

RENTAL APPLICATION
Equal Housing Opportunity

The undersigned hereby makes an application to rent unit # _____ located at:
_____.

Anticipated move date of _____ at a monthly rent of \$ _____ and security deposit of \$ _____.

PLEASE TELL US ABOUT YOURSELF

Full Name _____ Home Phone () _____

Date of Birth _____ Social Security _____

Email Address: _____ Cell Phone () _____

Co-Applicant Full Name _____ Home Phone () _____

Date of Birth _____ Social Security _____

Email Address: _____ Cell Phone () _____

Names of Dependents _____

Ages of Dependents _____

List All Pets _____

Driver's License:

Applicant's License No _____ State _____ Co-Applicant's License No _____ State _____

Vehicle Information:

Make / Model _____ Year _____ Color _____ License Plate _____ State _____

Make / Model _____ Year _____ Color _____ License Plate _____ State _____

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

Your Status: _____ Full Time _____ Part Time _____ Student _____ Unemployed

Employer _____

Dates employed _____ Employed as _____

Supervisor Name _____ Phone (_____) _____

Salary \$ _____ per _____. (If employed by above less than 12 months, give name & phone of previous employer or school : _____.)

If you have other sources of income that you would like us to consider, please list income, source, and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Source/Contact _____

Name _____

PLEASE GIVE RESIDENTIAL HISTORY (LAST 3 YEARS)

Current Address _____ Apt# _____ City _____ State _____ Zip _____

Month/Year Moved In _____ Reasons for Leaving _____ Rent \$ _____

Owner/Agent _____ Phone (_____) _____

Previous Address (last 3 years) _____ Rent \$ _____

Owner/Agent _____ Phone (_____) _____

PLEASE DESCRIBE YOUR CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years? Yes _____ No _____
Have you ever been evicted from a rental residence? Yes _____ No _____
Have you had two or more late rental payments in the past year? Yes _____ No _____
Have you ever willfully or intentionally refused to pay rent when due? Yes _____ No _____

PLEASE LIST YOUR REFERENCES

Banking Accounts:

Name _____ Type of Account _____ Account Number _____
Name _____ Type of Account _____ Account Number _____

Personal Reference or Emergency Contact:

Name _____ Address _____
Phone _____ Relationship _____

ADDITIONAL INFORMATION:

Please give any additional information that might help owner/management evaluate this application?

Where may we reach you to discuss this application?

Day Phone # (_____) _____ Night Phone # (_____) _____

I hereby apply to lease the above described premises for the term and upon the set conditions above set forth and agree that the rental is to be payable the first day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, all of the deposit will be retained to offset the agent's cost, time, and effort in processing my application.

I hereby deposit \$_____ as earnest money to be refunded to me if this application is not accepted in 3 business banking days. Upon acceptance, this deposit shall be retained as part of the security deposit. When so approved and accepted, I agree to execute a lease for _____ months before possession is given and to pay the balance of the security deposit prior to the move in date. If the application is not approved or accepted by the owner or agent, the deposit will be refunded, the application hereby waiving any claim for damages by reason of non-acceptance which the owner or agent may reject. I recognize that as a part of your procedure for processing my application, and investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living.

The above information, to the best of my knowledge, is true and correct.

Please sign: X _____
Signature of Applicant Date

AUTHORIZATION
Release of Information

I agree to permit an investigation of my credit, tenant history, banking and employment for the purposes of renting an apartment with this owner/manager.

Name (please print)

X _____
Signature

Date

APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)

Deposit of \$ _____ Received by _____ Date _____

OFFICE NOTES:

REQUEST FOR RESIDENCY VERIFICATION

DATE _____

The person(s) named below have made application for an apartment at _____, City of _____, State of _____. To complete the application process we must review the applicant's previous residency information. The applicant by his/her signature below has authorized you to release information about prior residency. Your comments or recommendations on this matter will be sincerely appreciated. We will be pleased to reciprocate this favor in the future. Thank you.

RE: Resident's Name(s) _____
 Resident's Name(s) _____
 Occupancy Address _____
 City, State & Zip _____
 Date(s) of Occupancy _____
 Landlord's Phone _____

Request Submitted by _____
 As Agent for _____
 Located at _____

PLEASE RETURN THIS FORM BY FAX AT (203) 333-5409 OR MAIL IT TO _____

APPLICANTS AUTHORIZATION OF THIS INQUIRY

I HEREBY GIVE CONSENT TO RELEASE OF MY RESIDENCY INFORMATION

 Applicant's Signature Applicant's SSN

 Applicant's Signature Applicant's SSN

 Date

MANAGEMENT AGENT'S COMMENTS

Move in Date _____
 Monthly Rent \$ _____

Move out Date _____
 Utilities Included _____

Rent Paid _____ On Time _____ Late _____ Often Late _____
 Housekeeping _____ Good _____ Average _____ Poor _____

Would you rent to this person again? _____ Yes _____ No

 Agent's Signature Date

 Agent's Name (print) Title Tel No

APPLICANTS RELEASE FORM

COMPLEX _____

UNIT # _____

I/We hereby apply for the apartment listed above. With my/our signature(s) below I/we hereby authorize and request all credit reporting agencies, employers, credit and personal references release all pertinent information about me/us.

A photocopy of this form shall be as the original. I understand that the credit report (rental history, arrest and/or conviction record and retail credit history) will be done through Eastern Credit Services, 428 South Main Street Suite 208, North Syracuse, NY 13212, Toll Free (800) 893-9644.

Applicant's name (print)

Social Security No

Applicant's Signature

Applicant's name (print)

Social Security No

Applicant's Signature

Date