

Cayuga Developments, Inc.

Salato Gardens

Please make sure you bring the following when returning your application:

- 1. Photo identification for all persons over the age of 18.
 - 2. Proof of household income.

If there are any questions, please contact Property Manager M-F 8:30 am to 4:30 pm

Kaleigh Smith 315-253-8451 x 232 KaleighS@homehq.org











PROJECT NAME: <u>SALATO GARDENS, CAYUGA, NY 13034</u>

RETURN TO: Cayuga County Homsite Development Corporation

C/O Salato Gardens 60 Clark Street Auburn, NY 13021

NAME:		PHONE # :		
SOCIAL SECURITY #		ADDRESS		
LIST PERSONS LIVING NAME	IN THE APARTMENT AGE	DATE OF BIRTH	<u>RACE</u>	GENDER
EMPLOYER:		FROM:		_то:
ADDRESS:	TELEPHONE #			
PERSONAL REFERNCES	S: NAME:			
	ADDRESS:			
	EMPLOYER:	PHONE #	t	
	NAME:			
NET FAMILY ASSESTS:				
(BANK STATEMENTS;				
A/C'S; PROPERTY)				
TOTAL FAMILY GROSS	MONTHY INCOME:			
NAME AND ADDRESS	OF PRESENT LANDLORD			
PROHIBITING DISCRIMINATION ARE NOT REQUIRED TEVALUATION. IF YOU CHOO	TION AGAINST TENANT APPLIC O FURNISH THIS INFORMATIO	CATIONS ON THE BASIS OF RACE, NA IN, BUT ARE ENCOURAGED TO DO SO DWNER IS REQUIRED TO NOTE THE F	ATIONAL ORIGIN O. THIS INFORM	IATION WILL NOT BE USED IN
		IIZES THAT THE LANDLORD OR HIS/F RMANENT RESIDENCE AND NOT ANY		
APPLICANT SIGNATUR	RE:		DATE:	
CO-APPLICANT SIGNA	TURE:		DATE:	

