



**BROADWAY-FILLMORE**  
**NEIGHBORHOOD HOUSING SERVICES, INC.**  
780 Fillmore Avenue, Buffalo, New York 14212 716-852-3130 FAX 716-852-3552

## Apartment Rental Application Please Read

Dear Applicant:

All individuals wishing to reside at rental properties owned by Broadway – Fillmore NHS, Inc. must complete an application for tenancy. This application must be examined and approved by the BFNHS Building Committee.

All prospective tenants must be income eligible – your annual income must be below 80% of area median income adjusted for family size. **Applicants will need to bring valid photo ID and copy of your free annual credit report (from [www.annualcreditreport.com](http://www.annualcreditreport.com) or Credit Karma) or permission for BFNHS to access this at time of application.**

Attached is the rental application. Please take the time to write clearly and answer every question. Processing will stop until the application is complete. Make sure to also indicate full phone numbers, addresses and zip codes. **A copy of your most recent 1040 tax form is also required.**

Thank you for your interest in our rental properties. If you have any questions, please feel free to call (716) 852-3130 Ext. 1. Return completed applications to our main office: 780 Fillmore Avenue, Buffalo, NY 14212.

Applicant's Signature: \_\_\_\_\_

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

**376 URBAN STREET  
BUFFALO, NY 14211**

- 1 Bedroom Apartment: \$400.00**       **2 Bedroom Apartment: \$475.00**  
 **Renovated Apartments: \$500**

*Located at the corner of Moselle and Urban, in the former School 62. Twenty-five (25) of the units are one bedroom. Two (2) are two bedroom units. There is a laundromat in the building. The building has a monitored security system with interior and exterior cameras. There is a parking lot behind the building. Tenants pay their own gas and electric. All units have their own furnace, their own hot water tank, and their own gas and electric meters.*



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*Equal Housing Opportunity*

**Authorization for Credit Report  
Please Print**

Applicant's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Applicant's Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Applicant's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Co-Applicant's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Co-Applicant's Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Co-Applicant's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current Address: \_\_\_\_\_  
(Number/Street) (City/State) (Zip Code)

Previous Address: \_\_\_\_\_  
(Number/Street) (City/State) (Zip Code)

**IN COMPLIANCE WITH THE FAIR CREDIT REPORTING ACT**

I hereby authorize investigation without liability of all statements and I authorize the consumer credit reporting agency to furnish Broadway Fillmore NHS, Inc. with a report concerning my credit. I understand that I have the right to make a written request within a reasonable period of time to receive additional information about the nature and scope of any such consumer report.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

*Equal Housing Opportunity*



**Applicant Information**  
**Please Print**

Applicant's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Current Address: \_\_\_\_\_  
(Number/Street) (City/State) (Zip Code)

Co-Applicant's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Current Address: \_\_\_\_\_  
(Number/Street) (City/State) (Zip Code)

Home Telephone Number: ( ) \_\_\_\_ - \_\_\_\_ Mobile/Cell: ( ) \_\_\_\_ - \_\_\_\_

Do you have an e-mail address where we may reach you? \_\_\_\_\_

Do you currently:

- Rent an apartment
- Live with friends and /or family
- Other: \_\_\_\_\_

Will anyone be sharing the apartment with you?  Yes  No

If yes, please list the names of these individuals (spouses, children, etc...)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

**No Pets:** No pets shall be allowed at the premises.

**Smoking Policy:** Smoking is not allowed on the premises.

Have you ever been evicted from an apartment?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Current Rental Information**  
**Please Print**

Current Home Address: \_\_\_\_\_  
(Number/Street) (City/State) (Zip Code)

Owner/Landlord Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
(First and Last Name)

Landlord Address: \_\_\_\_\_  
(Number/Street) (City/State) (Zip Code)

Monthly Rent: \$ \_\_\_\_ . \_\_\_\_

Is/Was Rent Paid in Full:  Yes  No

How long have you lived here? \_\_\_\_  Years \_\_\_\_  Months

Reason for Moving: \_\_\_\_\_  
\_\_\_\_\_

**Previous Rental Information**

Previous Home Address: \_\_\_\_\_  
(Number/Street) (City/State) (Zip Code)

Owner/Landlord Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
(First and Last Name)

Present Home Address: \_\_\_\_\_  
(Number/Street) (City/State) (Zip Code)

Monthly Rent: \$ \_\_\_\_ . \_\_\_\_

Is/Was Rent Paid in Full:  Yes  No

How long did you live there? \_\_\_\_  Years \_\_\_\_  Months

Reason for Moving: \_\_\_\_\_  
\_\_\_\_\_



**Employment Information**

Please Print

Current Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Gross Monthly Income: \$ \_\_\_\_\_ . \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor – Human Resources Dept. Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Number/Street) (City/State) (Zip Code)

**2<sup>nd</sup> Job Employment Information**

Present Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Gross Monthly Income: \$ \_\_\_\_\_ . \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor – Human Resources Dept. Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Number/Street) (City/State) (Zip Code)

**Other Sources of Income**

SSI/SSD  
Per Month: \$ \_\_\_\_\_ . \_\_\_\_\_

Food Stamps  
Per Month: \$ \_\_\_\_\_ . \_\_\_\_\_

Child Support  
Per Month: \$ \_\_\_\_\_ . \_\_\_\_\_

Other (Please Describe): \_\_\_\_\_  
Per Month: \$ \_\_\_\_\_ . \_\_\_\_\_

**Rental Assistance**

Rental Assistance/ Subsidy Type: \_\_\_\_\_

Voucher Amount: \$ \_\_\_\_\_ . \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Case Number: \_\_\_\_\_

Case Worker Name: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(First and Last Name) Telephone Number



### Character References

Please Print

List three (3) character references (choose people that can attest to your responsibility and decency).  
Character references cannot be a family member or a minister.

1. \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
(First Name) (Last Name) Telephone Number

\_\_\_\_\_ (Number/Street) (City/State) (Zip Code)

2. \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
(First Name) (Last Name) Telephone Number

\_\_\_\_\_ (Number/Street) (City/State) (Zip Code)

3. \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
(First Name) (Last Name) Telephone Number

\_\_\_\_\_ (Number/Street) (City/State) (Zip Code)

Are you aware that no one else can join the household without prior management approval?  Yes  
Do you understand this clearly?  Yes  No

Do you understand that if we discover during the verification process or after move-in that others will  
be living in your household not listed on the application that is grounds to cancel your application  
and/or terminate the lease?  Yes  No

I swear to the best of my knowledge that the above information is true and give my permission for  
Broadway Fillmore NHS, Inc. to contact my current and former employers, and any source of current  
income and to verify any and all information contained on this application. All information given to  
this agency is to be kept confidential and is to be used for the sole purpose of determining my  
eligibility.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



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Feel free to include any additional information needed regarding your potential tenancy:

Lined area for providing additional information. The area consists of approximately 20 horizontal lines.