



THE LANDMARK
AT SIBLEY SQUARE

Thank you for deciding to apply for a beautiful apartment home at The Landmark at Sibley Square!

To ensure that we are able to process your application in an efficient and expedient manner, please also prepare the following documents for review:

Documents:

- Government-issued photo identification
- Birth certificate or passport for all occupants
- Social Security card for all occupants

Income:

- Most recent tax documents complete with W2 forms
- 6 consecutive, current paystubs
- Proof of social security or pension benefits
- Proof of applicable housing vouchers
- Tax authentication items (mobile device *and* e-mail to register with IRS; account number for one of the following: credit card, mortgage, equity loan, home equity line of credit, or auto loan)

Assets:

- Bank information and account numbers
- 401k custodian information and account numbers
- Retirement custodian and brokerage information and account numbers
- Life insurance policy information

Your application will not be considered complete until all of the applicable documents have been provided to us. We appreciate your understanding, and look forward to meeting you and beginning a wonderful relationship with The Landmark at Sibley Square!

25 Franklin St. Rochester, NY 14604
(585) 229-6274 – Landmark@winnco.com
www.LiveLandmarkRoc.com



PERSONAL

Each applicant 18 and over must file separate application. Entire household should only be listed on one application.

1.	Last	First	M.I.	D.O.B.	Applicant	SS#
2.	Last	First	M.I.	D.O.B.	Relationship	SS#
3.	Last	First	M.I.	D.O.B.	Relationship	SS#
4.	Last	First	M.I.	D.O.B.	Relationship	SS#
5.	Last	First	M.I.	D.O.B.	Relationship	SS#
6.	Last	First	M.I.	D.O.B.	Relationship	SS#

Present Address _____

Street _____ City _____ State _____ Zip Code _____

Former Address _____

Street _____ City _____ State _____ Zip Code _____

 Own: Date of Current Occupancy From _____ To: _____ \$ _____
 Month Year Month Year Monthly Mortgage Payment

 Rent: Date of Current Occupancy From _____ To: _____ \$ _____
 Month Year Month Year Monthly Rental Payment

 Rent: Date of Previous Occupancy From _____ To: _____ \$ _____
 Month Year Month Year Monthly Rental Payment

Telephone Number _____ Email Address _____

Number of Autos _____ Reg. No. of Auto #1 _____ Reg. No. of Auto #2 _____

 Do you have any pets? No Yes # of pets _____ Description _____

In Case of Emergency Notify (name) _____

Address _____ Phone _____

Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment ? (e.g. - unit for mobility impaired, unit for visually impaired, unit for hearing impaired, grab bars)

 Check One: Yes No If yes, you will be asked to complete a Request for Reasonable Accommodation.

INCOME & ASSETS

Affordable program applicants skip to Supplemental Applicant Questionnaire

Currently employed by _____ Occupation _____

Address _____

Length of Employment _____ Supervisor _____ Phone _____

Annual Gross Salary _____

Other Source of Income (i.e., social security, retirement fund, disability, workers compensation, pension, alimony/child support, investments, etc.)

Type _____ Amount _____ Type _____ Amount _____

Type _____ Amount _____ Type _____ Amount _____

Former Employer _____ Occupation _____

Address _____ Dates of Employment _____

Supervisor _____ Phone _____

Bank Account - Type _____

Bank Account - Type _____

Other - Type _____

Other - Type _____

APPLICANT'S TERMS
APPLICANT: PLEASE READ CAREFULLY

This application is for Apartment No. _____ or similar type of occupancy on (date) _____

The applicant warrants and represents that all statements herein are true and promises to execute, upon presentation, a lease in the usual form and on the terms and conditions stated therein.

The applicant hereby grants permission to carry out necessary credit checks to verify the information contained in the application. Furthermore, applicant understands that an investigative consumer report will be obtained which may include information about personal character and criminal records. Applicant agrees that the information set forth on the application is true and complete, and any misrepresentation on this application will constitute a default under the Lease or Rental Agreement between the parties.

The deposit taken with this application is to be applied to the Security Deposit. If the applicant fails to execute a lease, then the deposit shall be retained by the owner as liquidated damages. However, the owner will refund the deposit if the application is rejected.

A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. This application and deposit are taken subject to previous applications and shall be acted upon within 10 days.

The rental agent is only authorized to show the apartment for rent and has no authority to make any representations concerning the premises.

Deposit with application _____ Dated _____

Agents Signature _____ Applicant's Signature _____





Rental Application Attachment Low Income Housing Tax Credit Program

WinnResidential requires us to get drug and criminal background information about all adult household members applying for affordable housing. The head of household must answer the questions below for all household members and each household member age 18 or older must sign below to consent to a background check.

1. Have you or any member of your household ever been evicted from rental housing?
Yes ____ No ____
If yes, list where and when below:

2. Are you or any member of your household currently engaging in the use of illegal drugs?
Yes ____ No ____
3. Have you or any member of your household ever been convicted of a felony?
Yes ____ No ____
If yes, please explain:

4. Are you or any member of your household currently abusing alcohol?
Yes ____ No ____
5. Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender registration program in any state?
Yes ____ No ____
6. List all addresses where you and other adult household members have previously resided. You must provide a complete list of states in which any household member has resided:

The applicant hereby certifies that the above information is true and correct. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize (insert name of property) to verify the above information and I consent to the release of the necessary information to determine my eligibility.

Applicant _____

Date _____

Co-Applicant _____

Date _____

Other Adult _____

Date _____

Other Adult _____

Date _____

