

St. Mary's

APARTMENTS

Thank you for your interest in St. Mary's Apartments. We offer spacious and affordable studio, one- and two-bedroom apartments in Williamsville exclusively for Adults ages 55 and better. St. Mary's Apartments has 101 unique floor plans. Each apartment home features oak cabinetry, individual heating and cooling and oversized windows. Additional storage is available. Water, sewer, and trash is included. Residents are responsible for gas and electric. Our award-winning controlled access building with two elevators features a stunningly beautiful community room with monthly planned social activities, business center, fitness center, lending library, laundry room and ample parking. We accept online payments and maintenance requests through our resident portal. St. Mary's is close to medical facilities, banks, shopping, restaurants, entertainment and so much more.

St. Mary's is a tax credit community. We are designed with low to moderate income households in mind; therefore, our community does have income restrictions which are as follows:

Maximum Gross Income per Household Size	
Household Size	60%AMI
1 Person	\$36,840
2 People	\$42,120
3 People	\$47,400
4 People	\$52,620

Enclosed is our application packet with a list of fees and deposits you will need to bring with you for the application process. Please read this list and the application supplement carefully, so you can gather all the correct information. All documents must be originals; no photocopies are accepted. **All applications must be filled in with black ink. All occupants must be present at the time of application.**

Thank you in advance for gathering all the necessary information for the application process. We look forward to having you as a resident of St. Mary's Apartments!

St. Mary's Apartments Management



Leasing Information

Lease Terms

Studio: \$738 per month

1 Bedroom Apartment: \$804 per month

2 Bedroom Apartment: \$934 per month

*Rental rate includes water, sewer & trash.
Residents are responsible for gas & electric.
Rates, Fees and Deposits subject to change.
12 month lease term.*

Non-refundable Application/Verification Fee: \$20 per applicant

Security Deposit: One month's rent

Optional Amenities

Direct HDTV: \$50 per month

Internet: \$25 per month

Washer & Dryer Rental: \$15 per month
On-site laundry facilities as available.

Additional Storage: \$25 per month



Frequently Asked Questions

Who is eligible to live at St. Mary's Apartments?

St. Mary's Apartments operates under the Housing for Older Persons Act of 1995 and is intended for and solely occupied by persons 55 years of age or older. Therefore, all members of the household must be age 55 or older. Income restrictions also apply. We accept Section 8 vouchers.

What floor plans are offered?

St. Mary's offers a variety of studios, 1-bedroom/1-bathroom, and two-bedroom/1-bathroom floor plans.

What utilities are included in the rent charge?

Water, sewer, and trash is included in your monthly rental charge.

Is smoking allowed?

Smoking is not allowed at St. Mary's Apartments or on the park grounds.

What is the pet policy?

We currently do not allow pets at this time. Verifiable service animals are permitted.

What services and amenities are offered?

St. Mary's Apartments is situated in Amherst Park and has a community room, business center, fitness center, laundry facilities, and a lending library! We have planned monthly activities, such as bingo, card night, movie night and trivia, as well as special events for our residents such as the Halloween, Thanksgiving and Holiday parties!

How do I apply?

You can apply online at our website at www.stmarysny.com, or simply come by, call us at 716-565-0800 or email manager@stmarysny.com and ask for an application or a tour! Tours are given Monday through Friday 9:30 a.m. until 4:30 p.m.

LEASING CRITERIA St. Mary's Commons

This community utilizes a third-party service that conducts credit and criminal background investigations. Community management team members conduct all employer/income and rental verifications. The investigation is conducted on all adult (18 years of age or older) occupants. The investigations are based on information provided by the applicant and information that may be retrieved from credit agencies, employers, and Federal, State and Local agencies and other associated parties. In the event the application is rejected, the applicant will be notified verbally and in writing as to the reasons and the sources(s) of the information that resulted in the rejection. However, if the rejection is a result of the information provided by the applicant, we will only provide the results verbally unless the applicant makes a formal written request for information pertaining to the denial. In the case of roommates, information that we have obtained resulting in a rejection can only be released to the party whose investigation causes the rejection. **A security deposit will be required from all applicants and multiple adult applicants will require additional application fees.**

