



## TRYON ESTATES

110 TRYON ESTATES • ROCHESTER, NEW YORK 14609

PHONE (585) 482-2166 • FAX (585) 482-6924

EMAIL: OFFICE@TRYONESTATES.COM

# Tryon Estates Application

With Application submission, the following documents are required:

- \$25.00 Non-Refundable application fee (Money Order or Cash, **Exact Amount**).
- Proof of Household Income. (Six (6) Current Pay Stubs, Social Security Benefit letters, DSS Budget Sheet, Proof of Section 8, etc.)
- Copy of Driver's License or State ID for Household Members 17 and older.
- Copy of Birth Certificates for **ALL** Household Members.
- Copy of Social Security for **ALL** Household Members.

**\*\*\*Note: Copies can be made at the Rental Office if needed.\*\*\***





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We are interested in knowing how you happened to apply for an apartment with us, and would appreciate your answering a few short questions.

In which of the following ways did you hear of Tryon Estates?  
Please check any that apply.

Our Website/Internet

Referral

Television

Relative

Friend

Renter's Lifestyle

Other \_\_\_\_\_

(please specify)

Yellow Pages

Newspaper

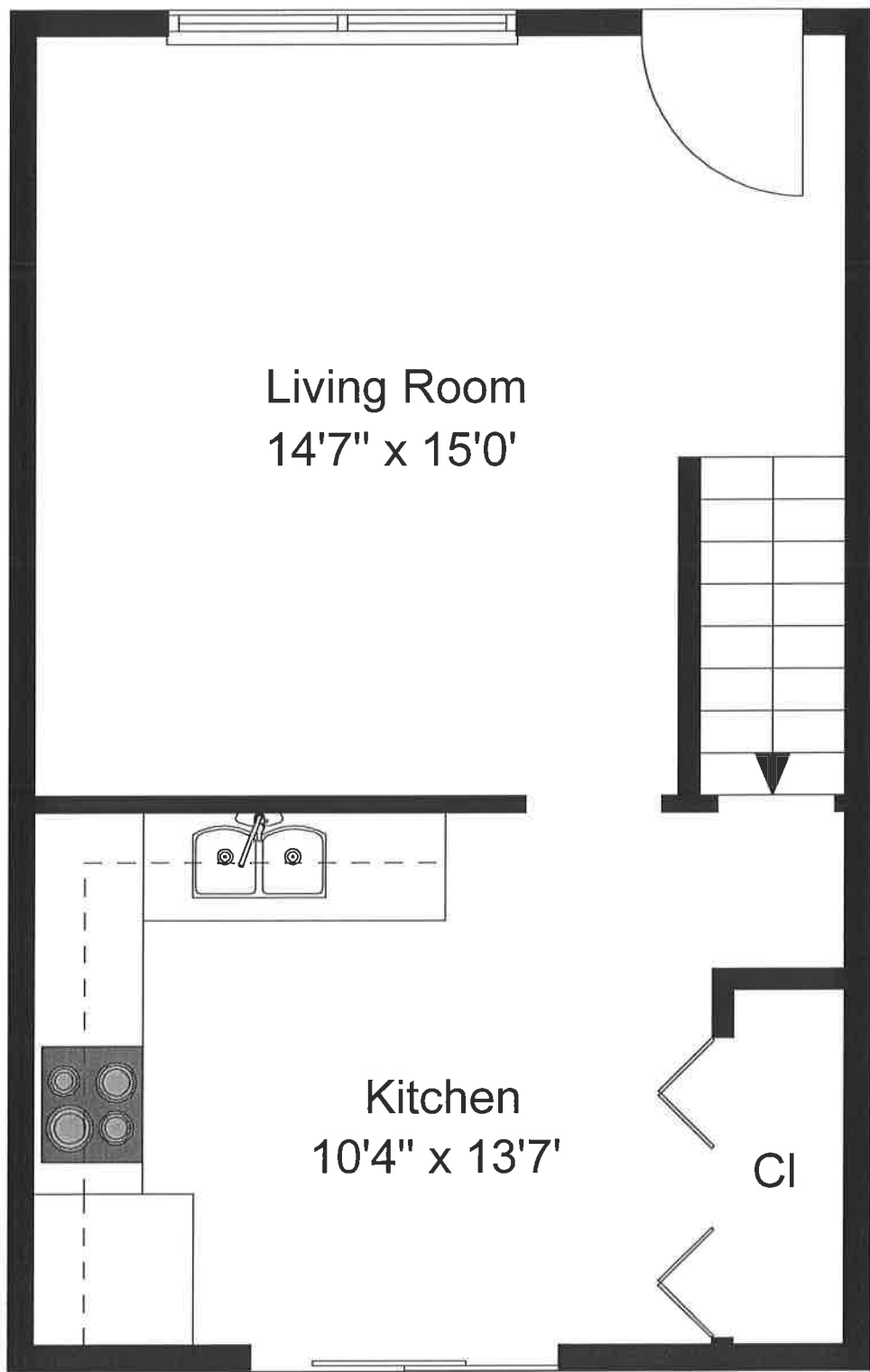
Just Driving By

Remarks: \_\_\_\_\_

Thank you for your assistance.

