

# Jemison Place

## Tenant Application

The information requested in this application will be used to determine your eligibility for the Jemison Place program. Please answer all questions as thoroughly as possible. All responses will be kept completely confidential.

### Please Return To:

Chances & Changes  
PO Box 326  
Geneseo, NY 14454  
Phone (585) 658-3940

### For Office Use Only

Application # \_\_\_\_\_  
Project# \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_  
Application Accepted By: \_\_\_\_\_

Information solicited on this application is required by the apartment owner in order to assure that Federal Laws Prohibiting Discrimination against tenant applications on the basis of race, color, national origin, religion, sex, marital status, age and handicap are complied with. This information will not be used to discriminate against you. We are an equal housing opportunity organization.

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Last 4 numbers of SSN # \_\_\_\_\_

If you receive DSS Benefits, please complete the following:

DSS Case Number \_\_\_\_\_ Number on grant: \_\_\_\_\_

Name of Case Worker \_\_\_\_\_

Years/Months on DSS? \_\_\_\_\_ Are you currently sanctioned? \_\_\_\_\_ Yes \_\_\_\_\_ No

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### Family Composition (Person who will reside in apartment in addition to above named)

Name	Relationship	Birth Date	Last 4 #'s of SSN

### Bedroom Size Requested:

- \_\_\_\_\_ (1) One Bedroom  
\_\_\_\_\_ (2) Two Bedroom  
\_\_\_\_\_ (3) Three Bedroom

### Name of person we can contact in an emergency:

Name	Address	Phone#
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### Present Living Conditions/Residence History

Which of the following best describes your current living situation?

\_\_\_ Rent

\_\_\_ Living in my own apartment

\_\_\_ Homeless (in a shelter)

\_\_\_ Living with friends'

\_\_\_ In a program. Where \_\_\_\_\_

\_\_\_ Living with parent's

\_\_\_ Other Please specify \_\_\_\_\_

\_\_\_ Living with other relatives

How long have you lived at your current residence? \_\_\_\_\_

What is your rental cost each month? \_\_\_\_\_

Does your rent include utilities? \_\_\_\_\_

If rent does not include utilities, what is your avg. cost per month? (Do not include phone or cable) \_\_\_\_\_

Do you receive rental assistance or rent subsidy? \_\_\_ Yes \_\_\_ No

If Yes, state amount \$ \_\_\_\_\_

How did you hear about this housing? \_\_\_\_\_

When would you be able to move into Jemison Place? \_\_\_\_\_

Why do you wish to move? \_\_\_\_\_

How many times have you moved in the past 12 months? \_\_\_\_\_

Are you being evicted? \_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

Are you or any household members full time students?

Names: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No

If yes, list the offense and year of conviction. \_\_\_\_\_





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### Children

Please list your children who are 18 years of age or younger.

First Name	Last Name	Gender		Date of Birth	Age	Do You Have Custody?		Live with You?		PINS?	
		M	F			Y	N	Y	N	Y	N

Please list your children by first name in the same order as above and indicate whether or not each has a disability.

First Name	Physical Disability?	Mental Disability?	Developmental?	Please Explain

Are you pregnant?    \_\_\_ Yes    \_\_\_ No                      If yes, when is the baby due \_\_\_/\_\_\_/\_\_\_

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### **Income and Support Services**

Please identify your current sources of income by completing the following. Write "0" in the amount column if you have no income from the indicated source

<b>Source</b>	<b>Amount</b>	<b>Per Time Period (Circle One)</b>		
Earnings from Employment	\$	Week	Month	Year
Child Support	\$	Week	Month	Year
DSS Assistance or Temporary Assistance (TANF)	\$	Week	Month	Year
Section 8	\$	Week	Month	Year
SNAP	\$	Week	Month	Year
SSI	\$	Week	Month	Year
Unemployment Insurance	\$	Week	Month	Year
Disability Insurance	\$	Week	Month	Year
Other	\$	Week	Month	Year

We are an equal opportunity housing organization. We would appreciate your voluntary answer to the following questions.

### **Ethnicity (please circle)**

Hispanic or Latino  
Not Hispanic or Latino

### **Race (Circle all which apply)**

American Indian, Alaska Native, Asian Black or African American, Native Hawaiian or Pacific Islander, White

**\*Please read the following carefully before signing\***

**Warning! Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department or agency of the United States.**

Any willful misrepresentation or concealment of any material fact that 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.

\_\_\_\_\_

Signature of Applicant

Address & Phone \_\_\_\_\_

\_\_\_\_\_

Signature of person assisting with application

Date \_\_\_\_\_

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### Authorization for Release of Information

I, \_\_\_\_\_, Consent to allow **Jemison Place**, to request and obtain income, assets, credit, schooling and Landlord information from the sources attached to this form for the purpose of verifying my eligibility and level of benefits under **Jemison Place** assisted housing programs. I understand that housing authorities that receive income information under this consent form cannot use it to deny, refuse, or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to consent these determinations.

I have read this document and understand, and agree to the release of information in consideration for my occupancy or continued occupancy of an apartment operated by **Jemison Place**.

In conjunction with our application for renewal of a lease, I hereby certify that all information contained herein is true and correct. I understand that the material falsification of information provided may result in the rejection of this application or in termination of my lease agreement.

“By execution of this application, I hereby authorize **Jemison Place**, to make such investigation into my credit, employment and criminal history per the tenant selection criteria, and release all parties from all liability for any damage that may result from their furnishing information to you.”

### **Signature:**

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Name	Date	SSN#
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