

RENTAL APPLICATION

FRAMARK PLACE
4 Framark Drive
Victor, New York 14564

MANAGED BY:

Sermar Management, LLC
349 W. Commercial St. #3100
E. Rochester, NY 14445
585-248-5490

Desired Move In Date _____

NO SMOKING

Please be sure to answer ALL questions.

APARTMENT SIZE: _____ ONE BEDROOM _____ TWO BEDROOM APARTMENT?

Preference: 1st Floor _____ 2nd Floor _____ No Preference _____

APPLICANT: HEAD OF HOUSEHOLD (Head of Household must be age 55 or older at the time of occupancy)

FULL NAME: _____
First M/I Last SS # Birth date

CO-APPLICANT:

FULL NAME _____
First M/I Last SS# Birth date

STUDENT STATUS

Will head of household be a full time student? () Yes () No
Will co-applicant be a full time student? () Yes () No

RENT OWN

Current Address _____ Monthly Rent \$ _____ How long? _____
Street Apt. #

City State Zip Code (required) Telephone Number

Landlord's Name: _____

Landlord Phone Home Phone Reason for moving

Previous Address _____ Monthly Rent \$ _____ How long? _____
(if less than 2 yrs) Street Apt. #

City State Zip Code (required)

Landlord's Name: _____

Landlord Phone Home Phone Reason for moving

REFERENCES:

NAME: _____ ADDRESS _____ PHONE # _____

NAME: _____ ADDRESS _____ PHONE# _____

NAME: _____ ADDRESS _____ PHONE# _____

BANK NAME: _____ SAVINGS# _____ CHECKING# _____

DRIVERS LICENSE: _____ STATE _____ EXPIRES _____

VEHICLE MODEL: _____ YEAR _____ COLOR _____

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OTHER INFORMATION: Have you ever: Applicant Co-Applicant Do you have a pet
Filed for Bankruptcy () yes () no () yes () no Yes () No ()
Been convicted of a felony () yes () no () yes () no Type _____

HANDICAPPED STATUS:

Do you require a handicap adapted apartment? Applicant () Yes () No Co-Applicant () Yes () No

Are you wheelchair bound? () Yes () No () Yes () No

IN CASE OF EMERGENCY, NOTIFY:

NAME _____ PHONE _____ RELATIONSHIP _____

ADDRESS _____

EMPLOYMENT: **Applicant**

Circle all applicable Employed full time Employed part time Self-employed
Non-employed/Retired Unemployed

Current Employer: _____ Position: _____ How Long? _____

Address: _____ Supervisor: _____ Phone# _____

City, State, Zip: _____ FAX# _____

Current wages: _____ per hour week bi-weekly month year (circle one)

Average hours worked per week: _____ Average tips per week \$ _____

Do you have more than one job? () Yes () No

TOTAL ANNUAL EMPLOYMENT INCOME: _____ (A) Please estimate your income for the next 12 months.
(This amount will be entered into the last page)

EMPLOYMENT: Co-Applicant

Circle all applicable

Employed full time
Non-employed/Retired

Employed part time
Unemployed

Self-employed

Current Employer: _____ Position: _____ How Long? _____

Address: _____ Supervisor: _____ Phone# _____

City, State, Zip: _____ FAX# _____

Current wages: _____ per hour week bi-weekly month year (circle one)

Average hours worked per week: _____ Average tips per week \$ _____

Do you have more than one job? () Yes () No

TOTAL ANNUAL EMPLOYMENT INCOME: _____ (A) Please estimate your income for the next 12 months.
(This amount will be entered into the last page)

RENTAL ASSISTANCE:

() No Rental Assistance () Rental Assistance From: _____
() Voucher () Certificate Tenant Portion \$ _____

OTHER INCOME:

APPLICANT

Note: Applicants must complete this section in order to determine qualification for residency within the Federal Low Income Housing Tax Credit Program. Although this information is voluntary under the Federal Fair Housing Act, failure to provide such income may result in non-qualification for residency for any rental unit in Affordable Housing Program.

Other Income Includes: Alimony, child support, welfare, unemployment, aid to dependent children, social security, annuities, insurance policies, retirement benefits, pensions, disability, gifts from family, and other regular periodic payments. Please consult the leasing personnel for complete list of other income.

If none, () No other sources of income check here:

- | | | |
|--|---------------------|--------------------------|
| 1. <u> SOCIAL SECURITY </u> | _____ | _____ |
| Type of income | Gross Annual Amount | Contact Address or Phone |
| 2. <u> PENSION </u> | _____ | _____ |
| Type of income | Gross Annual Amount | Contact Address or Phone |
| 3. _____ | _____ | _____ |
| Type of income | Gross Annual Amount | Contact Address or Phone |

TOTAL ANNUAL OTHER INCOME: _____ (B) (Fill this amount in on last page)

Total Cash Value of ALL Assets: _____ x .06% = (C) _____
HUD Passbook Rate .06% Imputed Asset Income

Total ACTUAL Asset Income (D): _____

INCOME CALCULATION Total Asset Income - Enter the greater of C or D \$ _____

	Applicant		Co-Applicant	
(A) Total Annual Employment Income	\$ _____	+	\$ _____	= \$ _____
(B) Total Other Annual Income	\$ _____	+	\$ _____	= \$ _____

TOTAL ANNUAL INCOME \$ _____ **

The undersigned makes the foregoing representation knowing that if any of such proven false, owner at his option may cancel and annul any lease given in reliance upon such information. The undersigned hereby grant Landlord permission to obtain any additional information deemed appropriate pertaining to my personal and financial records. A credit report and criminal background check will be obtained from a credit reporting agency. If the undersigned is rejected due to credit information or criminal history the undersigned has the right to review, contest, and explain the information contained in the background check and the right to present evidence of rehabilitation.

Applicant Signature

Date

Co-Applicant Signature

Date

****NOTE:** The maximum income for 2024 is \$41,400 for a 1-person household and \$47,280 for a 2-person household. This is the maximum income allowable - if your household income is over these limits, you do not qualify. The minimum income guidelines for 2024 are \$12,800 for a 1-person household and \$16,600 for a 2-person household. If you are under the minimum income, a waiver may be obtained. 1bdm – approx.. 660 sq. feet, 2bdm approx. 900 sq. feet.

Income is calculated by determining what the household’s income will be over the next 12 months. Income from employment, social security, and other sources as listed above is added to any income you may receive from your assets. If there is no interest earned from your asset, the value of your asset (such as a home and other examples listed above) is multiplied by .06% to determine the amount used for Asset Income.

Please call Sermar Management at 585-248-5490 with any further questions.

Framark Place is a non-smoking building. Smoking is not allowed on the property.



WE DO BUSINESS IN ACCORDANCE WITH THE FEDERAL FAIR HOUSING LAW
 (THE FAIR HOUSING AMENDMENTS ACT OF 1988)