



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

Facebook

Relative

Renters Lifestyle

Friend

Agency _____

(please specify)

Apartmentguide.com

Yellow Pages

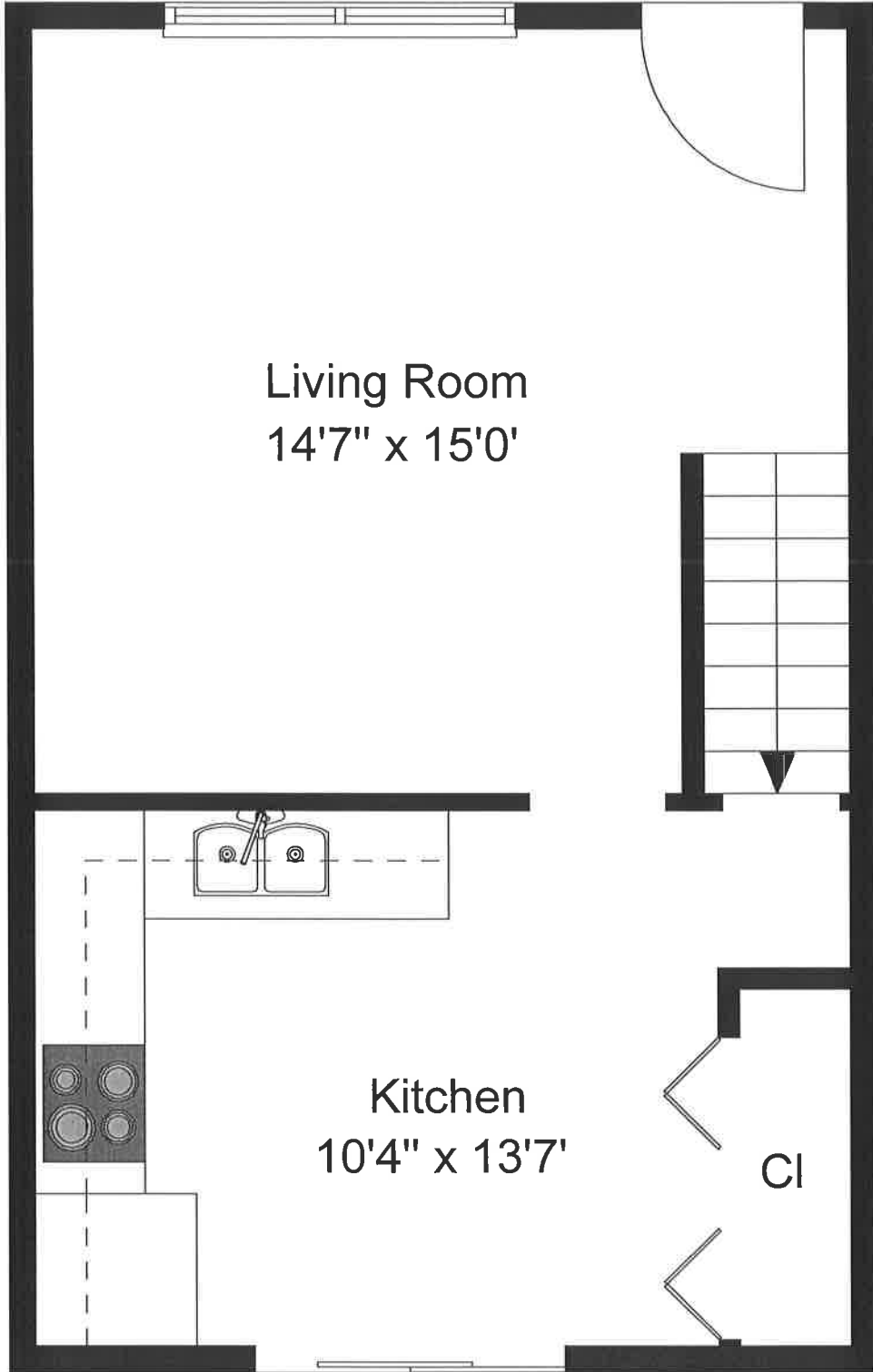
Just Driving By

Remarks: _____

Thank you for your assistance.

