

APPLICATION TO LEASE

31 Cottage Street
Troy, NY 12180
Phone: (518) 274-4430 Fax: (518) 274-4467
Office Hours: Monday - Friday 8am-4pm
Email: info@cottagestreetapts.com

Apt. # _____
Rent _____ S.D. _____
Move in Date: _____

NO PETS ALLOWED



APPLICANT:

Name: _____
SS#: _____ / _____ / _____ DOB: _____
Present Address: _____ City _____ State _____ Zip _____
Home Phone # _____ Cell # _____ E-Mail Address: _____
Own _____ Rent _____ Other _____ Monthly Payment _____ How Long? _____
Landlord: _____ Landlord Phone # _____
Reason for Leaving: _____
Previous Address: _____ City _____ State _____ Zip _____
Own _____ Rent _____ Other _____ Monthly Payment _____ How Long? _____
Landlord: _____ Landlord Phone # _____
Reason for Leaving: _____

Income Information:

Present Status: _____ Employed Full-Time _____ Part-Time _____ Student
_____ Unemployed _____ Retired
Employer: _____ Occupation _____
Supervisor: _____ Phone number _____ Ext. _____
Employer Address: _____ City _____ State _____ Zip _____
Salary _____ wkly /bi-wkly /annual Other Income _____ Source _____

PERSONS WHO WILL OCCUPY APARTMENT (List names, ages and relationship of persons occupying the apartment)

NAME:	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a felony? YES _____ NO _____ If Yes, explain _____

TENANT VEHICLE INFORMATION

MAKE _____ MODEL _____ YEAR _____ COLOR _____ PLATE # _____

MAKE _____ MODEL _____ YEAR _____ COLOR _____ PLATE # _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME _____ PHONE# _____ CELL# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

This application must be signed by applicant and guarantor (if required) before it can be considered by the Landlord.

Acceptance of this application and monies deposited herewith is not binding upon Landlord, until approved by Landlord. If the apartment is held for applicant for more than three (3) days, all monies deposited shall be forfeited to the Landlord. By signing, the applicant authorizes the Landlord or his agent to investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Landlord. A consumer reporting agency will be used.

A \$20 APPLICATION FEE PER APPLICANT MUST BE INCLUDED WITH THE APPLICATION ALONG WITH A DEPOSIT IN THE AMOUNT OF THE FIRST MONTH'S RENT.

Receipt #: _____

YOU MUST BE 18 YEARS OR OLDER TO SIGN THIS APPLICATION.

APPLICANT _____ DATE _____

How did you hear about us? Newspaper _____ Referral _____ Drive by _____

Internet _____ Renter's Guide _____ Other _____