



Frontier Housing Corporation
PO Box 56, Dexter, NY 13634



_____ Kirby Street Apartments _____ Memorial Apartments

Primary Applicant _____ Phone # _____ Cell# _____

Current Address _____ City _____ State _____ Zip _____

Current Landlord's Name _____ Phone # _____

How long at this address _____ Reason for leaving _____

Previous Address _____ City _____ State _____ Zip _____

Previous Landlord's Name _____ Phone # _____

How long at this address _____ Reason for leaving _____

HOUSEHOLD MEMBERS: LIST ALL PERSONS (INCLUDING YOURSELF) WHO WILL BE LIVING IN YOUR HOME

Use Line 1. Head of Household and Line 2. Co-applciant

NAME	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY
		Head of Household	
		Co-Applicant	

Have either of you ever been party to an eviction? [] Yes [] No

Total number of adults _____ Total number of children living with you under the age of 18 _____

EMPLOYMENT:

Applicant's Employer _____ Position _____ Phone # _____

Employer's Address _____ City _____ State _____ Zip _____

Phone # _____ How long at this job _____ Mo. Gross Income _____

Other Income/sources _____

Co-applciant's Employer _____ Position _____ Phone # _____

Employer's Address _____ City _____ State _____ Zip _____

Phone # _____ How long at this job _____ Mo. Income _____

Other Income/Sources _____

INCOME: List all income, including Wages, Social Security, SSI Benefits, Pensions, Unemployment, Social Security

List all other sources of income, including Child Support, Educational, Alimony, Investment/Interest

Income

Household Member	Income Source	Amount of Income	Other Sources	Amount

DO YOU ANTICIPATE ANY CHANGES IN THIS INCOME DURING THE NEXT 12 MONTHS?

YES _____ NO _____

DO YOU HAVE ANY UNUSUAL EXPENSES RELATED TO EMPLOYMENT, SUCH AS A CARE ATTENDANT OR AUXILIARY APPARATUS FOR A HANDICAPPED OR DISABLED FAMILY MEMBERS? YES _____ NO _____ IF YES, PLEASE EXPLAIN:

WILL ANY ALTERATIONS TO THE APARTMENT BE NECESSARY FOR A MEMBER OF YOUR FAMILY? YES _____ NO _____ IF YES, PLEASE EXPLAIN: _____

LICENSE(S)/VEHICLE(S) INFORMATION:

Applicant's Driver's License # _____ State _____ Exp. _____
Co-Applicant's Driver's License # _____ State _____ Exp. _____
Auto Yr. _____ Make _____ Model _____ State/License plate # _____

PERSONAL REFERENCES: (No relatives)

1. Name: _____ Address: _____ Phone Number: _____
2. Name: _____ Address: _____ Phone Number: _____
3. Name: _____ Address: _____ Phone Number: _____

IN CASE OF EMERGENCY NOTIFY:

Name _____ Phone Number _____
Address _____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenet screening as may be necessary in arriving at a tenant decision. I understand that the landlord may terminate any rental agreement entered into for any misrepresentation made above.

Applicant _____ Date _____ Co-Applicant _____ Date _____

NEED DOCUMENTATION:

Please return to Frontier Housing Corporation:

- ❖ **Completed application**
- ❖ **Copies of 6 consecutive current pay stubs for each person**
- ❖ **Copies of your Federal tax returns for the last 12 months**
- ❖ **Copy of applicant & co-applicant's Birth Certificate(s) and Social Security Card(s)**

AUTHORIZATION

I/WE DO HEREBY AUTHORIZE FRONTIER HOUSING CORPORATION AND ANY STAFF OR AUTHORIZED REPRESENTATIVES TO CONTACT ANY AGENCIES, OFFICES, GROUPS, OR ORGANIZATIONS TO OBTAIN AND VERIFY ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE

MY/OUR APPLICATION FOR HOUSING IN THIS PROPERTY BY SIGNING THE FOLLOWING TENANT RELEASE INFORMATION FORM.

Tenant Release Information Form

PLEASE READ CAREFULLY

DISCLOSURE

This document serves solely as a clear and conspicuous written disclosure to the applicant that a social security, motor vehicle verification, education, previous employment, credit, character, general reputation, personal characteristics, mode of living and personal background verification may be obtained for the purpose of this rental application. By the signature below, the Applicant acknowledges that Frontier Housing Corporation has made this disclosure.

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that **Frontier Housing Corporation** may now, or any time while I am a tenant of one of their apartment complexes, conduct a verification of my education, previous employment/work history, credit history, contact personal references, or motor vehicle records, and to verify any other information deemed necessary to verify rental eligibility. The results of this verification process will be used to determine renting eligibility under **Frontier Housing Corporation's** policies. In the event that information from the report is utilized in whole or in part used to determine you ineligible for renting at that time, Frontier will to disclose orally and in writing the results of this verification process to _____.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide Frontier Housing Corporation with all information that may be requested. I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to release and discharge Frontier Housing Corporation and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any Agency arising from retrieving and reporting of information.

Applicant's Signature	List Other Names Used	Social Security No
Email	Drivers License Number/State Issued	License Last Name
Current Address	City/State/Zip	Phone Number
Co-applicant's Signature	List Other Names Used	Social Security No

May we contact your current employer? _____

**CONFIDENTIAL INFORMATION FOR INCOME/POSITIVE IDENTIFICATION
PURPOSES ONLY**