SNOW BELT HOUSING COMPANY, INC.

7500 SOUTH STATE STREET | LOWVILLE | NY 13367
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APARTMENT RENTAL – PRE APPLICATION

HEAD OF HOUSEHOLD NAME *FIRST & LAST*	**PHONE**	**EMAIL**
CURRENT STREET ADDRESS		
CITY/TOWN	**STATE**	**ZIP**
# OF BEDROOMS YOU ARE REQUESTING:		
ARE YOU CURRENTLY RECEIVING RENTAL ASSISTANCE? ◯ **YES** ◯ **NO**		
ARE YOU CURRENT WITH YOUR UTILITIES? ◯ **YES** ◯ **NO**		
ARE YOU APPLYING FOR A REGULAR RENTAL APARTMENT OR SENIOR APARTMENT? ◯ **EITHER** ◯ **REGULAR RENTAL** ◯ **SENIOR APARTMENT**		
HAS ANYONE IN THE HOUSEHOLD BEEN CONVICTED OF A FELONY (WITHIN THE PAST 5 YEARS)? ◯ **YES** ◯ **NO** **Comments:**		

TOTAL NUMBER OF PEOPLE LIVING IN HOUSEHOLD (CHILDREN AND ADULTS)		
LIST NAMES OF ALL HOUSEHOLD MEMBERS WHO ARE 18 AND OVER & INCOME DETAILS		
FIRST NAME	**SOURCE OF INCOME**	**TOTAL MONTHLY INCOME**
TOTAL MONTHLY HOUSEHOLD INCOME		

IS ANYONE IN YOUR HOUSEHOLD:
- ☐ 62 YEARS OLD OR OLDER
- ☐ DIAGNOSED WITH A DISABLING CONDITION
- ☐ REQUIRE AN ACCESSIBLE UNIT

SIGNATURE: **DATE:**

Information collected on this form is confidential, will only be used for the purpose of determining service or program eligibility.
Information will not be disclosed to third parties without your consent.
This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law