



**Rental Application**  
**Centennial House Senior Housing**  
***“A no-smoking building”***

**48 Ganong Drive, Suite 1**  
**Saranac, New York 12981**

**Telephone: (518) 293-7569**

**email [rpc@clintonrpc.org](mailto:rpc@clintonrpc.org)**

Number of Persons	Income Limit
1	\$ 28,150
2	\$ 32,150

It is hereby understood that all information in the application for residence, including statement on finances and personal review, will be treated confidentially and that said information is correct and true. Any misrepresentation or material omission by applicant may render any agreement for residence void at the option of the owner.

List all household members who will live in the apartment. Be sure to include any temporarily absent family members.

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

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Current Address:

\_\_\_\_\_  
 (Street) \_\_\_\_\_ (Telephone #)

\_\_\_\_\_  
 (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

**Income Information**  
(List gross amounts)

Please indicate each source of income that any member of your household receives or anticipates receiving in the next twelve (12) months as specified below:

Household Member Name:	1. _____	2. _____
<b>Description:</b>	<b>Income</b>	<b>Income</b>
Employment	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Pension/Annuity	\$ _____	\$ _____
Severance Pay	\$ _____	\$ _____
Income from Persons permanently confined to Nursing home, etc.	\$ _____	\$ _____
Workers Compensation	\$ _____	\$ _____
Support/Alimony	\$ _____	\$ _____
Recurring gifts/ Contributions	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Veteran Benefits	\$ _____	\$ _____
Income from Assets	\$ _____	\$ _____
Other (describe) _____	\$ _____	\$ _____

## Asset Information

Assets Include: Cash, trust principle value, equity in real estate or capital investments, notes receivable, stocks, bonds, money market accounts, certificates of deposit, IRAs, retirement and pension funds. You must also include the value of any assets disposed of in the past 24 months at less than fair market value.

Description	Household Member	
Account Balance:	(1)	(2)
Checking Acct	\$ _____	\$ _____
Savings Acct	\$ _____	\$ _____
Trust Account	\$ _____	\$ _____
Stocks/Bonds	\$ _____	\$ _____
Treasury Bills	\$ _____	\$ _____
CD/Money	\$ _____	\$ _____
Markets	\$ _____	\$ _____
Pension/Annuity	\$ _____	\$ _____
Real Estate Property	\$ _____	\$ _____
(Appraised Value)	\$ _____	\$ _____
Mortgage Owed	\$ _____	\$ _____
Assets disposed of in the past 2 years sold for less than fair market value?	\$ _____	\$ _____
	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____

**IN CASE OF EMERGENCY CONTACTS**

Please list two (2) people to contact in case of an emergency:

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

**Residence History**

Current Address:

(Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Do you Rent or own your own home? \_\_\_\_\_ Month/year moved in \_\_\_\_\_

If utilities are not include, what is your monthly utility cost \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Landlord: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Previous Address:

(Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Month/year moved in: \_\_\_\_\_ Moved out: \_\_\_\_\_ Monthly rent \$ \_\_\_\_\_

If utilities were not included, what was your utility cost \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Landlord: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

## Other Information

Bank Name: \_\_\_\_\_ checking \_\_\_\_\_ savings \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Date Exp. \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_ Color \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_ Color \_\_\_\_\_

### CREDIT & CRIMINAL HISTORY

The undersigned applicant(s) and co-signer(s) hereby consent to allow RPC of Clinton County, itself or through its designated agents or employees, to obtain a consumer report and criminal record information on each of us and to obtain and verify each of our credit and employment information for the purpose of determining whether to lease an apartment or house to me/us. We also agree and understand that owner and its agents and employees may obtain additional consumer reports and criminal record reports on each of us in the future to update or review our account. Upon my/our request, owner will tell me/us whether consumer reports or criminal record reports were requested and the names and addresses of any consumer reporting agency that provided such reports.

I certify that the information set forth here is complete and correct to the best of my knowledge. I understand that deliberately submitting false information or withholding information constitutes fraud. Federal law specifies fines up to \$10,000 and prison terms up to five years for fraud and may be grounds for eviction. Should any statement above be a misrepresentation or not a true statement of facts, the security deposit will be retained to offset the agent's cost, time, and effort in the processing of my application.

I also understand that this form is only an application for residency and that the submission of this application does not reserve, nor in any way, guarantee a unit.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Date received \_\_\_\_\_ Time received \_\_\_\_\_