

SHORELINE APARTMENTS

APARTMENT APPLICATION

(for federal programs)



Directions: *Print or type all requested information and sign certification. Original application will be time and date stamped upon receipt and entered into NYS Homes and Community Renewal's Automated Waiting List (AWL) in chronological order. Applicant will be given a print out of AWL summary with application number. Applicants can monitor waiting list position and update their contact information using the AWL's public access function @ <https://hcr.ny.gov/mitchell-lama-automated-waiting-list-apps-awl>*

Applicant Address:

Apartment #: _____ Street Address: _____ City: _____
 State: _____ Zip Code: _____ Phone #: _____ Phone #: _____
 Email Address: _____

Head of Household: *(Must be completed. Head of household must be 18 years of age or older.)*

Last Name	First Name	Social Security No.	Age

Co-Head of Household: *(Complete if applicable. Co-head must be 18 years of age or older.)*

Last Name	First Name	Social Security No.	Age

Other Household Members: *(List all other persons who will reside in apartment.)*

Last Name	First Name	Social Security No.	Age

Apartment Size: *(Select one or two sizes. Household size must meet applicable occupancy standards.)*

Studio (1-2 persons) 1 Bdrm (1-2 persons) 2 Bdrm (2-4 persons) 3 Bdrm (4-6 persons) 4 Bdrm (5-8 persons)

Special Requirements: *(Note that special requirements can extend your wait for an apartment.)*

Gross Household Income: \$ _____ *(Enter total estimated income for all household members, from all sources, for the next 12 months.)*

Veterans Admission Preference: *If head- or co-head of household is an honorably discharged veteran of the US Armed Services, or such veteran's surviving spouse, who served on active duty in time of war and resides in New York State, check box and attach DD-214 to qualify for admission preference.*

Certification: *(Head of household and co-head must sign and date.)*

The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verifying this information and I agree to furnish all required documentation.

Head of Household Signature: _____ Date: _____
 Co-Head of Household Signature: _____ Date: _____

For Housing Company Use				For HCR Use	
Application Date <i>(date original application stamped received):</i> / /			AWL #:		Approved by:
Is this original application? <i>(Check yes/no; if no, attach original application.)</i>				Yes ___	No ___
Bldg #:	Apt #:	# Bdrms:	# Rental Rms:		Date: / /
Basic Rent:	Excess Income:		Total Mthly Rent:		Comment:
Comment:					
Approved by:				Date: / /	