



# RENTAL APPLICATION



**VOA Cobblestone Place at Webster**  
 1023 Ravenside Lane  
 Webster NY 14580  
 Phone: (585) 280-5083, TTY: (800) 662-1220

**ALL ADULTS 18 YEARS OF AGE OR OLDER MUST BE INCLUDED ON THE APPLICATION.**

APPLICANT CONTACT INFORMATION			
APPLICANT NAME		STREET ADDRESS (Present)	
HOME PHONE ( )		CITY, STATE, ZIP	
MOBILE PHONE ( )	WORK PHONE ( )	CURRENT MONTHLY RENT \$	
REASON FOR MOVING		EMAIL	
HOW DID YOU HEAR ABOUT US? PLEASE DESCRIBE:			

### HOUSEHOLD INFORMATION

Please list all household members that are applying to live in the apartment with you. Also list any new members that you anticipate will be living in the apartment in the next 12 months. (Please include unborn children.) Please list **all** states in which **every** household member has lived. (This disclosure is mandatory under HUD rules; criminal screening will be reviewed for each state via national criminal and sex offender databases. Failure to provide a complete list will result in rejection of the application.)

\*S = SINGLE / M = MARRIED / W = WIDOWED / SEP = SEPARATED / D = DIVORCED

**FOR THE HEAD OF HOUSEHOLD:** Please complete this section for the Head of Household only.

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD <b>HEAD</b>	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:** Please complete each of the following sections for each individual household members.

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
			DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
			DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO

**A. General Information:**

Do you own a pet?	TYPE	BREED	WEIGHT	<input type="checkbox"/> YES <input type="checkbox"/> NO
Would you benefit from special features of an accessible apartment?	Check all that apply: <input type="checkbox"/> WHEELCHAIR ACCESSIBLE <input type="checkbox"/> HEARING IMPAIRED <input type="checkbox"/> VISUALLY IMPAIRED			<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been evicted from or are in the process of being evicted from an apartment?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been convicted or are in the process of being convicted of a felony?	If YES, date of conviction: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been convicted for or are in the process of being convicted for manufacturing and/or distribution of a controlled substance?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been evicted from Federally Assisted housing for drug-related activity in the last 3 years?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Is anyone listed on this application subject to any state lifetime sex offender registration requirement?				<input type="checkbox"/> YES <input type="checkbox"/> NO

**B. Household Composition:**

If applicable, do all of the children in the household live with you 50% or more of the time?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are there any absent household members who under normal conditions would live with you?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Will you or any adult household member require a live-in care attendant to live independently?	NAME	RELATIONSHIP	<input type="checkbox"/> YES <input type="checkbox"/> NO

**C. Additional Household Eligibility:**

What size bedroom are you applying for?	Check all that apply: <input type="checkbox"/> STUDIO <input type="checkbox"/> 1 BEDROOM <input type="checkbox"/> 2 BEDROOM <input type="checkbox"/> 3 BEDROOM <input type="checkbox"/> OTHER		
Would you consider yourself or your spouse frail elderly?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you enlisted in the US Military or a veteran of the US Military?	Check all that apply: <input type="checkbox"/> ENLISTED <input type="checkbox"/> RESERVE <input type="checkbox"/> VETERAN		
Are you the spouse of a deceased veteran of the US Military?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you a victim of a recent presidentially declared disaster or of a government action?	Please explain: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you receive any assistance in paying your utility bills?	Check all that apply: <input type="checkbox"/> HEAP <input type="checkbox"/> LEAP <input type="checkbox"/> OTHER _____		
Are you currently receiving housing assistance from HUD or a Public Housing Authority?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you currently on a Public Housing or subsidized housing waitlist?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you currently homeless or living in a homeless shelter?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is your reason for moving due to a domestic violence, dating violence, sexual assault, or stalking situation?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

**D. Emergency Contact:** (Not someone listed on the application. Please list someone in the immediate area if possible.)

