



APARTMENT RENTAL APPLICATION

APPLICANT INFORMATION (All occupants 18+ must complete an application and provide photo ID.)

Full Name	SS# or I-9 Work Visa #	D.O.B.
Email	Mobile #	Home Tele. #
Present Street Address	City/State/ Zip	Date Lease Expires
How long at Present Address? Monthly Rent	Present Landlord Name & Phone #	
Reason For Leaving?	How many bedrooms?	
Previous Address	City/State/ Zip	
How long at Previous Address? Monthly Rent? / Own?	Previous Landlord Name & Phone #	
How did you hear of us?	Co-Applicant Name (if any)	

APARTMENT OCCUPANTS

Names	Relationship	D.O.B.

PETS

Breed & Description	Lbs.	Name

EMPLOYMENT INFORMATION

Current Employer	Emp. Dates	Tele. #	Supervisor
Employer Street Address		City/State/ Zip	
Position	Income/Mo.	Full Time OR Part Time	
Previous Employer	Years. Emp.	Tele.#	Supervisor
Previous Employer Street Address		City/State/ Zip	

If there are other sources of income you would like us to consider, please list below:

Source	Income Amount	Verification Contact Name and Tele #

STUDENT INFORMATION Please list: Institution Enrolled & Expected Date of Graduation:

VEHICLE INFORMATION (for vehicles to be parked and registered with community)

Make/Model	Year	Color	Lic. #	Plate #	State



PLEASE READ CAREFULLY BEFORE SIGNING



Applicant represents and warrants the accuracy of the information set forth on this application and represents it to be true and complete.

Applicant authorizes Albany Management (Management) to verify any information contained in this application and authorizes Management to verify credit history from a consumer reporting agency throughout the duration of the Lease Agreement and subsequent renewals.

You agree and understand the lease deposit is non-refundable if you choose for any reason, not to move into this apartment community. If Management does not accept your application for any reason, your lease deposit will be refunded in full. You also agree that Management has the authority to notify National Grid to put the utility meter in your name on the first day of your lease.

Applicant Signature _____ Printed Name _____ Date _____

The Below is For Office Use Only

Application		Reason		PM Initial	Credit Score
Approved: <u>Y/N</u> Denied: _____				_____	_____
Property: CV DV PV SR	Unit #	Apt. Type		Start	End
Referred By:	Rent	Market Rent		Security	Pet Fee
	Internal Move Y/N	Furnished Y/N		Rental EE	
Concessions Offered (must be written into lease, para. 31)					
Other Information					

DATA FORM

Date: _____

Resident Name(s) (all people signing the lease): _____ Tenant ID # _____

Security Deposit Name (only one resident): _____

Guarantor Name: _____ Guarantor Address: _____

Start Date: _____ End Date: _____ Move In Date (same or after Start Date): _____ Mo-Mo: Y/N

Total Rent Amount: \$ _____ (Total amount of rent to be paid. Include pet, garage, etc.)

Pro-Rated Rent: WAIVE or \$ _____ (Round up) Month: _____

Pet Fee: WAIVE or \$ _____

Pet Rent: WAIVE or \$ _____ Pet Type: Dog ___ Cat ___ Fish ___ (specify quantity)

Garage Rent (DV Only): \$ _____ Garage# _____

Lease Deposit: WAIVE or \$ _____ Check # _____ Cash _____ (Apply to Rent)
(Non- refundable / \$100 to hold for one week / \$500 to hold longer)

Security Deposit: \$ _____ Check# _____

Comments: _____

RM Initial _____ PM Initial _____ Acct Initial _____