

**BEAVER MEADOW  
APARTMENTS**

15963 Eimicke Place  
Watertown, NY 13601  
(315)788-7810

[www.beavermeadowapts.com](http://www.beavermeadowapts.com)

**APPLICATION UNIT INFORMATION**

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Thank you for your interest in the Beaver Meadow Apartments. Please take a moment to mark down what size unit that you are interested in and when you need to relocate so that we can best suit your needs.

DATE NEED APARTMENT BY:

UNIT SIZE	PLACE CHECK MARK HERE FOR UNIT SIZE DESIRED *see below	COMMENTS
1 Bed/1 Bath (ground floor only)	<input type="checkbox"/>	
1 Bed/1 Bath (upstairs only)	<input type="checkbox"/>	
1 Bed/Den/1 Bath (ground floor only)	<input type="checkbox"/>	
1 Bed/Den/1 Bath (upstairs only)	<input type="checkbox"/>	
2 Bed/2 Bath (ground floor only)	<input type="checkbox"/>	
2 Bed/2 Bath (upstairs only)	<input type="checkbox"/>	
3 Bed/2 Bath (ground floor only)	<input type="checkbox"/>	
3 Bed/2 Bath (upstairs only)	<input type="checkbox"/>	
One Car Garage	<input type="checkbox"/>	

\*If you will accept more than one size or style please number by preference above.

If you were referred by a current tenant, write their name here: \_\_\_\_\_

Please Return To:



**Beaver Meadow Apartments**  
**15963 Eimicke Place**  
**Watertown, New York 13601**  
**Phone: 315-788-7810**

**FOR OFFICE USE ONLY**

Application Form # \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Bedroom Size: \_\_\_\_\_

INFORMATION SOLICITED ON THIS APPLICATION IS REQUESTED BY THE APARTMENT OWNER IN ORDER TO ASSURE THE GOVERNMENT THAT FEDERAL NEW YORK AND STATE LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICATIONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, MARTIAL STATUS, AGE AND HANDICAP ARE COMPLIED WITH. THIS INFORMATION WILL NOT BE USED TO DISCRIMINATE AGAINST YOU.

Please respond to all questions on this form as appropriate. If application is for more than one person be sure to answer all questions for any household member that is applicable.

**A. Head of Household Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Best Time To Contact You: \_\_\_\_\_  
Drivers License # and Issuing State \_\_\_\_\_

**B. Name of All Persons Who Will Be Living in the Apartment (Including Head of Household Listed Above):**

<u>Name</u>	<u>Age</u>	<u>DOB</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**C. Are you or any household member employed? If so, complete the following:**

Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Employer's Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**D. Present Income:**

Gross Employment income per month \_\_\_\_\_  
Length of Current Employment \_\_\_\_\_  
Supplemental Security income per month \_\_\_\_\_  
Pension income per month \_\_\_\_\_  
Social Security payment per month \_\_\_\_\_  
Public Assistance income per month \_\_\_\_\_  
Child Support \_\_\_\_\_  
Other (Explain Source) \_\_\_\_\_

**E. Present Living Accommodations (please check as appropriate):**

Own House or Mobile Home \_\_\_\_\_ Rental Housing \_\_\_\_\_  
Public Housing \_\_\_\_\_ Boarding House \_\_\_\_\_  
Living with Relatives \_\_\_\_\_ Hotel/Motel \_\_\_\_\_  
Living with Friends \_\_\_\_\_ Other \_\_\_\_\_  
How long have you lived at your residence? \_\_\_\_\_  
If you rent, what is your monthly rent, including utilities? \_\_\_\_\_

**F. Name, Address & Phone Number of Your Present Landlord:**

\_\_\_\_\_  
\_\_\_\_\_  
**Length of Time Lived at Current Address:** \_\_\_\_\_

**G. Are you presently receiving any form of rent subsidy / certificate?** \_\_\_\_\_

Name of subsidy source: \_\_\_\_\_

**H. Have you Ever Been Evicted? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_**

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I. Will your family require an apartment that needs to be equipped to meet any special needs (i.e. such as wheelchair?) Yes \_\_\_\_\_ No \_\_\_\_\_**

Please list any other accommodations required by your family: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**J. Please list 3 personal references (who are not relatives):**

<u>Name</u>	<u>Address/City/State/Zip</u>	<u>Phone Number</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**K. Have you or any adult members of your household been convicted of a criminal offense?**

Yes \_\_\_ No \_\_\_ Offense(s) \_\_\_\_\_

**L. Are you a full time student? Yes \_\_\_ No \_\_\_ School Name: \_\_\_\_\_**

Please review your application carefully. **If any questions are not answered the application may be deemed to be incomplete and returned to you.**

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING**

Any willful misrepresentation or concealment of any material fact which would affect eligibility for admission will be considered grounds for termination of lease and eviction. I, therefore, declare the information provided to be true to the best of my knowledge.

I understand that I/We will be asked to provide "Release of Information" forms to confirm income, references, criminal background, predator status, and credit history if this application is to be processed for consideration of occupancy.

\_\_\_\_\_  
Co-applicant #1 Date

\_\_\_\_\_  
Co-applicant #2 Date

**Race/Ethnicity Information:**

The information regarding race, ethnicity and sex designation is requested for statistical purposes only. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

**Race of Head of Household (please check all that apply):**

\_\_\_\_ American Indian/or Alaska Native    \_\_\_\_ Asian    \_\_\_\_ Black or African American  
\_\_\_\_ Native Hawaiian or Pacific Islander    \_\_\_\_ White    \_\_\_\_ Other: \_\_\_\_\_

**Ethnicity of Head of Household (please check one):** \_\_\_\_ Hispanic or Latino    \_\_\_\_ Not Hispanic or Latino

**Gender (please check one):** \_\_\_\_ male    \_\_\_\_ female