Sincerely,  
Irene S. Schueler  
Manager of Operations

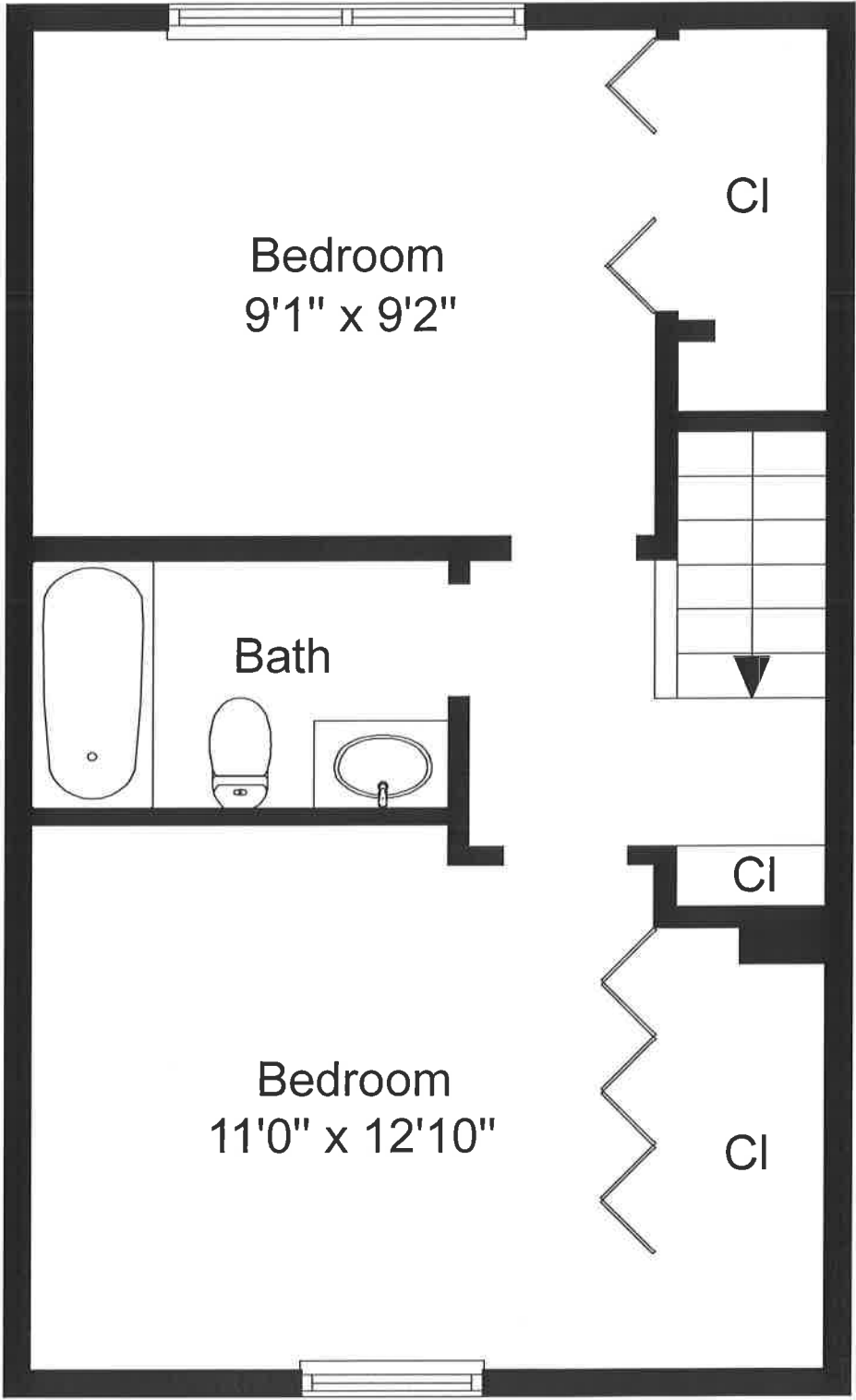
Entry



Living Room  
14'7" x 15'0'

Kitchen  
10'4" x 13'7'

Cl





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### TENANT SELECTION CRITERIA Tryon Estates

In order to be eligible for residency in this development, certain criteria must be met:

1. The applicant must have an annual gross income of at least \$33,012. Applicants below the minimum income will have their application fee refunded.
2. A waiting list is maintained (and apartments rented) in chronological order.
3. A personal interview may be requested at the discretion of Rochester Management, Inc.
4. Occupancy is limited to only those persons identified as applicants on the original application. No more than (2) two persons may occupy a bedroom.