Criteria:

1. No history of major lease violations with current or previous landlord; nonpayment of rent, illegal activities by household members, unauthorized occupants or pets. Housing court history, past or pending landlord-tenant proceedings, or lack of rental history will not be considered.
2. No felony convictions, indictments, arraignments or deferred adjudications within the last 7 years. No misdemeanor criminal convictions, indictments, arraignments or deferred adjudications involving drugs, minors, arson, terrorism or theft (robbery & burglary) greater than \$500 within the last 7 years. Any felony conviction or misdemeanor conviction of a sex crime will result in automatic denial of application. Each applicant with criminal convictions will be assessed on a case by case basis. Crimes for which the applicant has been convicted and recent pending arrest will be considered. Assessment will evaluate how much time has elapsed since criminal conviction, age at time of conviction, seriousness of conviction and any rehabilitative actions and good conduct since conviction. The standards to approving or denying eligibility will be: 1. is applicant a detriment to the health or safety of the residents and community; 2. a source of danger to the peaceful occupation of other residents, 3). a source of danger or cause of damage to residents, personnel, property or the premises. *The fact that we perform criminal background checks does not mean that our residents and occupants have no prior or current criminal histories. We cannot and do not guarantee that this community and its residents are free from crime. Verification of the accuracy of information supplied to or made available to us by applicants and credit reporting services is limited.*
3. † All members of the household must be 55 years of age or older. All applicants must provide one US government issued photo identification, birth certificate and one of the following: valid Social Security Number; Form I-94 Arrival-Departure Record with proper annotations; Temporary resident alien card verifying approved entry by US government (I-94W); I-551 Permanent Resident Card; Form I-668 Temporary Resident Card; or Form I-688A Employment Authorization Card.
4. 6 months verifiable employment history or verifiable income/assets. Applicants receiving SS, SSI, pension or disability are excluded from the employment requirement, but must provide documentation to verify these benefits. (Verifiable income source includes check stubs, W2s, verification from employer or government entity. If self-employed, applicant must produce Tax Return with Schedule C, financial statements from business, or profit/loss statement with back up.)
5. At least 75% of trades rated positively by the credit bureau (rating of 1, 2 or 3) for the past 3 years. Medical, student loans and 0 rated trades are excluded. The presence of utility collection accounts will require verification of balance paid in full before approval can be considered. Credit portion of the criteria is considered to be met with demonstration that all rent and other amounts due were paid in full and on time during each of the preceding 12 months. Any bankruptcy, delinquencies, collections, liens or money judgments of applicable debt within the preceding 12 months may be reviewed for consideration of qualified mitigating factors.
6. Minimum monthly verifiable gross income must be at least 2 times the monthly rental rate. Applicants receiving approved and verifiable rental assistance will require a minimum monthly gross income of 2 time's resident portion of rent. Maximum gross income, which includes all income sources, cannot exceed LIHTC schedule, which is based on household size.



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- 7. Households comprised of all students, full time or part time, are not eligible unless they meet the student eligibility requirements under the LIHTC and HOME affordability program. Student rule exceptions are available upon request.
- 8. NYSHFA requires that all original applicants for residency residents must provide a copy of their latest 1040 Federal Income Tax Return when certifying their income. This requirement will be waived if the applicant is not required to file a tax return but must sign an affidavit stating that a tax return is not required to be filed and has not been filed for the most recent year.

Each applicant must satisfy all of the above criteria. No co-signers accepted.

***Maximum General Occupancy Standards**

1 bedroom - 2 persons

2 bedroom - 4 persons

† St. Mary's Apartments operate under the Housing for Older Persons Act of 1995 (Pub. L. 104-76, 109 Stat. 787 Approved December 28, 1995) (HOPA); and is intended for, and solely occupied by, persons 55 years of age or older. This community complies with the requirements to qualify for such exemption of the familial status protection under the Fair Housing Act.

