



For Office Use Only

Building/Apt.: _____ Rent Amount: _____
 Security Deposit Amount: _____ Leasing Agent: _____

Applicant Information

Full Name: _____
 Social Security #: _____ Date of Birth: _____
 Present Home Phone #: () _____ Present Cell Phone #: () _____
 Present Work Phone #: () _____ Drivers License #/State: _____
Present Address: _____
 Dates of Occupancy: From- _____ To- _____ Landlord Name/Phone #: () _____
Previous Address: _____
 Dates of Occupancy: From- _____ To- _____ Landlord Name/Phone #: () _____
 Current Employer: _____ Employer Address: _____
 Name of Supervisor: _____ Supervisor Phone #: () _____
 Annual Income: \$ _____ Position: _____
 Length of Employment: _____
 Assistance Received: RAC Belmont BMHA Leased Housing DSS
 Case #: _____ Case Worker: _____ Phone #: () _____

Co-Applicant Information

Full Name: _____
 Social Security #: _____ Date of Birth: _____
 Present Home Phone #: () _____ Present Cell Phone #: () _____
 Present Work Phone #: () _____ Drivers License #/State: _____
Present Address: _____
 Dates of Occupancy: From- _____ To- _____ Landlord Name/Phone #: () _____
Previous Address: _____
 Dates of Occupancy: From- _____ To- _____ Landlord Name/Phone #: () _____
 Current Employer: _____ Employer Address: _____
 Name of Supervisor: _____ Supervisor Phone #: () _____
 Annual Income: \$ _____ Position: _____
 Length of Employment: _____
 Assistance Received: RAC Belmont BMHA Leased Housing DSS
 Case #: _____ Case Worker: _____ Phone #: () _____

List yourself and any others including dependents that will occupy your unit:

Name: _____	Over 18 years of age: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name: _____	Over 18 years of age: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name: _____	Over 18 years of age: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name: _____	Over 18 years of age: Yes <input type="checkbox"/> No <input type="checkbox"/>

Vehicle information:

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

Emergency Contacts:

Full Name: _____	Relationship: _____
Phone #: () _____	Address: _____
Full Name: _____	Relationship: _____
Phone #: () _____	Address: _____

Please read carefully before signing:

The undersigned represents that all of the above statements are true and complete and hereby authorizes verification of such information through any credit bureau service or otherwise to check credit, criminal background, verify employment, landlord's references, or any information pertaining to this application. If accepted, the undersigned agrees to execute upon presentation, management's standard 1-year lease form upon the term and conditions therein contained. Rent commences on the date of the effective lease period and no grace period will be granted. False or incomplete information given shall be grounds for management's rejection of this application or termination of applicant 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 (and/or Co-Applicant(s), if applicable) has deposited an "Application Fee" in the amount of \$25.00 (per applicant) and said application fee is **non-refundable**.

Security Deposit:

Applicant has submitted a "Security 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 1-year lease form upon the terms and conditions as stated below. Rent commences on the date of the effective lease period and no grace period will be granted. Tenant agrees that the Security Deposit may not be applied as rent and is fully aware of the provisions set forth in this agreement. Tenant also agrees that this shall be an addendum to the lease.

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 unit rent.
 - A. 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 unit for more than two (2) weeks per year must meet these same leasing standards.
7. Section 8 vouchers may be accepted providing unit meets HUD regulations.

Release of Security Deposit:

Release of Security Deposit is subject to the following provisions:

- The unit fails to pass Section 8 inspection within the time period mandated by the Section 8 office.
- Full term of lease has expired and all provisions therein complied with.
- A full 30-day **written** notice is given to manager, at which time the Renter agrees to allow his/her unit to be shown to new applicants during business hours.
- Renter has vacated the unit and removed all belongings from the premises.
- Entire unit, including kitchen and bath cabinets and all closets are cleaned, all nail holes filled with spackle and all carpets steam cleaned.
- No damages to the unit beyond normal wear and tear.
- No unpaid charges or delinquent rents.
- Keys are returned to the management office during office hours.

Release of Security Deposit:

Renter must provide a forwarding address, as all Security Deposits will be refunded by check and mailed to the forwarding address.

Should the Renter not comply with the aforementioned prerequisite conditions, the cost of labor and materials for cleaning, repairs and replacements will be deducted from the Renter's Security Deposit.

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. If applicant chooses not to purchase insurance, a signed waiver must be completed prior to move in.

Terms of Application:

This application must be signed by all adults who will occupy the apartment before it can be considered by Landlord. Acceptance of this application, and any monies deposited herewith, is not binding upon Landlord until approved by Landlord. If approved, all monies deposited with this application will be held as reservation deposit to be either returned to applicant, or credited toward any deposit which may be required of applicant at the time a rental agreement is executed. If applicant withdraws the application after three (3) days but before seven (7) days, a fee of \$200.00 will be retained by Landlord. If the apartment is held for applicant for seven (7) days or more, all monies deposited shall be forfeited to the Landlord. A processing charge of \$25.00 may be fastened by Landlord. The Landlord reserves the right to request a credit report.

Applicant has signed and received a Disclosure Regarding Real Estate Agency Relationships, which New York State law requires. [] Yes

Move-In Date:

Your scheduled date for moving in is: _____

Monies Paid:

Application Fee: \$ _____

Application Date: _____

Check/Money Order/Receipt #: _____

Security Deposit: \$ _____

Security Deposit Date: _____

Check/Money Order/Receipt #: _____

Monies Due Upon Move-In:

Monthly Rent: \$ _____

Monthly Pro-Rated Rent: \$ _____

Other: \$ _____

Total Due Upon Move-In: \$ _____

Check/Money Order/Receipt #: _____

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

Applicant

Date

Co-Applicant

Date