CONTACT NAME(S)		RELATIONSHIP	
HOME PHONE ( )	MOBILE PHONE ( )	WORK PHONE ( )	

**INCOME AND ASSETS**  
*Include income and assets for ALL household members, including children's income and assets.*

A) LIST ALL INCOME SOURCES.  
*This includes, but is not limited to, Full- and/or Part-time Employment, Self-Employment, Welfare Agencies, Social Security, Pensions, SSI, Disability, Armed Forces/Reserves, Unemployment, Child Care, Alimony, Child Support, Student Grants/Stipends, Rental income, Gift Income, and Regular Payouts from Annuities, 401ks and IRAs. (Attach sheet as needed for additional Income Sources.)*

HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT

*\*\*Attach sheet as needed for additional sources of Household Member income.*

B) LIST ALL ASSETS.  
*This includes, but is not limited to, Accounts for Checking, Savings, Money Market, 529 (College Savings), and UTMA's, CDs, Brokerage accounts, Stocks, Bonds, Retirement accounts including IRA, Roth, Keogh, 401k, and 403b, Annuities, Whole Life Insurance policies, Funded/Pre-paid Debit cards, and Online accounts (PayPal, DraftKings, etc.).*

CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	CD <input type="checkbox"/>	STOCK <input type="checkbox"/>	RETIREMENT <input type="checkbox"/>	LIFE INSURANCE <input type="checkbox"/>	FUNDED DEBIT <input type="checkbox"/>	OTHER <input type="checkbox"/>	TOTAL VALUE OF ASSETS:
DO YOU OWN REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	MARKET VALUE	IF "OTHER" SELECTED ABOVE, PLEASE EXPLAIN:						

Signature Clause: (please read)  
 My/Our signature(s) below serves as written permission to obtain a Criminal Background/Sex Offender Check, Consumer Report (credit history) and other references deemed necessary. I understand that management is relying on this information to prove my household's eligibility for an apartment. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. The Resident acknowledges that the Owner is also relying on information provided by the Resident, or by employers and others on the Resident's behalf, and the Resident agrees that if any information relied on by the Owner in approving residency, regardless of its source, including, without limitation, any information contained in the Application or the Certification or any re-certification, is incorrect or untrue, this constitutes a material breach of the Lease and the Owner may evict the Resident from the premises and exercise any other remedies permitted by law. I also understand that such action may result in criminal penalties. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Housing Program requirements. I understand the responsibility to report to management any changes in family composition for the changes in eligibility, income and assets they represent, whenever they occur. Submission of false statements of information are punishable under Federal Law, and could result in the cancellation of a lease agreement.

**APPLICANT SIGNATURES:**

_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date

**FOR OFFICE USE ONLY**

DATE RECEIVED	TIME RECEIVED	RECEIVED BY:	CHECK ALL THAT APPLY: <input type="checkbox"/> WAITLIST <input type="checkbox"/> LOTTERY <input type="checkbox"/> OTHER _____
---------------	---------------	--------------	--

a conifer community®



# VOA Cobblestone Place

## Project Based Voucher Housing Application

To apply for subsidized housing at Cobblestone Place complete all sections of this application.

First Name \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please enter the family's TOTAL ANNUAL INCOME. If None, enter 0: \$ \_\_\_\_\_

Please indicate if your family's INCOME SOURCE is any of the following:

Wages  Social Security  SSI/SSD  DHS  Other Welfare  Other (Child Support, etc.)

Gender:  M  F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Race (optional):  White  Black/African American  American Indian  Asian  Pacific/Islander

Ethnicity (optional):  Hispanic  Non-Hispanic

First Name	Middle Initial	Last Name	Social Security Number	Relationship to Applicant	Sex M/F	Date of Birth	Disabled? Yes or No	Pregnant?
				Head of Household				

Have you ever served in the Military?  Yes  No

Are you currently homeless?  Yes  No

Does anyone living in your household require a unit with the following accommodations?

Wheelchair Accessibility  Hearing Impaired Accessibility  Visually Impaired Accessibility

Are you applying for a unit designated for the frail/elderly?  Yes  No

Is there anyone in the household subject to a lifetime state sex offender registration program in any state?

(Failure to answer this question may jeopardize the approval of this application.)  Yes  No

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Return to: VOA Cobblestone Place  
1023 Ravenside Drive  
Webster, NY 14580  
Phone 585-280-5083 Fax 280-5084**

If you or anyone in our family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs or services, please submit your request in writing to Rochester Housing Authority attention: PBV Waiting List at 675 West Main St Rochester NY 14611.



The Rochester Housing Authority is committed to serving eligible applicants and will not discriminate against any person on the grounds of age, race, color, national origin, religion, sex, familial status, sexual orientation, marital status, or physical or mental disability.

© Rochester Housing Authority, 675 West Main Street, Rochester, NY 14611