

APPLICATION FOR SENIOR CITIZEN COMPLEX

I. FAMILY COMPOSITION

The following people will reside in the apartment for which we are applying to the City of Utica: (*please print*)

NAME: _____ BIRTHDATE (MO/DAY/YR) _____ -AGE _____

NAME: _____ BIRTHDATE (MO/DAY/YR) _____ -AGE _____

II. RESIDENCY – PRESENT ADDRESS (*Where you receive your mail*)

ADDRESS _____ CITY _____
ZIP _____

III. PERSONAL DATA

Relative or friend to notify if you cannot be reached at above number:

NAME: _____ PHONE: _____ RELATIONSHIP: _____

ADDRESS _____ CITY, ST ZIP _____

IV. FINANCIAL RESOURCES – FIXED INCOME

TOTAL MONTHLY INCOME: \$ _____ TOTAL YEARLY INCOME: \$ _____

V. TYPE OF APARTMENT (*Please check what type of apartment you prefer*)

1 BEDROOM (1or 2 People)

2 BEDROOMS

VI. Are you physically and mentally able to care for yourself/selves and your living quarters and capable of independent, unsupervised living? **YES** **NO**

VII. I/We, the undersigned, understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my/our knowledge. I/We hereby authorize the City of Utica, or its agents to verify income by whatever means aforementioned Building Authority or its agents deem necessary. I/We further understand that proof of income will be required before acceptance. I/We also understand it is my/our responsibility to keep the City of Utica informed of any changes in address, phone numbers, etc., that take place after this application date. I/We understand too, that proof of residency must be submitted with the application, such as a copy of a driver's license or any other identification showing name and address.

Possible requirements for residency are fifty (50) years of age or older with income requirements of \$12,500 for a one (1) bedroom apartment and \$13,500 for a two (2) bedroom apartment.

All information will be kept confidential. **DATE:** _____

NOTE: APPLICATION CANNOT BE PROCESSED WITHOUT PROOF OF RESIDENCY.

C:MYDOCUMENTS/APPLIC-1.DOC

Signatures of Applicants: _____ - _____