



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

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## **Rental Application** **Please Read & Sign!**

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.

Attached is a 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 phone numbers and zip codes.

All prospective tenants must be income eligible – your annual income must be below 80% of area median income adjusted for family size. **A \$30.00 Non-refundable processing fee will be collected at that time for each adult listed on the application.**

Thank you for your interest in our rental properties. If you have any questions, please feel free to call 852-3130 and ask to speak with the Office manager. Return completed applications to: 780 Fillmore Avenue, Buffalo, NY 14212.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**376 Urban St, Buffalo, NY 14211**

**1 BEDROOM: \$350.00**

**2 BEDROOM: \$415.**



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### Rental Application

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

Applicant's Name: \_\_\_\_\_

Current Address \_\_\_\_\_  
(Number/street) (City/state) (Zip code)

Telephone Number (home): \_\_\_\_\_ (cell) \_\_\_\_\_

Do you currently:

- \_\_\_\_\_ Own your home
- \_\_\_\_\_ Rent an apartment
- \_\_\_\_\_ Live with friends/family
- \_\_\_\_\_ Other

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Current Landlord's Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

Landlord's Address \_\_\_\_\_  
(Number/street) (City/state) (Zip code)

Current Rent \$ \_\_\_\_\_

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

Previous Address \_\_\_\_\_  
(Number/street) (City/state) (Zip code)

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Previous Landlord's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Previous Landlord's Address \_\_\_\_\_  
(Number/street) (City/state) (Zip code)

Previous Rent \$ \_\_\_\_\_

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



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Please provide proof of income for the most recent month (for example – pay stubs, social security, SSD, SSI, Social Services budget letter, Veterans benefits, unemployment insurance, alimony, child support, etc.)

If you are working, the name of your current employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Employer's Address \_\_\_\_\_  
(Number/street) (City/state) (Zip code)

Position Held: \_\_\_\_\_

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

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Do you have other regular income (see above for example)? \_\_\_\_\_

If yes, please explain the source & amount \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Previous Employer's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Employer's Address \_\_\_\_\_  
(Number/street) (City/state) (Zip code)

Position Held \_\_\_\_\_

Gross Monthly Income \$ \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_



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Have you ever been evicted from an apartment? \_\_\_\_\_

If Yes, Please Explain:

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

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Have you ever been convicted of a crime? \_\_\_\_\_

If yes, please explain (this does **not** automatically disqualify you from obtaining housing).

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

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Do you own a vehicle? \_\_\_\_\_

Will anyone be sharing the apartment with you? \_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do any of the other persons who will occupy the apartment have income?

If yes, please provide proof of income for the most recent month (for example: pay stubs, social security, SSD, SSI, Social Services budget letter, Veterans benefits, unemployment insurance, alimony, child support, etc.)

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CHARACTER REFERENCES

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

1. \_\_\_\_\_  
(Name) (Phone)

\_\_\_\_\_  
(Address) (City/State) (Zip)

2. \_\_\_\_\_  
(Name) (Phone)

\_\_\_\_\_  
(Address) (City/State) (Zip)

3. \_\_\_\_\_  
(Name) (Phone)

\_\_\_\_\_  
(Address) (City/State) (Zip)

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I swear to the best of my knowledge that the above information is true and give my permission for Broadway Fillmore NHS, Inc. to order a credit report and to verify any 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 to reside at the apartment listed above.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Name

\_\_\_\_\_  
Date

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## Authorization for Credit Report

**Please Print**

Applicant's Name: \_\_\_\_\_

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

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

Co-Applicant's Name: \_\_\_\_\_

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

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**Broadway-Fillmore NHS, Inc.**

**General Verification Form**

**Please Print**

Applicant's Name: \_\_\_\_\_

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

Co-Applicant's Name: \_\_\_\_\_

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

Current Address: \_\_\_\_\_  
(Number/street) (City/state) (Zip code)

Previous Address: \_\_\_\_\_  
(Number/street) (City/state) (Zip code)

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

***Equal Housing Opportunity***