Equal Housing: This community is an Equal Housing Opportunity Provider. We do business in accordance to the Federal Fair Housing Act and do not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin. Please contact our Corporate Office Manager at 713-932-0005 if you feel our representative has not acted in accordance with this policy.

If you believe you are subject to protections under the Violence Against Women's Act (VAWA) or need to request a reasonable accommodation, please contact the manager for more information.

ACKNOWLEDGEMENT

I understand the policies contained herein and have received a copy of this document.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____



APPLICATION SUPPLEMENT

In addition to the completed application additional documentation is needed to process your application. Please contact our leasing office if you have any questions or concerns.

_____ **Application/Verification Fee \$** _____ **Deposit \$** _____

_____ Completed **Application** for each person over the age of 18. One application may be accepted for each married couple. (Black Ink Only) All contact numbers for employment, rental history, etc. must be listed on the application.

_____ Valid **ID, Birth Certificate & Social Security Card** or acceptable equivalent for each household member as noted on the Leasing Criteria

_____ **Verification of Income** received or anticipated to be received in next 12 months

- Current Award letter of all unearned income sources for each person; Social Security, SSI, SSD, Pension, Retirement
- Verification of earned income for all persons 18 years of age or older. Check stubs; 7 consecutive if paid bi-monthly or bi-weekly, 13 if paid weekly
- Child support and/or Alimony documentation; divorce papers and court orders for payment and child support case number for each child
- If self-employed; copy of last year's full tax return with all schedules attached
- Verification of any other income such as monetary gifts, trust, rental income, regular recurring withdrawal from retirement/annuity accounts, etc.

_____ **Verification Assets** for each household member; if combined asset cash value equal \$5,000 or more

_____ **Verification of Assets** for each household member regardless of combined value of household assets

Asset Verification

- 6 months consecutive checking account statements (most recent)
- Current savings statement
- Copy of pre-paid debit card and current ATM receipt of balance
- Most recent statement for 401K, stocks, bonds, whole Life Insurance policy, CDs, IRA, annuities and any other retirement or investment accounts.
- Verification of all real property; home, land, etc.

_____ Previous Year **Federal Tax Return** for each adult household member (NY residents)

_____ **Student** household members age 18 or older; provide current class schedule from school

_____ Other: _____

Additional information may be requested in order to complete the application process

ST. MARY'S APARTMENTS

Rental Application

The information you provide below will be used to determine if your household is eligible under this community's leasing criteria. Please complete the ENTIRE form and do not leave any questions blank or unanswered. Write N/A if a particular question is not applicable. We thank you in advance for your cooperation.

Property Information (For Office Use Only):	
Date Received: _____	Initial Certification _____
Unit #: _____	Recertification _____
# of Bedrooms: _____	Interim _____
Desired Move-In Date _____	Other: _____

HOUSEHOLD COMPOSITION AND STUDENT STATUS

List all persons who will be living in your home. List all members you anticipate to live with you at least 50% of the time in the next 12 months and include anyone who is not currently a household member but is anticipated to become one in the next 12 months.

Household Members <small>Full Name (first and last)</small>	Relationship to Head <small>S=Spouse O=Other Adult C=Minor Child F=Foster Adult/Child L=Live In Attendant</small>	Date of Birth	Marital Status <small>M=Married D=Divorced SP=Separated S=Single W=Widowed</small>	Social Security Number	Driver's License Number	Student <small>Y or N</small>	*If "yes" Part-time (PT) or Full-time (FT)
	HEAD						

*For each household member listed above-List this member as a full-time student if he/she has attended school in the last 12 months, is currently attending, OR plans to attend school in the next 12 months. (The educational institution defines student status.) Please include all school-age children, even if home-schooled.

