

60 Lakefront Blvd Suite 120
 Buffalo, New York 14202
 Telephone: (716) 578-0126
 E-mail: leasing@cedarlanddev.com

ECKHARDT LOFTS

Return Completed Application to:
 Cedarland Development Group
 60 Lakefront Blvd Suite 120
 Buffalo, York 14202
 Attn: Property Management
 Open Office Hours - Mon. to Fri. (9 AM - 4 PM)

For Office Use Only:
 Date Application Received: ____/____/____
 Time Application Received: ____:____ AM/PM
 # of Bedrooms Requested: _____
 Received By: _____

1. HOUSEHOLD INFORMATION

Bedroom Size Requested: Studio 1 BR 2 BR

List all household members, including yourself, that are applying to live with you in the apartment

	Name of Household Member	SS # or TIN #	Date of Birth	Relationship to Head
Household Head				

Do you anticipate any additions to the household in the next twelve months?

Yes No If yes, please explain:

2. CURRENT ADDRESS

Street Name and Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ e-mail address _____ Length of Time There _____

Current Landlord _____ Landlord Address _____ Landlord Telephone Number _____

3. PREVIOUS LIVING HISTORY

Address	Landlord Name or Mortgagee	Own/Rent	Dates
		<input type="checkbox"/> Own <input type="checkbox"/> Rent	From: To:
	Telephone #:		

Address	Landlord Name or Mortgagee	Own/Rent	Dates
		<input type="checkbox"/> Own <input type="checkbox"/> Rent	From: To:
	Telephone #:		



4. PERSONAL REFERENCES: If you have no landlord history, please provide the names of at least two individuals who can verify your ability to live by the conditions of a lease. (example: clergy, employer)

Reference	Relationship to You	How Long Known
Name:		
Address:		
Phone:	E-Mail:	

Reference	Relationship to You	How Long Known
Name:		
Address:		
Phone:	E-Mail:	

5. INCOME: List ALL sources of income as requested below

YES NO

1. Employment

Household Member Name	Company Name	\$ per hour	# of Hours	Monthly	Yearly

2. Unemployment or Worker's Compensation
 Household Member: _____ Amount/week: \$ _____
 _____ \$ _____

3. Regular Severance Pay Payments
 Household Member: _____ \$ _____
 _____ \$ _____

4. Self-Employment
 Household Member: _____ Amount/week: \$ _____
 _____ \$ _____

5. Regular Pay as a Member of the Armed Forces
 Household Member: _____ Amount / _____ \$ _____
 _____ Amount/ _____ \$ _____

6. Public Assistance (AFDC/TANF)
 Household Member _____ Amount: \$ _____

7. Alimony _____ Amount: \$ _____



YES NO

8. Child Support Amount: \$ _____

How is the support received?

- Child Support Enforcement Agency
- Directly from Individual
- Other

Name of Agency:	
Name of Individual	
Name/Agency:	

9. Social Security, SSI, Social Security Disability, VA Pension Amount: \$ _____

10. Regular Pension/Retirement Benefit/ Annuity Payments Amount \$ _____

11. Regular Payments from a Settlement Amount \$ _____
(e.g.: insurance settlement)

12. Regular Gifts /Payments from anyone outside the household Amount \$ _____
(Includes payments of bills made on applicant's behalf)

13. Regular Payments from Lottery or Inheritances Amount \$ _____

14. Regular Payments from Rental Property/Other Real Estate Amount \$ _____

15. Any Other Income Sources or Types Not Listed Source: \$ _____

16. Do you or any other household member expect any changes in your income in the next 12 months? Explain: _____

6. ASSET INFORMATION: Include all assets held by all household members including minors. **Do you or any household member have any of the following assets**

YES NO

Checking/Savings Account		Checking		Savings	
Name of Bank	Account #	Current Balance		Current Balance	

CD's, Money Market Accts, or Treasury Bills				
Financial Institution	Type of Account	Account #	Balance	% Interest

Stocks, Bonds, Securities or Cryptocurrency				
Financial Institution	Type of Account	Account #	Current Value	Dividend/% Interest



