

RENTAL  
APPLICATION

**Residential Management Services**

21 Portland Court  
Rochester, New York 14621

RENTAL  
APPLICATION

**For Office Use Only:** Property Name: Woodhill Apts. & The Glen at Woodhill Office Phone/Fax: 315.331.7371

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 terms 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

