



Dear Prospective Resident:

It is with great excitement that we share with you Rockland County's senior housing rental community at Sycamore Crest. As a potential applicant, we are offering you an opportunity to preview Sycamore Crest's outstanding apartment and community amenities and generous building and apartment layouts. As you can see by the enclosed brochure, Sycamore Crest has been designed with you in mind. Each apartment has modern kitchen and bathroom appliances, numerous closets and wall to wall carpeting. As indicated on the site plan, Sycamore Crest is a 1 three story building with 3 separate wings with elevators, laundry rooms and on site parking available. Additionally, there is an on site management office, resident services and social activities, 24 hour emergency maintenance service, two way entry access system and a community room for residents to enjoy and socialize. Our rents are currently starting at \$1,019 for a one bedroom and \$1,214 for a two bedroom with heat and hot water included.

To join Sycamore Crest's exciting resident roster, we are enclosing Sycamore Crest's rental application and program requirements. Please complete all sections of this application and make sure the required documentation is included with your application. Please mail your completed application to the following address:

**Sycamore Crest Apartments
Attn: Management Office
15 Summit Avenue
Spring Valley, NY 10977**

We encourage you to contact our on site staff at **(845) 352-1911** with any questions or for more details about Sycamore Crest. We thank you for your interest and sincerely look forward to having you as a resident at Sycamore Crest.

Sincerely,

Sycamore Crest Management

SYCAMORE CREST APARTMENTS

15 Summit Avenue
Spring Valley, NY 10977
(845) 352 - 1911
(845) 352 - 1999

INCOME QUESTIONNAIRE

Please check any other sources of income not listed on your rental application.

Applicant Name: _____

Please check yes or no.

YES

NO

If yes, please list the **GROSS** amount and specify frequency of income (monthly, weekly, etc.)

A. Other Income

- | | | |
|---|-----------------------------------|--------------------------|
| * Unemployment benefits or workman's compensation | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> |
| * Public Assistance | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> |
| * Veteran's benefit | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> |
| * Annuities | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> |
| * Disability payments or benefits | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> |
| * Regular payments from a severance package | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> |
| * Regular pay as a member of the Armed Forces | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> |
| * Regular gifts or payments from outside the household | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> |
| * Regular payments from lottery winnings or inheritances | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> |
| * Regular payments from rental property or other types of real estate transaction. | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> |
| * Regular payments from a settlement (e.g., Ins. Settlement) | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> |
| * Regular rent or utility payments paid by someone on behalf of the household | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> |
| * Whole life Insurance | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> |

B. Please list any adult household member over 18 years old not receiving any source of income.

I hereby certify that all of the above information is true to the best of my knowledge.

Signature

Date

Senior Rentals for those Age 55 and Better

1 Bedroom/1 Bath \$1019/month & \$1,232/month
635 Sq. ft.

2 Bedroom/1 Bath \$1,214/month & \$1,470/month
850 Sq. ft. & 900 Sq. ft.

2 Bedroom/2 Bath \$1,470/month
930 Sq. ft.

96 units - 50 one bedrooms, 35 two bedrooms, 11 two bedroom/two baths

West Building 34 Units
North Building 31 Units
South Building 31 Units

| | |
|-------------------|---|
| Utilities: | Water, heat and trash removal are included |
| Electric: | Estimated to be approx. \$33-\$44/month |
| Air conditioners: | Sleeves provided in living room and both bedrooms |
| Cable: | Outlets provided in living room and both bedrooms |
| Telephone: | Jacks provided in living room and both bedrooms |

| | |
|--------------------------------|---|
| Deposits/Fees: | |
| Security Deposit: | Equal to one month's rent |
| Lease Terms: | 12 months |
| Pets: (see policy for details) | \$50-\$100 non-refundable fee. 1 pet/apt. Dogs under 25lbs., cats under 12 lbs., certain birds & fish |
| Parking: | No charge, 1 space per apartment |
| Laundry: | Card operated machines located on each floor (except 1 st floor) |

Apartment Features:

Fully equipped kitchen including: dishwasher, microwave oven, self-cleaning electric stove & frost-free refrigerator
Pass through from kitchen to living room
Spacious closets
Carpeting or vinyl wood floors
Blinds on all windows
Emergency pull-cords in bedrooms & bathrooms
Grab bars in all bathrooms

Community Amenities:

Community Room w/large screen TV
Fitness Center
Card rooms/Reading areas
Social activities
Landscaped outdoor sitting area
Management Office on-site
24-hour Maintenance on-site

**** Must meet income guidelines and Sycamore Crest screening criteria to qualify**

****Information subject to change at owner's discretion**

RENTAL APPLICATION FOR SYCAMORE CREST APARTMENTS
15 Summit Avenue
Spring Valley, New York 10977
Telephone (845) 352-1911 • Fax (845) 352-1999

Office Use Only:

Applicant Log# _____

Date Received: _____

Time Received: _____

Date: _____

Desired Apartment Size: _____ 1 Bedroom _____ 2 Bedroom

Date Desired: _____

1. HOUSEHOLD INFORMATION

List all household members that will be living in the apartment:

