



Housing Application

Applicant Information

First Name		Email Address	
Middle Initial		Gender	Circle: M F NB
Last Name		Birth Date	
Present Address		Social Security Number	
Present City		Race (Optional)	Circle: African-American/Black American Indian Asian Pacific Islander White
Present State		Ethnicity (Optional)	Circle: Hispanic Non-Hispanic
Present Zip		Served in US Military?	Circle: Yes No
Primary Phone #		Currently homeless?	Circle: Yes No
Other Phone #			

Household Information

☐ Check here if any member of this household is subject to a lifetime state sex offender registration program in any state.

First Name	M.I.	Last Name	Social Security Number	Relation to Applicant	Sex	Birthdate	Disabled (Circle)	Pregnant (Circle)
				Head of Household			Yes No	Yes No
							Yes No	Yes No
							Yes No	Yes No
							Yes No	Yes No

Unit Accommodations Needed: ☐ Wheelchair ☐ Hearing Impaired ☐ Visually Impaired

TOTAL Annual income for all family members: \$

SOURCE(s) of income for the family
Check ALL that apply

☐ Wages ☐ Social Security ☐ SSI/SSD
☐ DHS ☐ Other Welfare
☐ Other (Child Support, etc.)

Applying to Location(s) ☐ Blackwell Estates ☐ Elmdorf Apartments ☐ Glide Court

Your signature gives Rochester Housing Charities and its agents permission to fully process this application, including independently verifying the information provided. **Send to address, below.**

Signed Name (Head of Household):

Date Signed:

Rochester Housing Charities | 5 Antionette Dr. | Rochester, NY 14623