

Guest Card #	Application \$/Check #	Security Deposit \$/Check #	Building/Apartment #	Approved	Application Date
--------------	------------------------	-----------------------------	----------------------	----------	------------------



Att: Management Office • 455 Schutt Road Extension • Middletown, NY 10940

WEB wallkilllivingcenter.com

PHONE 845.342.6282 **FAX** 845.344.1521



RENTAL APPLICATION

Co-applicants must complete a separate application

First Name: _____ MI: _____ Last Name: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ E-mail Address: _____

Cell #: _____ Date of Birth: _____ SSN: _____

Driver's License/ID Number: _____ Referred by: _____

Emergency Contact #1: _____
 Name/Relationship _____ Daytime Phone _____ Evening Phone _____

Emergency Contact #2: _____
 Name/Relationship _____ Daytime Phone _____ Evening Phone _____

I am applying for: 1 Bedroom 2 Bedroom Lease Term: _____ Monthly Rent: _____

Do you have a pet? Yes No If yes, what kind? _____ Pets Weight: _____

Please refer to the Pet Possession and Fee Agreement for more information.

List all household members who will live in the apartment. Be sure to include any temporarily absent family members (such as military/student) who will be returning to the household.

Full Name _____ Relationship _____ Date of Birth _____ Social Security Number _____

Full Name _____ Relationship _____ Date of Birth _____ Social Security Number _____

Full Name _____ Relationship _____ Date of Birth _____ Social Security Number _____

Parking Requirements

Only vehicles listed above are permitted to park in Wallkill Living Center residential parking lots.

All visitors must park in designated visitor parking lots.

Vehicle Make/Model: _____ Year: _____ License Plate #: _____ Color: _____

Vehicle Make/Model: _____ Year: _____ License Plate #: _____ Color: _____

Special Requirements

Do you require Disabled/Medical Accessibility: Yes No Requirements: _____

Will you be receiving rental assistance from any agency: Yes No If yes, which agency: _____

Employment Information

Householder's Name: _____

Full-Time Part-Time Unemployed Self-Employed

Current Employer: _____ Supervisor: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Date Started: _____ Phone #: _____

Average hours worked per week: _____ Average Tips: \$ _____ Fax #: _____

Current Wage: \$ _____ Per: Hour Week Month Year

Do you have more than one job? Yes No

Employment Information

Householder's Name: _____

Full-Time Part-Time Unemployed Self-Employed

Current Employer: _____ Supervisor: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Date Started: _____ Phone #: _____

Average hours worked per week: _____ Average Tips: \$ _____ Fax #: _____

Current Wage: \$ _____ Per: Hour Week Month Year

Do you have more than one job? Yes No

Residence History

Do you currently: Rent Own Month/Year moved in: _____ Monthly Rent: \$ _____

Utilities included: Yes No If utilities not included, what is your monthly utility cost? \$ _____

Reason for Leaving: _____

Landlord Name: _____ Phone: _____

Landlord Address: _____ City: _____ Zip: _____

Previous Address: _____ City: _____ Zip: _____

Do you currently: Rent Own Month/Year moved in: _____ Monthly Rent: \$ _____

Utilities included: Yes No If utilities not included, what is your monthly utility cost? \$ _____

Reason for Leaving: _____

Landlord Name: _____ Phone: _____

Landlord Address: _____ City: _____ Zip: _____

continued on next page

Previous Address: _____ City: _____ Zip: _____

Do you currently: Rent Own Month/Year moved in: _____ Monthly Rent \$ _____

Utilities included: Yes No If utilities not included, what is your monthly utility cost? \$ _____

Reason for Leaving: _____

Landlord Name: _____ Phone: _____

Landlord Address: _____ City: _____ Zip: _____

Student Information

Are you or is anyone in your household (including minors) currently a full or part-time student, or planning to be one within the next 12 months? Yes No

If yes, please list whom and their status:

Name: _____ Status (full or part-time): _____

Name: _____ Status (full or part-time): _____

Name: _____ Status (full or part-time): _____

Name: _____ Status (full or part-time): _____

Personal References

Please list three (3) people who you have known at least two (2) years and are not related.

