

**DUNN TOWER APARTMENTS
PRELIMINARY APPLICATION**

OFFICE USE ONLY
DATE REC'D _____
SIZE _____ WL# _____

NAME _____ AGE _____
Head of Household: First _____ Middle Initial _____ Last _____ M or F _____
ADDRESS _____ DATE OF BIRTH _____
ZIP _____
TELEPHONE NO. _____ SOCIAL SECURITY NO. _____

NAME _____ AGE _____
Spouse or 2nd Applicant: First _____ Middle Initial _____ Last _____ M or F _____
SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

INCOME:

HEAD: SOCIAL SECURITY GROSS: \$ _____ MEDICARE: \$ _____
2nd APP: SOCIAL SECURITY GROSS: \$ _____ MEDICARE: \$ _____
PENSION FROM: _____ AMT/MO: \$ _____
SALARY IF EMPLOYED FROM: _____ AMT/MO: \$ _____
SUPPLEMENTARY SOCIAL SECURITY/MO GROSS: \$ _____

ASSETS:

TOTAL PRINCIPAL IN ALL BANK ACCOUNTS: \$ _____
TOTAL INTEREST RECEIVED/YEAR: \$ _____
TOTAL VALUE OF STOCKS: \$ _____
TOTAL DIVIDENDS RECEIVED/YEAR: \$ _____
VALUE OF EQUITY IN REAL PROPERTY: \$ _____
ANY OTHER INCOME: \$ _____
LIST ANY ASSETS DISPOSED OF WITHIN THE LAST TWO YEARS: \$ _____

EXPENSES:

MEDICAL INSURANCE PREMIUM(S) PAID: \$ _____
TOTAL PRESCRIPTIONS /YEAR PAID: \$ _____
TOTAL DOCTOR PAYMENTS/YEAR PAID: \$ _____

CHECK TYPE OF APARTMENT YOU ARE INTERESTED IN:

STUDIO/SM. 1 BDRM _____ LG.1 BDRM _____ 2 BDRM _____
(475 SQ. FT.) (560 SQ. FT.) (MUST BE TWO PEOPLE)

1. Have you ever lived at Dunn Tower Apartments? Y or N – if yes, when _____
2. Have you ever been denied tenancy at Dunn Tower Apartments? Y or N – if yes, when _____
3. Are you a Veteran or surviving spouse as defined in Section 85 of the Civil Service Law? No ___ Yes ___
If yes please submit proof of eligibility.

(SEE REVERSE SIDE AND SIGN)



“Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the ** Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

I certify the accuracy and completeness of the information provided on this application

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

