



515 FRONT STREET, VESTAL, NY 13850
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RENTAL APPLICATION

PERSONAL INFORMATION

NAME OF APPLICANT _____

DATE OF BIRTH _____

SOCIAL SECURITY # _____

DRIVER'S LICENSE _____

CURRENT ADDRESS _____

APT # _____

CITY/STATE/ZIP CODE _____

HOME PHONE _____

WORK PHONE _____

HOW LONG AT CURRENT ADDRESS _____

APT SIZE _____

MONTHLY RENT/MORTGAGE _____

CURRENT LANDLORD _____

TELEPHONE # _____

LANDLORD'S ADDRESS _____

CITY/STATE/ZIP CODE _____

YOUR PREVIOUS ADDRESS _____

CITY/STATE/ZIP CODE _____

PREVIOUS LANDLORD _____

CITY/STATE/ZIP CODE _____

CURRENT EMPLOYER _____

POSITION/OCCUPATION _____

YEARS WORK _____

EMPLOYEE CONTACT _____

TELEPHONE # _____

EMPLOYER CONTACT ADDRESS _____

CURRENT ANNUAL INCOME _____

HAVE YOU EVER BEEN CONVICTED OR PLEAD 'GUILTY' OR 'NO CONTEST' TO A
FELONY/MISDEMEANOR INVOLVING SEXUAL MISCONDUCT? _____

NAME OF ALL OTHERS WHO WILL OCCUPY APARTMENT:

CO-APPLICANT _____
DATE OF BIRTH _____
SOCIAL SECURITY # _____
DRIVER'S LICENSE # _____
CURRENT EMPLOYER _____
POSITION/OCCUPATION _____
YEARS _____
EMPLOYERS ADDRESS _____
CITY/STATE/ZIP CODE _____
EMPLOYER CONTACT _____
TELEPHONE # _____
CURRENT ANNUAL INCOME _____
WILL CO-APPLICANT BE CONTRIBUTING TO RENTAL PAYMENTS? _____
OTHER OCCUPANTS _____

HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY OR NO CONTEST TO A FELONY/MISDEMEANOR INVOLVING SEXUAL MISCONDUCT? _____

EMERGENCY CONTACT INFORMATION:

IN CASE OF EMERGENCY, NOTIFY _____
TELEPHONE # _____
IN CASE OF EMERGENCY, DO YOU NEED SPECIAL ASSSISTANCE? _____
EMERGENCY ACCESS AUTHORIZED TO? _____
RELATIONSHIP TO YOU _____
HOME TELPHONE # _____
BUSINESS TELEPHONE # _____

REFERENCES:

PERSONAL REFERENCE # 1 _____
ADDRESS _____
PHONE # _____
PERSONAL REFERENCE # 2 _____
ADDRESS _____
PHONE # _____

CREDIT INFORMATION:

NAME OF BANK _____
ADDRESS _____
CHECKING ACCOUNT # _____
SAVINGS ACCOUNT # _____
CREDIT CARD _____
CREDIT CARD # _____
CREDIT CARD _____
CREDIT CARD# _____

PET INFORMATION:

BREED OF ANIMAL _____

AGE OF ANIMAL _____

NUETERED/SPAYED _____

BREED OF ANIMAL _____

AGE OF ANIMAL _____

SPAYED/NEUTERED _____

ARE YOU CURRENTLY ON PAROLE/PROBATION? _____

IF YES, NAME AND PHONE # OF PO _____

FACILITIES DESIRED:

STUDIO ONE BEDROOM TWO BEDROOM THREE BEDROOM HOUSE

HOW YOU WERE FIRST DIRECTED TO PREMISES / HOW DID YOU HEAR ABOUT US:

FRIEND NEWSPAPER RADIO SIGNAGE OTHER _____

TEAM REIN HAS A ZERO TOLERANCE TOWARDS ILLEGAL DRUG ACTIVITY AND COOPERATES FULLY WITH LAW ENFORCEMENT IN THE WAR ON DRUGS. IF YOU OR ANY PERSON LIVING WITH YOU IS ARRESTED FOR ILLEGAL DRUG ACTIVITY ON OR OFF THE PREMISES, YOU WILL BE ASKED TO LEAVE OR FACE EVICTION PURSUANT TO THE LEASE AGREEMENT.

I (WE) AUTHORIZE TEAM REIN TO CONDUCT A CRIMINAL BACKGROUND CHECK. I (WE) UNDERSTAND THAT FALSE STATEMENTS ON THIS APPLICATION MAY VOID ANY LEASE ENTERED INTO AT THE OPTION OF TEAM REIN.

I (WE) HEREBY APPLY TO THE APARTMENT DESCRIBED HEREIN ON THE TERMS AND CONDITIONS SET FORTH, AND I (WE) WARRANT THAT ALL OF THE REPRESENTATIONS AND INFORMATION SET FORTH IN THIS APPLICATION ARE TRUE AND COMPLETE AND AUTHORIZE YOU TO VERIFY THIS INFORMATION. ANY FALSE STATEMENTS ON THIS APPLICATION CAN LEAD TO REJECTION OF THE APPLICATION OR IMMEDIATE TERMINATION OF THE LEASE. I (WE) HEREBY AUTHORIZE YOU OR ANY OTHER AGENCY EMPLOYED BY YOU TO VERIFY THE INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING MY REFERENCES AND TO INVESTIGATE ANY OTHER STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON, RELATING TO MY CREDIT, FINANCIAL RESPONSIBILITY OR PERSONAL CHARACTERISTICS. I ALSO AUTHORIZE YOU TO OBTAIN A CREDIT BUREAU REPORT.

UPON REQUEST, I AGREE TO EXECUTE WITHIN THREE (3) DAYS, AN APARTMENT LEASE IN THE FORM CUSTOMARILY USED BY YOU. I FURTHER AGREE TO PAY THE FIRST MONTH'S RENT UPON EXECUTION OF THE LEASE.

IF THIS IS A JOINT APPLICATION, THE REPRESENTATIONS ARE FROM EACH OF US. IT IS UNDERSTOOD THAT THE FINAL APPROVAL OF THIS APPLICATION WILL BE EXECUTION OF THE LEASE BY YOU.

APPLICANT(S) SIGNATURE(S)

X _____

X _____