#### Admission will be denied if:

- Any household member has an unacceptable landlord history, including inability to appropriately maintain housing in a decent safe and sanitary condition, history of unjustified and chronic nonpayment of rent, history of disturbing the quiet enjoyment of others, history of violence and harassment of others, history of violations of the terms of previous rental agreements such as destruction of the unit or surrounding premises.
- Any household member has an unacceptable credit history-one that reflects consistent past-due payments of more than 90 days, a history of repeated insufficient fund checks, derogatory credit (repossessions, foreclosures, judgments, collections, charge-offs, liens, bankruptcy not yet discharged, delinquent or charge off debt due to other landlords). In the event of decline based on credit, we do not provide the Applicant with a copy of the credit report, it is the Applicant's responsibility to contact the credit-reporting agency to obtain their credit report and resolve any items that may have been incorrectly reported.
- Applicants will be screened for credit history through a recognized screening service/data base such as CBC. Applicants must have a satisfactory credit report/rental history. Particular attention is given to rental payments for the most recent 5 years. Previous landlords will be checked for a history of disturbance of neighbors, destruction of property, or living or housekeeping habits at prior residences which may adversely affect the health, safety or welfare of other tenants. Screening will also be done for drug related or criminal activity involving crimes of physical violence to persons or property and other criminal acts which would adversely affect the health, safety or welfare of other tenants.
- Any household member has been evicted from housing for non-payment of rent.

- Any household member with convictions of manufacturing and distribution of controlled substances - narcotics.
- Any member of the household is subject to a lifetime registration requirement under a state sex offender registration program.
- Any household member that has been convicted or recent pending arrests for the following violent crimes, robbery in the first degree, rape, assault, arson, manslaughter, murder will be deemed ineligible for housing at Tryon Estates. However, if the household member has been free from incarceration for 10 years, an individual assessment may be conducted.

A pattern of two criminal activities over the course of 3 years or less, whether it be violent or nonviolent felony, will be considered ineligible for housing at Tryon Estates.

Convictions that have been excused by pardon, overturned on appeal or otherwise vacated will not be considered ineligible.

You may appeal an ineligible criminal decision within 14 days. An individual assessment may be conducted.

- The purpose of criminal screening policy serves to reduce risk to the complex community and residents.

5. Release of information:

\_\_\_\_\_

Print Name(s)

is (are) applying for an apartment, and authorize you to release information to Rochester Management, Inc. for purposes of verification.

The undersigned hereby acknowledges receipt of this document, that I have understood it, and that I am paying a \$25.00 non-refundable application fee\* to cover the time and expense to process my application for residency.

\_\_\_\_\_

Signature

Date

\* If applicant subsequently enters into a lease with Tryon Park Apartments, Inc. the \$25.00 will be applied toward the first month's rent. (Not applicable to lease changes).





**INCOME INSTRUCTIONS:**

List gross amounts anticipated to be received in the 12 month period following move in.  
 Answer each YES-NO question. For each YES include the gross amount and frequency.  
 Do NOT leave any unanswered questions.

II. HOUSEHOLD INCOME						
Use an extra copy of page 2 as needed if more than 2 adult members are included in the household. All adults must sign the form.						
Type of Income	Head of Household			Co-Head and/or Other Member		
	Check One	Amount	Frequency	Check One	Amount	Frequency
1. Salary or pay from job	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
2. Do you have a 2 <sup>nd</sup> job?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
3. Seasonal/sporadic work	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
4. Self-employment income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
5. Periodic gift income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
6. Child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
7. Spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
8. Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
9. SSI	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
10. SSP	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
11. TANF, AFDC, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
12. Unemployment benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
13. Worker's compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
14. Severance pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
15. Pension income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
16. Retirement acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
17. Investment acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
18. Annuity acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
19. Trust acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
20. Disability/death benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
21. Real estate rent income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
22. Student financial aid	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
23. Military pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
24. Veterans/VA income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
25. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
26. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	

For each source of income checked YES above, please complete the following:

Income #	HH Member	Name of Source	Address/Phone/Email



III. ADDITIONAL INFORMATION	
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony or classified as a sex predator? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever been evicted from any housing? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever resided at a Rochester Management Community? If yes, when and where:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed for bankruptcy? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you take an apartment when one is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe your reason for applying:	

IV. VEHICLE AND PET INFORMATION (if applicable)	
<i>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</i>	
Make/Model of Vehicle:	License Plate #:
Year:	Color:
Make/Model of Vehicle:	License Plate #:
Year:	Color:
Do you have any pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	

V. REFERENCE INFORMATION	
Current Landlord	Name:
	Address:
	Home Phone:
	Business Phone:
	How long?
Previous Landlord	Name:
	Address:
	Home Phone:
	Business Phone:
	How long?
Credit Reference	Company Name:
	Account #:
	Phone #:
Personal Reference	Name:
	Address:
	Phone #: Relationship:
Emergency Contact	Name:
	Address:
	Phone #: Relationship:

**VETERANS ADMISSION PREFERENCE:**  If head-or-co-head of household is an honorably discharged veteran of the US Armed Services, or such veteran's surviving spouse, who served on active duty in time of war and resides in New York State, check box and attach DD-214 to qualify for admission preference.

**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 my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. 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 questions must be answered in order to process the application.

The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verifying the facts herein stated.

I (we) understand that a credit inquiry and a Criminal Background check may be made in the course of processing this application.

**All adult applicants, 18 or older, must sign application.**

SIGNATURE(S):

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

Title 18 Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief as may be appropriate against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6) (7) and (8).\*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6) (7) and (8).\*\*



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