Sincerely,
Irene S. Schueler
Manager of Operations

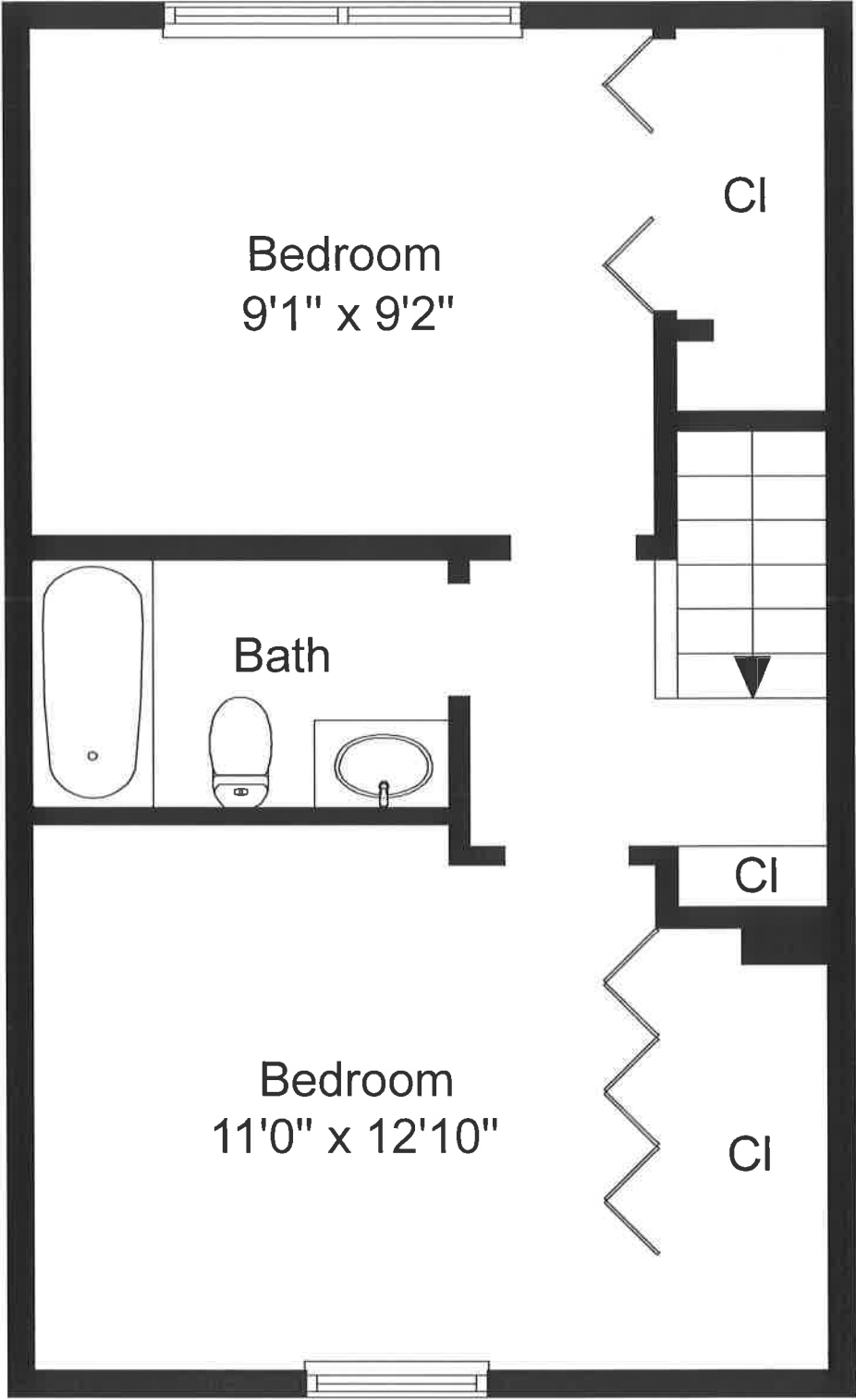
Entry



Living Room
14'7" x 15'0'

Kitchen
10'4" x 13'7'

Cl





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TRYON ESTATES TENANT SELECTION CRITERIA

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.
- 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.
- There are two circumstances in which an Applicant's criminal history will automatically make them ineligible for housing:
 1. Conviction for producing methamphetamine.
 2. Lifetime registrant on a State or Federal Sex Offender Registry.

Other convictions or pending arrests that may be considered involve physical danger or violence to persons or property or that adversely affected the health, safety and welfare of other people. However, an individual assessment must be done prior to a decision.

The assessment will provide you the opportunity to answer questions regarding the conviction(s).

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.

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).



Return to:
Tryon Estates
110 Tryon Estates
Rochester, New York 14609

For office use only:	
Ant. Lease Date:	_____
RHA:	_____
DSS:	_____

**APPLICATION FOR APARTMENT AT:
 TRYON ESTATES**

Date _____

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

Applicant Name(s): _____

Address: _____
 Street Apt.# City State Zip

Please list all states in which any household member has resided:

Name: _____ States(s): _____

Email: _____

Daytime Phone: _____ Evening Phone: _____

of Bedrooms 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): \$ _____

I. HOUSEHOLD COMPOSITION			
<i>Unless assistance is required, this form must be completed by the applicant/tenant. List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.</i>			
HOUSEHOLD MEMBER NAME (First MI Last)	RELATIONSHIP	DOB	SSN
1.	HEAD		
2.			
3.			
4.			

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 nd 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? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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).**



EQUAL HOUSING OPPORTUNITY



HANDICAPPED ACCESSIBLE