



Dowling Gardens † 190 Kings Highway † Sparkill, NY 10976



Apartment# \_\_\_\_\_

Date Received \_\_\_\_\_

Check # \_\_\_\_\_

**DOWLING GARDENS APPLICATION**

**PLEASE PRINT**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

Email \_\_\_\_\_ Cell phone# \_\_\_\_\_

If you will share the apartment with another person:

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship \_\_\_\_\_ Social Security# \_\_\_\_\_

Are you a citizen of the U.S.? \_\_\_\_\_ Occupation (Past or present) \_\_\_\_\_

Do you require the assistance of an aide on a full or part time basis?

Do you use: A wheelchair \_\_\_\_\_ A walker \_\_\_\_\_ Crutches or cane \_\_\_\_\_

Any limitations on activity due to eyesight, heart condition, hearing, etc? \_\_\_\_\_

If "yes," please specify \_\_\_\_\_

Please list 2 persons other than relatives whom we may contact as character references, e.g., clergy, neighbor, social worker, etc.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**FINANCIAL DATA**

**1. INCOME:** PLEASE ATTACH COPY OF RECENT NEW YORK STATE INCOME TAX RETURN OR SOCIAL SECURITY AWARD LETTER. Please list below any and all MONTHLY INCOME you receive. If 2 persons are applying for an apartment, please indicate second person's income in the spaces provided.

	<u>Person 1</u>	<u>Person 2</u>
Social Security	\$_____ monthly	\$_____
S.S.I. Payment	\$_____ monthly	\$_____
Pension #1	\$_____ monthly	\$_____
Pension #2	\$_____ monthly	\$_____
Veteran's Benefit	\$_____ monthly	\$_____
Wages	\$_____ monthly	\$_____
Disability	\$_____ monthly	\$_____
Alimony	\$_____ monthly	\$_____
Other (specify)	\$_____ monthly	\$_____
TOTAL MONTHLY INCOME	\$_____ x12 =	\$_____ TOTAL YEARLY INCOME

**2. ASSETS:**

\$\_\_\_\_\_ TOTAL of all savings accounts, CD's, money market accounts, T-Bills, etc.

\$\_\_\_\_\_ TOTAL YEARLY INTEREST from savings, CD's, money market accounts, etc. (You can obtain this information from the total of amounts listed on the 1099 forms sent to you by banks at the end of the last calendar year.)

**3. Please list below any and all income you receive from STOCKS AND BONDS .**

<u>NAME of STOCK/BOND</u>	<u>MARKET VALUE PER SHARE</u>	<u>#of SHARES</u>	<u>TOTAL ANNUAL DIVIDENDS</u>
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**4. Please list ALL BANKS used and the ACCOUNT NUMBERS in each bank.**

<u>NAME and ADDRESS of BANK</u>	<u>ACCOUNT NUMBER- LAST 4 DIGITS ONLY</u>
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Checking

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Savings, passbooks accounts, money market accounts, CD's etc

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5. Do you own any real estate? If "yes," please list address:

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Estimated market value of home: \$ \_\_\_\_\_ If rented, Monthly Rental Income received: \$ \_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING**

I certify that answers given herein are true and complete to the best of my knowledge. I am aware that the information in this application will be verified, and by signing this application I grant permission for this verification. I authorize Dowling Gardens to investigate my credit worthiness through a credit bureau. I understand this is a preliminary application and gives no lease or rent rights.

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(Signature)                      Date

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(Signature #2)                      Date

**PERSON TO CONTACT IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_

Please list 2 businesses we may contact as credit references.

You may name phone and utility companies.

1. \_\_\_\_\_

2. \_\_\_\_\_

The following information is required for statistical purposes so that federal and state agencies may determine the degree to which their programs are utilized. This information must be completed. It will not affect the processing of this application.

**RACIAL GROUP IDENTIFICATION:** Please check one group which identifies the head of the household:

White                       Black                       American Indian/Alaskan Native  
 Asian or Pacific Islander

**ETHNICITY:**                       Hispanic                       Non-Hispanic

Please let us know how you heard about Dowling Gardens:

Word of Mouth                       Internet/Website                       Office of the Aging  
 Other (Please explain) \_\_\_\_\_

**Return the completed application to:**

Dowling Gardens  
6 Thorpe Drive  
Sparkill, NY 10976