Full Name	Address	Phone #	Years Known
-----------	---------	---------	-------------

Full Name	Address	Phone #	Years Known
-----------	---------	---------	-------------

Full Name	Address	Phone #	Years Known
-----------	---------	---------	-------------

Have you ever:

Been evicted from tenancy? Yes No If yes, please explain: _____

Been convicted of a felon? Yes No If yes, please explain: _____

Willfully or intentionally refused to pay rent when due? Yes No If yes, please explain: _____

Will this unit be your only place of residency? Yes No If not, please explain: _____

Agreement

I understand that this form is only an application for residence that the submission of this application does not reserve, nor in any way, guarantee a unit. Upon acceptance of this application, I agree to execute a lease for twelve (12) months before possession of an apartment unit and to pay the security deposit, in accordance with the Apartment Security Deposit Policy after being notified of acceptance. Failure to pay the security deposit within the stated timeframe will affect the processing of my move in.

Applicant Signature

Date

Applicant Signature

Date

Property Manager

Date



Wallkill Living Center is professionally managed by United Realty Management Corp., AMO,[®] a nationally recognized real estate management firm and specialist in senior housing headquartered in Troy, New York.

BACKGROUND CHECK AUTHORIZATION AND RELEASE

Background check required for each prospective apartment resident.

By signing below, I, _____, hereby voluntarily authorize The United Realty Management Corp., AMO® or its affiliate to conduct a criminal history and identity check regarding me in connection with my residency at Wallkill Living Center. The background inquiries to be performed are, but not limited to: a driver's license records check; both Federal and State felony and misdemeanor records check; and social security verification. I am willing to allow a photocopy of this authorization be accepted with the same authority as the original and I specifically waive any written notice from any present or former Landlord who may provide information based upon this authorized request. I understand this authorization is to be part of the written lease application and agreement in which I sign.

I also understand that any misrepresentation, falsification or omission of facts herein may be grounds for disqualification, refusal, or immediate termination of lease. Furnishing all information requested on this form is mandatory. Failure to provide such information shall result in a determination that the applicant is ineligible for residency.

The background information obtained about me may include obtaining and examining any and all records that may relate to my arrest, conviction and/or imprisonment at any time prior to this date, for any felony and/or misdemeanor. I understand that I have the right to request, in writing, information pertaining to the nature and scope of the investigation and a written summary of my rights under the Fair Information Practices Act before adverse action can be taken against me in whole or in part due to a background check.

Further, I hereby authorize all government agencies, state department of motor vehicles, corporations, companies, educational institutions, persons, law enforcement agencies, insurance companies, criminal, civil and federal courts, and former Landlords to release information they may have about me.

I indemnify, without reservation, United Realty Management Corp., AMO®; its representatives, officers, agents, employees and assigns, as well as any other company or person gathering or furnishing information to United Realty Management Corp., AMO® from any liability and hold harmless, now or in the future, for any claim or damages in law or in equity on behalf of myself, my heirs and assigns, related to the gathering or furnishing of information in connection with this investigation.

Applicant's Signature

Date



BACKGROUND CHECK INFORMATION FORM

Please provide copy of driver's license and social security card.
Background check required for *each* prospective apartment resident.

Last name	First Name	M.I.	Date of Birth
-----------	------------	------	---------------

Other names used (include maiden name if applicable).

Place of Birth	Social Security #	Drivers License ID #	State
----------------	-------------------	----------------------	-------

Gender: Male Female Hair Color: _____ Eye Color: _____

Current home address (P.O. Box not accepted)	Apt. #	City	State	Zip
--	--------	------	-------	-----

Previous home address (if moved within last two years)	Apt. #	City	State	Zip
--	--------	------	-------	-----

Additional Information: _____

I hereby certify that all statements on this application are true and correct to the best of my knowledge and belief. I understand that The United Realty Management Corp., AMO[®] solicits this information so as to be informed of my previous record and character. I understand that residency at Wallkill Living Center depends upon successful completion of a criminal background investigation. I understand that any falsification, misrepresentation or omission of facts of this record may be considered cause for lease termination.

