HOMESTEADS ON GRAND
JOHNSON CITY NEW YORK

For These Apartments

Apply Online at **www.HomesteadsOnGrand.com**
-or-
Fill out the application and mail to: Sepp Management Co., Inc.
53 Front Street, Binghamton, NY 13905
-or-
Call: 607-723-8989
-or-
Fax Toll Free to: 607-723-8980-or-
email a signed application to housing@seppmanagement.com

Bedrooms Desired

☐1BR ☐2BR ☐3BR

Please note: The lottery occurred 9/9/25 . All applications received after 8/25/2025 will be entered on the waiting list after the lottery applications based on the date and time we receive the completed application.

Office Use Only

Date Received: _____ Time: _____

By:_____

APPLICANT INFORMATION

Mr. ☐ Mrs. ☐ Ms. ☐ Last Name_____ First Name_____ Middle Initial _____

Social Security # -or- TIN# _____ Date of Birth_____/_____/_____

Street Address_____ Apartment # _____

City_____ State_____ Zip Code_____

Home Telephone_____ Work Telephone _____ Email Address_____

Please fill in your previous address here (if at current address for less than 2 years)

Street Address_____ Apartment # _____

City_____ State_____ Zip Code_____

Employment Information: Employer_____ How Long Employed?_____

Employer/ Company Address_____ Supervisor's Name _____

Choose One: Annual Gross Income_____ Weekly Gross Income_____ Monthly Gross Income _____

Other Sources of Income _____

Gross Income Last Year_____ Expected Gross Income This Year _____

CO-APPLICANT INFORMATION (if applicable)

Mr. ☐ Mrs. ☐ Ms. ☐ Last Name_____ First Name_____ Middle Initial _____

Social Security # -or- TIN# _____ Date of Birth_____/_____/_____

Street Address_____ Apartment # _____

City_____ State_____ Zip Code_____

Home Telephone_____ Work Telephone _____ Email Address_____

Please fill in your previous address here (if at current address for less than 2 years)

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Employer/ Company Address_____ Supervisor's Name _____

Choose One: Annual Gross Income_____ Weekly Gross Income_____ Monthly Gross Income _____

Other Sources of Income _____

Gross Income Last Year_____ Expected Gross Income This Year_____

ADDITIONAL OCCUPANTS TO BE LIVING IN THE APARTMENT

(include everyone that will be living in the apartment including co-applicant)

First Name	Last Name	Age	Relation to Applicant

CURRENT LANDLORD

Name_____

Building Address & City _____

Landlord Address & City _____

Telephone Number_____

Rent _____ Number of Years_____

PREVIOUS LANDLORD

Name _____

Building Address & City_____

Landlord Address & City_____

Telephone Number _____

Rent _____ Number of Years_____

RENTAL SOURCES

Will any of your rent money come from sources other than the employment listed above? Yes ☐ No ☐

If yes, please list other sources of income or rent payments:

Source of Income	Monthly Amount
1. SOCIAL SECURITY:_____	_____
2. PENSION: _____	_____
3. OTHER: _____	_____
4. OTHER: _____	_____

Do you as head of household or member of your house require a reasonable accommodation? Yes ☐ No ☐
(Mark yes only if you currently receive SSI or SSD Benefits from the Social Security Administration or otherwise have a verifiable disability. Applicants can go on more than one bedroom size waitlist if they are eligible or need a reasonable accomodation for another bedroom size).

RACE/ETHNIC/LANGUAGE BACKGROUND OF APPLICANT

The following information is required for statistical purposes by the United States Department of Housing and Urban Development to insure non-discriminatory practices in the program. Providing this information is wholly voluntary and will not affect qualification in any way.

RACE

- ☐ Black/African American
- ☐ White
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ American Indian/Alaskan Native
- ☐ Other_____

Is Primary Language Spoken by Head of Household English? Yes ☐ No ☐
El lenguaje principal que habla el/la Jefe/a de la Familia; ¿es Espanol? Yes ☐ No ☐

- ☐ Portuguese
- ☐ French Creole
- ☐ Italian
- ☐ Nigerian
- ☐ Other_____

How did you hear about us? _____

I agree to authorize Sepp Management Co., Inc., Regan Development Corporation and/or 333 Grande Avenue LLC or their agents to use this copy of my signature as an approval to verify my credit, employment, assets and former tenancies, in connection with my application or future tenancy in an apartment. All verifications will be sent directly back to those authorized and will be used only for purposes connected with the apartment.

SIGNATURE OF APPLICANT_____ Date_____

SIGNATURE OF CO-APPLICANT_____ Date _____

All people 18+ years and over must sign application

IF YOU HAVE ANY QUESTIONS, PLEASE CALL 607-723-8989

EQUAL HOUSING OPPORTUNITY

Income Restrictions Apply • An Equal Housing Opportunity