YES NO

Mobile Payment Services			
	Type of Account	Account #	Balance
Venmo			
Cash App			
Pay Pal			
Apple Wallet			
Other:			

Cash Access Card			
	Type of Account	Account #	Balance
Direct Express			
Net Spend			
Other:			

Trust Funds or Life Insurance Policy				
Financial Institution	Type of Account	Account #	Current Value	% Interest

Pensions, IRA's, or other Retirement Accounts				
Financial Institution	Type of Account	Account #	Current Value	% Interest

Real Estate (including home, land, rental property, commercial property, other real estate)		
Type of Real Estate	Value of Real Estate	% of Ownership

Personal Property Held as an Investment	
Type of Property	Value of Property:

Safe Deposit Box	
Contents	Value of Contents

Cash on Hand (list only if over \$500 in value)	
Amount:	

7. **VEHICLE:** List any cars, trucks, or other vehicles owned.

Vehicle Information	
Type of Vehicle:	License Plate #:
Year/Make & Model:	Color:
Type of Vehicle:	License Plate #:
Year/Make & Model:	Color:



8. BACKGROUND CHECK FEE:

There is a \$20.00 background check fee. This can be paid by cash, check (made payable to 950 Broadway Tenant LLC), or debit/credit card. You may choose to provide evidence of on-time, complete rental payments over the course of the preceding 12 months and avoid a credit check entirely. Applicants who are in receipt of a full rental subsidy will not be subject to a credit check. Additionally, applicants may also provide a copy of a background check or credit check conducted within the past thirty days and avoid this fee.

9. APPLICANT WAIT LIST:

The Eckhardt Lofts will have a waiting list by bedroom size if all subsequent bedroom size units are occupied. Prospective tenants on the waiting list will be selected in chronological order according to their desired bedroom selection or if the tenant is eligible or there is a need for reasonable accommodation for another bedroom size. Tenants can be on multiple bedroom size waitlists. All records of the Applicant Wait List will be kept on file for inspection.

10. CERTIFICATION:

I/WE 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 UNDERSTAND THAT THE SECURITY DEPOSIT WILL BE EQUAL TO ONE MONTH'S RENT. I/WE FURTHER UNDERSTAND THAT FAILURE TO GIVE A PROPER 30 DAYS NOTICE WILL RESULT IN LOSS OF SECURITY DEPOSIT. I/WE UNDERSTAND THAT MY/OUR ELIGIBILITY FOR HOUSING WILL BE BASED ON APPLICABLE INCOME LIMITS AND BY MANAGEMENT'S SELECTION CRITERIA. I/WE CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND I/WE UNDERSTAND THAT PROVIDING 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 THIS APPLICATION. I/WE HEREBY GIVE PERMISSION TO CEDARLAND DEVELOPMENT GROUP TO VERIFY ALL OF THE ABOVE INFORMATION AND REFERENCES, AND TO OBTAIN MY/OUR CONSUMER CREDIT REPORT AND CRIMINAL BACKGROUND REPORTS.**

Signature of Tenant

Date

Signature of Co-Tenant

Date

Signature of Co-Tenant

Date

Signature of Co-Tenant

Date

ACCEPTANCE OF THIS APPLICATION DOES NOT GUARANTEE RENTAL OF AN APARTMENT. ALL APPLICANTS MUST MEET SCREENING CRITERIA, INCLUDING LANDLORD, CREDIT AND CRIMINAL CHECKS WHICH IS AUTHORIZED BY THE ABOVE SIGNED PARTIES. CHANGES IN FAMILY INCOME, SIZE, AND ADDRESS MUST BE REPORTED PROMPTLY TO MANAGEMENT. A ONE YEAR LEASE IS REQUIRED.

Title 18, Section 1001 of the US 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 employee of HUD or owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of information collected based on this verification is restricted to the purpose 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. 408(a), (6), (7) and (8).

Date Reviewed: _____	Staff Initials: _____
Follow-Up Required: _____	
Phone Call / Letter Sent: _____	
Required Materials Received Date: _____	
File Complete: _____	