Applicant's Signature	Print Name	Date
-----------------------	------------	------

Applicant's Signature	Print Name	Date
-----------------------	------------	------

INCOME VERIFICATION INFORMATION

Date:	Information recorded by:
-------	--------------------------

Applicant Name:	Household Members:	Relationship:
Current Address:		
Day Phone #		
Evening Phone #		

Income Description	Name of Source	Household Member	\$ Amount	Yes / No	Request Date
<input type="checkbox"/> Employment					
<input type="checkbox"/> Social Security/SSI					
<input type="checkbox"/> Disability					
<input type="checkbox"/> Unemployment					
<input type="checkbox"/> Child Support/Alimony Family Maintenance					
<input type="checkbox"/> Pension/Annuities					
<input type="checkbox"/> Public Assistance/AFDC					
<input type="checkbox"/> Severance Pay					
<input type="checkbox"/> Net Business Income					
<input type="checkbox"/> Military Compensation					
<input type="checkbox"/> Income from Temporarily Absent Family Members					
<input type="checkbox"/> Income from Persons Permanently Confined to Nursing Home, Etc.					
<input type="checkbox"/> Worker's Compensation					
<input type="checkbox"/> Recurring Gifts and/or Contributions					
<input type="checkbox"/> Lottery Payments (periodic)					
<input type="checkbox"/> Rental Income					
<input type="checkbox"/> VA Benefits					
<input type="checkbox"/> Rental Assistance: <input type="checkbox"/> Voucher <input type="checkbox"/> Certificate					
<input type="checkbox"/> Resident's Portion \$	Has your Rent Assistance ever been terminated for fraud, non-payment of rent, or failure to certify? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain on back.				

ASSET VERIFICATION INFORMATION

				Date:	Information recorded by:
Applicant Name:		Household Members:		Relationship:	
Current Address:		1.)			
Day Phone #		2.)			
Evening Phone #		3.)			
Asset Description	Name of Source	Name of Asset Holder	\$ Amount	Yes / No	Request Date
<input type="checkbox"/> Checking Account					
<input type="checkbox"/> Savings Account					
<input type="checkbox"/> Safe Deposit Box					
<input type="checkbox"/> Cash Kept At Home					
<input type="checkbox"/> Trust Account					
<input type="checkbox"/> Land Contract					
<input type="checkbox"/> Real Estate					
<input type="checkbox"/> Stocks/Bonds					
<input type="checkbox"/> Treasuring Bills					
<input type="checkbox"/> CD/Money Markets					
<input type="checkbox"/> IRA/Keough					
<input type="checkbox"/> Pension/Annuities					
<input type="checkbox"/> Personal Property held as an Investment	Per Appraisal				
<input type="checkbox"/> Within the past two years, have you disposed of assets that sold in excess of \$1,000 or more less than Fair Market value? <input type="checkbox"/> No <input type="checkbox"/> Yes					

BANKING INFORMATION

Name(s) on Account		Bank Name			
Checking Account #		Savings Account #			
Address	City	State	Zip	Telephone #	

Owning your home vs. living at Wallkill Living Center

Item	Your Cost Now	Wallkill Living Center Cost
Mortgage/Home Equity Payment/Rent		_____ (Enter Monthly Rent)
Property Taxes		Included
Property Insurance		Renter's Insurance Minimal Cost
Heating and Cooling Electricity		Included \$59—\$77
Repairs and Upkeep of Home: Electrical, Plumbing, Roof, Siding, Windows, Painting, Furnace, Air Conditioning, Etc.		Included
Snow Removal, Ice Melt		Included
Lawn Maintenance, Supplies, Equipment		Included
Hot Water, Water, Sewer, Trash Removal		Included
Activities and Entertainment		Included
Fitness Room		Included
TOTAL MONTHLY COST:	\$	\$