#1 HOUSEHOLD HEAD

Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Date of Birth: _____

Student: _____ Yes _____ No

#3 OCCUPANT

Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

Student: _____ Yes _____ No

Relationship to Household Head _____

2. EMPLOYMENT HISTORY

HOUSEHOLD HEAD

Name of Current Employer: _____

Address: _____

Telephone Number: _____

Gross paycheck amount (before deductions)

\$ _____

____ Weekly Paycheck ____ Biweekly Paycheck

If less than two years at present place of employment, please list previous employment history

Name and Address of Previous Employer: _____

HOUSEHOLD HEAD

Number of years employed: _____

#2 SPOUSE OR OTHER APPLICANT

Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Date of Birth: _____

Student: _____ Yes _____ No

#4 OCCUPANT

Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

Student: _____ Yes _____ No

Relationship to Household Head _____

SPOUSE OR OTHER APPLICANT

Name of Current Employer: _____

Address: _____

Telephone Number: _____

Gross paycheck amount (before deductions)

\$ _____

____ Weekly Paycheck ____ Biweekly Paycheck

Name and Address of Previous Employer: _____

SPOUSE OR OTHER APPLICANT

Number of years employed: _____

3. OTHER INCOME: List all sources of income for each household member that will be living in this apartment. Please indicate overtime, tips, bonuses, commissions, unemployment benefits, public assistance, child or alimony support, pension, social security benefits, etc.

Please list the GROSS monthly amount for each person

Self Employment Income \$ _____

Social Security \$ _____

Pension \$ _____

Other Income \$ _____

****Please complete the attached income questionnaire.**

4. ASSETS: List all Checking and Savings accounts, including IRA accounts, retirement accounts. Certificates of Deposit, Credit Union Shares, Stocks and Bonds, Trust funds, etc.

| Checking Account Number | Bank Name | Average Balance | Account Holder |
|----------------------------|-----------|--------------------|-------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |

| Savings Account Number | Bank Name | Average Balance | Account Holder |
|---------------------------|-----------|--------------------|-------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |

Certificate of Deposit Balance \$ _____ Bank Name _____

Certificate of Deposit Balance \$ _____ Bank Name _____

Stocks and Bonds \$ _____ Bank Name _____

Stocks and Bonds \$ _____ Bank Name _____

IRA/Keogh/ Retirement Accounts \$ _____

U.S. Savings Bonds (value) \$ _____

Trusts \$ _____

Additional or Other Assets \$ _____

5. HOUSING INFORMATION

Do you own or rent at your current address _____ Own _____ Rent

If you currently own, what is the value of the property? _____

Is the property income-producing or rental property? _____

If you owned real estate in the past when? _____

If you are renting, are you presently receiving a Section 8 subsidy? _____ Yes _____ No

IF YOU HAVE RENTED AN APARTMENT DURING THE PAST TWO YEARS, PLEASE COMPLETE THE FOLLOWING SECTION:

Current Landlord's

| Name/Address/Phone # | Your address | Dates From: To: |
|----------------------|--------------|-----------------|
|----------------------|--------------|-----------------|

| | | |
|-------------|-------|-------|
| Name: _____ | _____ | _____ |
|-------------|-------|-------|

| | | |
|----------------|-------|--------------------|
| Address: _____ | _____ | Amount Paid: _____ |
|----------------|-------|--------------------|

| | | |
|----------------|-------|--|
| Phone #: _____ | _____ | |
|----------------|-------|--|

**Previous Landlord's
Name/Address/Phone #**

Your address

Dates From: To:

Name: _____

Address: _____

Amount Paid: _____

Phone #: _____

Do you have a car? _____ Yes _____ No If yes, how many? _____

Do you have any pets? _____ Yes _____ No If yes, please list all pets _____

How did you hear about this development - please check?

☐ Newspaper

☐ Friend

☐ Local organization or Church

☐ Sign on property

☐ Resident - please list name: _____

☐ Other _____

6. LETTER OF UNDERSTANDING

I (we) understand that the monthly rental amounts are subject to change, although every effort will be made to keep the actual rent amount as close as possible to the figures listed on the cover letter.

I (we) grant permission for the development/marketing/management team for L & M Spring Valley LLC (Sycamore Crest Apartments) to exchange credit and financial information about me (us) with others. You may request a credit report on me (us) and, if asked, you will tell me (us) the name and address of the consumer reporting agency that furnished it.

I (we) understand that the above information is being collected to determine my/our eligibility for residency. I (we) authorize the managing agent to verify all information provided on this Preliminary Tenant Application and our signature below is our consent to such verification. I (we) certify that I (we) have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal belongings). I/we hereby authorize the Landlord to obtain information it deems desirable in the processing of the application including but not limited to credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle record and any other relevant information; and release Landlord, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information.

I (we) understand and certify that all information contained in this application is true and correct to the best of my (our) knowledge. I (we) understand that all information provided on this form will be kept confidential, and only persons involved in administering this program will have access to this information.

Household head signature

Spouse or other applicant signature

Date

Date

Other applicant signature

Other applicant signature

Date

Date