Contact Information	
Home Phone _____	Email address: _____
Cell Phone-1 _____	_____
Cell Phone -2 _____	_____

- | | | |
|--|--|--|
| | Yes | No |
| 1. Is every household member listed above a full-time (FT) student? | <input type="radio"/> | <input type="radio"/> |
| 2. Will your household be receiving rental assistance? | <input type="radio"/> | <input type="radio"/> |
| 3. Do you expect any changes in the household in the next 12 months?
If yes, please describe change and date expected _____ | <input type="radio"/> | <input type="radio"/> |
| 4. If you are divorced or separated, please provide date effective: _____ | | |
| 5. Is each household member a U.S. Citizen?
If no, does everyone have an eligible immigration status? | <input type="radio"/>
<input type="radio"/> | <input type="radio"/>
<input type="radio"/> |
| 6. Will you have at least 50% physical custody of all minor members in household? | <input type="radio"/> | <input type="radio"/> |

EMPLOYMENT INFORMATION

Current Employment Information: HEAD of HOUSEHOLD

Company Name: _____	Position: _____
Address: _____	Date of Hire: _____
City/State/Zip: _____	Monthly Gross Wage: \$ _____
Phone: _____ Fax: _____	Supervisor: _____

Do you currently or expect to earn Overtime, Commission, Tips, Bonuses in the next 12 months? **Yes** **No**

If Yes, list all that apply and expected amount?

Additional Employment Information: Name:

Company Name: _____	Position: _____
Address: _____	Date of Hire: _____
City/State/Zip: _____	Monthly Gross Wage: \$ _____
Phone: _____ Fax: _____	Supervisor: _____

Do you currently or expect to earn Overtime, Commission, Tips, Bonuses in the next 12 months? **Yes** **No**

If Yes, list all that apply and expected amount?

Current Employment Information: Name:

Company Name: _____	Position: _____
Address: _____	Date of Hire: _____
City/State/Zip: _____	Monthly Gross Wage: \$ _____
Phone: _____ Fax: _____	Supervisor: _____

Do you currently or expect to earn Overtime, Commission, Tips, Bonuses in the next 12 months? **Yes** **No**

If Yes, list all that apply and expected amount?

OTHER INCOME INFORMATION

Identify each source of income currently received or anticipated to be received in the next 12 Months. (Y=Yes, N=No)	Head of Household						Monthly Gross Income
1. Employed	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
2. Self-Employed	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
3. Unemployment Compensation	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
4. Social Security/SSI/SS Disability	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
5. Disability/Worker's Compensation	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
6. Severance Pay	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
7. VA Benefits	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
8. Pension/Annuity	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
9. Military Pay	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
10. AFDC/TANF	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
11. Child Support/Alimony	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
12. Recurring Gift/Contribution	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
13. Rental Income	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
14. Adoption Assistance	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
15. Trust Income	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
16. Other Income:	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
17. Zero Income	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____

ASSET INFORMATION

List all assets for each Household Member	Head of Household		Financial Institution	Annual Interest/Earnings	Asset Value
1. Checking	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
2. Savings	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
3. Pre-Paid Debit	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
4. Cash On Hand	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
5. Stocks/Mutual Funds	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
6. CD/Money Markets	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
7. Treasury Bill	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
8. Bonds	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
9. IRA/KEOGH	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
10. 401K/401(b)	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
11. Pension/Annuity	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
12. Whole Life Insurance	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
13. Land Contract/Deed of Trust	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
14. Real Estate	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
15. Safe Deposit Box	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
16. Personal Property as Investment	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
17. Trust	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
18. Lump Sum Receipts	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
19. Other _____	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$

1. Do all combined assets of the entire household total less than \$5,000? Y N

2. In the past two (2) years, have you or anyone in your household sold or gifted assets for less than than fair market value? Y N

If yes, complete the following:

Asset Disposed: _____
 Date Disposed: _____
 Amount Disposed: _____

Was the disposal of asset due to: (Select One)

Bankruptcy Y N
 Foreclosure Y N
 Marital Separation/Divorce Y N

3. Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? Y N

If yes, complete the following:

Gifted to: _____ Date: _____
 Amount Gifted: _____

Residential History *Please provide 2 years of rental/housing history*

Current Address: _____
 City/State/Zip: _____
 Landlord Name/Mortgage : _____
 Phone: _____ Reason for Leaving: _____
 Date Moved In: _____ Date Moved Out _____
 Rent/Mortgage: \$ _____ Rent Own

