



APPLICATION FOR APARTMENT

**Carriage Hill Apartments
Pittsford, NY**

How did you hear about us? _____

Applicant Information

Name of Applicant: _____ SSN: _____ Date of Birth: _____
 Driver's License Number: _____ Email: _____
 Work Phone: _____ Mobile Phone: _____
 Present Address: _____ City, State, Zip _____
 How long? _____ Lease: _____ YES _____ NO
 Lease Expiration Date: _____ Monthly Payment: _____
 Landlord's Name: _____ Landlord's Phone No.: _____
 Previous Address: _____

Emergency Contact Information

Name: _____ Relationship: _____
 Address: _____ Phone No.: _____

Employment Information

Current Employer (Company Name): _____

Employer's Address _____
 Phone No.: _____ Supervisor's Name: _____
 Position/Title: _____ FT _____ PT _____
 Employment Dates: _____ Salary \$ _____

Previous Employer (Company Name): _____

Employer's Address _____
 Phone No.: _____ Supervisor's Name: _____
 Position/Title: _____ FT _____ PT _____
 Employment Dates: _____ Salary \$ _____

Other Income: If yes, Source _____

Amount \$ _____ Verification Contact: _____

Motor Vehicles Information

Make/Model	Year	Color	License Plate #	State
1.				
2.				
3.				

Pet Information – Certain Restrictions Apply – All Animals Require Manager Consent

Type: _____ Weight _____ Description _____

Type: _____ Weight _____ Description _____

Criminal Background Information

Do you (or any potential occupants in the apartment) have charges pending against you (or them) for any criminal offense?

Applicant: ___Y ___N Occupants: ___Y ___N

Have you (or any potential occupants in the apartment) been convicted of any criminal offense; or entered a plea of “guilty” or “no contest” to any criminal offense; or had any criminal matter disposed of in a manner other than acquittal or a finding of “not guilty”?

Applicant: ___Y ___N Occupants: ___Y ___N

If “Yes” to any of the above questions, give details and dates, including the county and state in which the incident occurred:

List of Occupants, including Applicant (All Occupants over 18 of age must complete an application)

- 1. _____ 3. _____
- 2. _____ 4. _____

Applicant Signature

Date

I certify that all information provided on this application is true and complete. My signature above authorizes permission to verify any of the information contained in this application and verification of credit history from a consumer-reporting agency throughout the duration of the Lease Agreement and subsequent Renewals.

Application Fee is Non-Refundable. Application will only be processed when application fee is paid

****Security Deposit paid is not refundable if this Application is approved following verification****



Application & Credit Reporting Receipt

Property: _____
Landlord: _____
Management Company: _____
Applicant Name: _____
Date of Receipt: _____
Date of Application (if different): _____
Amount Charged by Landlord: _____
Method of Payment: _____

Applicant acknowledges and accepts this Receipt from Landlord, for the purposes of Landlord accepting payment in the amount of \$_____, for the Application and Credit Reporting charges as part of this application process by Dawn Homes Management LLC.

Applicant Signature

Print Name

Dated

OFFICE USE ONLY:

Account Number: _____

Unit Number: _____

Original Receipt Completed by:

Landlord Authorized Representative

Print Name

Date Executed by Landlord Authorized Representative