)	☐ Apartment: 1-b	drm; 1-bdrm+de	en or 2-bdrm 🗖	Duplex	
One-time Entrance	e Fee plus monthly	y fee				
Primary Applicant's Name:				Telephone #:		
Mailing Address:						
Social Security #:		Birth Date:				
Secondary Applicant:						
Social Security #:		Birth Date:				
Children, Nearest I	Relative, Or Er	nergency Conta	<u>ct:</u>			
<u>Name</u>	Relation	Address			Telephone #	
1						
2						
3						
Financial Data (Co	mbined):					
Assets		Monthly Income		* *	Second Person	
<ol> <li>Equity in residence(s) \$</li> <li>Savings &amp; CD's \$</li> </ol>		•		\$ \$	\$	
2. Savings & CD's #		=		Ψ \$	\$ \$	
4. Other	\$			\$	\$	
5. Other	\$			\$	\$	
TOTAL ASSETS	\$	_ TOTAL MONT	HLY INCOME	\$	\$	
Preferred Move-in Tir	ne Frame & Sign	natures:				
I (We) Prefer to Move V	Within (circle):	3—6 months	12 months	1—2 years	3+ years	
I declare that all statemen	nts made herein ar	e true and complete	to my best know	vledge and beliet	In witness whereof	
have set my signature to						
Primary Applicant			Date			
Second Applicant			Date			