Previous Address: _____
 City/State/Zip: _____
 Landlord Name/Mortgage : _____
 Phone: _____ Reason for Leaving: _____
 Date Moved In: _____ Date Moved Out _____
 Rent/Mortgage: \$ _____ Rent Own

- | | | |
|--|-----------------------|-----------------------|
| | Yes | No |
| 1. Have you ever been evicted from tenancy, broken a lease, or sued for rent?
If yes, please list date: _____ | <input type="radio"/> | <input type="radio"/> |
| 2. Have you ever filed for bankruptcy?
If yes, is bankruptcy discharged? Y <input type="radio"/> N <input type="radio"/> Date Discharged: _____ | <input type="radio"/> | <input type="radio"/> |
| 3. Has any household member plead guilty or received probation, deferred adjudication, court-ordered supervision, or pre-trial diversion for a felony, sex-related crime or misdemeanor assault? | <input type="radio"/> | <input type="radio"/> |
| 4. Do you own any pets that would be moving with you into the community?
If yes, please list types: _____ | <input type="radio"/> | <input type="radio"/> |

Other Information			
Type of Vehicle: _____	License Plate # _____		
Make/Model: _____	Year _____	Color _____	
Type of Vehicle: _____	License Plate # _____		
Make/Model: _____	Year _____	Color _____	

Emergency Contact <i>In case of emergency, notify...</i>	
Name: _____	Phone #1 _____
Address: _____	Phone #2 _____
_____	Relationship: _____

CERTIFICATION OF ACCURACY AND COMPLETENESS

I/We certify that all information provided in this rental application is true and accurate to the best of my knowledge and understand that this information will be used to verify income eligibility for community which I/We applied. I/We have been advised and understand residency at this community requires certain income restrictions and that residency is subject to qualification. I agree that in addition to execution of a Lease Agreement, I will execute a Tenant Income Certification certifying the information contained herein and that such certification will be made under penalty of perjury. I further understand and agree that the owner/management agent will use this information to investigate my/our credit worthiness through credit bureau, criminal checks, income and landlord verification. I/We further understand that any applicant who purposefully falsifies, misrepresents or withholds information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing.

Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/we understand that we may be subject to eviction or punishable by law.

Head of Household	Date
-------------------	------

Applicant	Date
-----------	------

Applicant	Date
-----------	------

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all Persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed below.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|--|--|----------------------------------|
| Past and Present Employers | Welfare Agencies | Veterans Administrations |
| Support and Alimony Providers | State Unemployment Agencies | Retirement Systems |
| Educational Institutions | Social Security Administration | Medical and Child Care Providers |
| Banks and other Financial Institutions | Previous Landlords (including Public Housing Agencies) | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand I/We have a right to review this file and to correct any information that is incorrect.

SIGNATURES

_____ Applicant/Resident	_____ (Print Name)	_____ Date
_____ Co Applicant/Resident	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
St. Mary's Apartments Apartment Name	_____ Contact	(716) 565-0800 Phone

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. - IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPERATELY.

RENTAL VERIFICATION

Community Name _____ Fax# _____

RE: _____
Resident Name

Address for Verification on Resident: _____

The above referenced individual has applied for an apartment at «sitename». We ask for your cooperation in providing the following information and returning it as soon as possible via facsimile or email to ensure timely processing.

RELEASE: I am applying for an apartment and authorize the release of the information requested below from my current and/or previous landlord. This release is information is to be used solely to obtain the last 12 months payment record and/or history of major lease violations, as specifically requested below.

Signature

Date

1. Payments received in full and on-time in the preceding 12 months? Yes No

Major Lease Violations:

2. History of unauthorized occupants? Yes No

3. History of unauthorized pets? Yes No

4. Did landlord document any illegal activities by household members? Yes No

Landlord/Agent Name _____ Telephone # _____

Title _____ Date _____