RENTAL APPLICATION

Residential Management Services

21 Portland Court
Rochester, New York 14621

RENTAL APPLICATION

For Office Use Only: ***Property Name:*** ***Susan Apartments/Pine Valley Apartments*** ***Office Phone/Fax 585.663.0264***

Move-In Date: _____ Leasing Agent: _____ Date Of First Visit: _____

Date Taken: _____ Bldg/Apt: _____

Rent Amount: $_____ Sec. Dep. Amt.: _____

APPLICANT INFORMATION:

Last Name: _____ First Name: _____ M.I. _____ SS#: _____ - _____ - _____

Present Phone Number: ( ) _____ - _____ Date of Birth _____

Present Address: _____ City: _____ State: _____ Zip: _____

Date of Occupancy – From: _____ To _____ Landlord's Name & Phone #: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Date of Occupancy – From: _____ To _____ Landlord's Name & Phone #: _____

Current Employer: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: ( ) _____ - _____

Annual Income: $_____ Position: _____ How Long: _____

Supervisor: _____ Supervisor's Phone Number: ( ) _____ - _____

CO-APPLICANT INFORMATION:

Last Name: _____ First Name: _____ M.I. _____ SS#: _____ - _____ - _____

Present Phone Number: ( ) _____ - _____ Date of Birth _____

Present Address: _____ City: _____ State: _____ Zip: _____

Date of Occupancy – From: _____ To _____ Landlord's Name & Phone #: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Date of Occupancy – From: _____ To _____ Landlord's Name & Phone #: _____

Current Employer: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: ( ) _____ - _____

Annual Income: $_____ Position: _____ How Long: _____

Supervisor: _____ Supervisor's Phone Number: ( ) _____ - _____

Please list any dependents that will occupy your apartment:

Name: _____ Over 18 years Yes / No

Name: _____ Over 18 years Yes / No

Name: _____ Over 18 years Yes / No

PET INFORMATION: *Any pets: Yes / No - If yes, what kind:* _____

VEHICLE INFORMATION:

Year: _____ Type: _____ Model: _____ Color: _____ Plate #: _____ State: _____

Year: _____ Type: _____ Model: _____ Color: _____ Plate #: _____ State: _____

EMERGENCY NOTIFICATION:

Name: _____ Address: _____ Relationship: _____

City: _____ State: _____ Phone Number: ( ) _____ - _____

PLEASE READ CAREFULLY BEFORE SIGNING

The undersigned represents that all of the above statements are true and complete and hereby authorize verification of such information through any credit bureau service or otherwise to check credit, verify employment, landlord's references, criminal background check or any information pertaining to this application. If accepted, the undersigned agrees to execute upon presentation, management's standard lease form upon the term and conditions therein contained. False or incomplete information given shall be grounds for Management's rejection of this application or termination of applicant's lease and right of occupancy, upon discovery of such false statement, if a lease has been entered into with the undersigned.

_____ _____ _____ _____

Applicant Date Co-Applicant Date

APPLICATION FEE

Applicant has deposited an "***Application Fee***" in the amount stated below and said application fee is **non-refundable.**

SECURITY DEPOSIT

Applicant has submitted a "Deposit" in the amount stated below, in consideration for management taking the dwelling unit off the rental market while considering approval of this application within the property guidelines. If the applicant is approved, the deposit shall be credited to the required security deposit.

The deposit will be refunded only if the applicant is not approved or if a written request is received within three days of the date the deposit was taken. The refund in such event shall be prompt.

The application is preliminary only and does not obligate management to execute a lease. If accepted the applicant agrees to execute upon presentation, management's standard lease form upon the terns and conditions as stated below.

LEASING CRITERIA

1. Applicant must have twelve (12) months of good, current verifiable rental history.
2. Applicant must be currently employed for twelve (12) months.
3. Applicant must earn at least four (4) times the amount of the apartment rent.
   Example: If the rent is $625.00 per month, applicant must earn at least $2,500.00 per month. This income must be verifiable.
4. Applicant must have a good credit rating from any reporting agency.
5. Should applicant knowingly submit wrong or misleading information, it will be grounds for immediate denial.
6. All adult persons residing in the apartment for more than two (2) weeks per year must meet these same leasing standards.

RENTER'S INSURANCE

Applicant is aware that the Landlord does not carry insurance to cover his/her personal belongings and agrees to purchase and furnish proof of purchase of such insurance prior to the scheduled move-in date.

MOVE-IN DATE: Your scheduled date for moving in is _____

MONIES PAID:

Application Fee: $ _____

Date Paid: _____ Check # _____

Security Deposit: $ _____

Date Paid: _____ Check # _____

MONIES DUE UPON MOVE-IN:

Monthly Rent: $ _____

Monthly Rent Pro-rate: $ _____

Refundable Pet Fee: $ _____

TOTAL DUE UPON MOVE-IN: $ _____

By signing below, I agree that I have read this document and understand the contents.

_____	_____	_____	_____
Applicant	Date	Co-Applicant	Date

EQUAL HOUSING OPPORTUNITY