

MOUNTAIN TOP HOUSING RENTAL APPLICATION

Mail completed applications to:
Plattsburgh Community Housing
4817 South Catherine Street
Plattsburgh, NY 12901

All applicants 18 years of age and older must complete and sign this application.
You must use the legal name for each member of your household as it appears on their
social security card and **complete all sections of the application.**
Please attach additional pages as necessary to provide complete answers.

APPLICANT INFORMATION

LAST NAME: _____ FIRST NAME: _____ M.I. _____
SSN: _____ DRIVER'S LICENSE#: _____
BIRTH DATE: _____ HOME PHONE _____
CELL PHONE _____ EMAIL _____

CURRENT ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

DATE IN: _____ DATE OUT: _____
LANDLORD NAME: _____ LANDLORD PHONE: _____
MONTHLY RENT: _____ REASON FOR LEAVING: _____

PREVIOUS ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

DATE IN: _____ DATE OUT: _____
LANDLORD NAME: _____ LANDLORD PHONE: _____
MONTHLY RENT: \$ _____ REASON FOR LEAVING: _____

OTHER OCCUPANTS

LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER

Do you have Service/Support animal? Yes _____ No _____

If you answered yes: How many and what kind of animal(s)? _____

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EMPLOYMENT INCOME INFORMATION

OCCUPATION: _____ EMPLOYER/COMPANY: _____

SUPERVISOR NAME: _____ SUPERVISOR PHONE: _____

MONTHLY SALARY: \$ _____

START DATE: _____

PREVIOUS OCCUPATION: _____ EMPLOYER/COMPANY: _____

SUPERVISOR NAME: _____ SUPERVISOR PHONE: _____

MONTHLY SALARY: \$ _____

START DATE: _____ END DATE: _____

ALL OTHER INCOME FOR ALL HOUSEHOLD MEMBERS, REGARDLESS OF SOURCE

WHO RECEIVES: _____ SOURCE: _____ MONTHLY: \$ _____

WHO RECEIVES: _____ SOURCE: _____ MONTHLY: \$ _____

LANDLORD REFERENCES

NAME: _____ ADDRESS: _____

PHONE: _____ DATES OF TENANCY: _____

NAME: _____ ADDRESS: _____

PHONE: _____ DATES OF TENANCY: _____

Do you anticipate any changes to this income in the next 12 months? Yes _____ No _____

Do you anticipate any changes in household size over the next 12 months? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____

If so, please explain _____

Do you require any reasonable accommodation(s) due to a disability? Yes _____ No _____

I/We hereby certify that the information given is accurate and complete to the best of my/our knowledge and belief. I/We also authorize you to contact landlords, employers, and personal references.

Signature

Date

Signature

Date