

# **DOCTORS PATH** **APARTMENTS**

**MAIL COMPLETED APPLICATION TO:**

**DOCTORS PATH APARTMENTS**  
**100 SCHOOLHOUSE ROAD, LEVITTOWN, NY 11756**

**\*\*Non- Smoking Property/ No Pets Allowed**

*WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations of any material facts involving the use or obtaining federal funds.*

<b>Property Name: Doctors Path Apartments</b>
<b>Address: 64 Doctors Path</b>
<b>Riverhead, NY 11901</b>

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

**A. GENERAL INFORMATION**

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # City State ZIP

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Preferred Method of Contact:</b> <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone
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No. of BR's in Current unit: \_\_\_\_\_ Do you  RENT or  OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property?     YES     NO (check one)

Check utilities paid by you:     Heat     Electricity     Gas     Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Bedroom size requested:     Studio     One BR     Two BR     Three BR     Handicap BR

Check all that apply:     Veteran     Mobility Impaired     Hearing Impaired     Visually Impaired

Does any member of the household hold a housing voucher?     YES     NO (check one)

**B. HOUSEHOLD COMPOSITION**

	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head						
Co-H						
3.						
4.						
5.						
6.						
7.						

Have there been any changes in household composition in the last twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>	
Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>	

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a Title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**C. INCOME**

List ALL source of income as requested below. If a section doesn't apply, cross out or write N/A.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Gross Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <b>entitled</b> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <b>entitled</b> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household likely to receive income or assistance ( <b>monetary or not</b> ) from someone who is not a member of the household as listed on Page 2 etc.)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes to any of the above, explain:</b>		
Is the income received?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**D. ASSETS**

If your assets are too numerous to list here, please request an additional form.  
If a section doesn't apply, cross out or write N/A.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#	Cash Value \$		
Life Insurance Policy	#	Cash Value \$		
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>If yes, describe the asset:</i>	
Date of disposition:	
Amount disposed	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>If yes, describe:</i>	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/ disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>If yes, Type of property:</i>	
Market value when sold/ disposed	\$
Amount sold/ disposed for	\$

Do you have any other assets not listed above (excluding personal property)?	\$
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<i>If yes, please list:</i>	
Date of transaction:	

**E. ADDITIONAL INFORMATION**

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>If yes, describe:</i>	
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Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>If yes, describe:</i>	
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Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>If yes, describe</i>	
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**F. VEHICLE AND PET INFORMATION (if applicable)**

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:	Type of Vehicle:
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Year/ Make/ Model:	Year/ Make/ Model:
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Do you own any pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>If yes, describe:</i>	
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<b>How did you hear about us?</b> <input type="checkbox"/> Newspaper <input type="checkbox"/> Community Contact <input type="checkbox"/> Other: _____
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**REFERENCES**

Current Landlord	Name:	
	Address:	
	Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Phone:	
	How Long?	
<b>Personal Reference #1:</b>		
Address:		
Relationship:		Phone #:
<b>Personal Reference #2:</b>		
Address:		
Relationship:		Phone #:
In case of emergency notify:		
Address:		
Relationship:		Phone #:

(I/WE) hereby acknowledge that (I/WE) have received the Vawa.

**CERTIFICATION**

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be by/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date

**TENANT DATA VERIFICATION**

**AUTHORIZATION TO OBTAIN A CREDIT REPORT/CRIMINAL**

**L&T COURT RECORD**

APARTMENT # \_\_\_\_\_

BUILDING ADDRESS: \_\_\_\_\_

I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR INSTITUTION TO  
RELEASE TO \_\_\_\_\_ AND OR ITS  
REPRESENTATIVE ANY AND ALL INFORMATION THAT THEY HAVE  
CONCERNING CREDIT REPORT ANY CRIMINAL ACTIVITY AND  
LANDLORD/TENANT COURT RECORDS... I HEREBY RELEASE THE  
INDIVIDUAL, COMPANY, OR INSTITUTION AND ALL INDIVIDUALS,  
CONNECTED THEREWITH FROM ALL LIABILITY FOR ANY DAMAGE  
WHATSOEVER INCURRED IN FURNISHING SUCH INFORMATION....

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_



## Tenant Screening Report Disclosure Statement

By signing below, I confirm that I have been made aware of, and understand all of the following information related to my application, and the consumer reports, tenant screening reports, investigative reports, criminal background search, OFAC watch list search, sex offender registry searches, employment, banking and tenancy verifications and any other searches that may be conducted in connection with my application.

- 1. The information provided by me on my application will be used to obtain a tenant screening report, also known as a consumer report, and other such searches as listed above.**
- 2. The tenant screening report will be obtained from one or more of the following sources:**
  - a. Experian, P.O. Box 954, Allen, Texas 75013 [www.experian.com](http://www.experian.com) 888-397-3742.**
  - b. Equifax P.O. Box 740256, Atlanta, Georgia 30374 [www.equifax.com](http://www.equifax.com) 877-576-5734**
  - c. Trans Union P.O. Box 6790, Fullerton CA 92834 [www.transunion.com](http://www.transunion.com) 800-680-7289**
  - d. First Advantage Saferent/Core Logic Safe Rent 7300 Westmore Road Suite 3 Rockville, MD 20850-5223. 888-333-2413**
  - e. Fidelity Information Corporation, P.O. Box 49938, Los Angeles, CA 90049-0978 800-50-8085.**

I also understand that I have the right to inspect and receive one free copy of the report by contacting the Consumer Reporting Agency that was used to furnish the report. I further understand that I may obtain a free report from each of the 3 nation consumer reporting agencies (Experian, Equifax, and Trans Union) once annually either directly from them, or through [www.annualcreditreport.com](http://www.annualcreditreport.com) and that I have the right to dispute any inaccurate information with them.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

**TENANT DATA VERIFICATION**

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CONCERNING CREDIT REPORT ANY CRIMINAL ACTIVITY AND  
LANDLORD/TENANT COURT RECORDS... I HEREBY RELEASE THE  
INDIVIDUAL, COMPANY, OR INSTITUTION AND ALL INDIVIDUALS,  
CONNECTED THEREWITH FROM ALL LIABILITY FOR ANY DAMAGE  
WHATSOEVER INCURRED IN FURNISHING SUCH INFORMATION....

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name