



**APPLICATION FOR APARTMENT**  
**Chelsea Ridge Apartments**  
**Wappingers Falls, NY**

How did you hear about us? \_\_\_\_\_ Desired Move-In Date: \_\_\_\_\_ Desired Apt. Size: \_\_\_\_\_

APPLICANT INFORMATION			
Name   First:	Initial:	Last:	Current Address:
Phone:	Date of Birth:		
Email:			Since: Monthly Rent: \$
SSN:	Drivers License #:		Landlord: Phone:
Emergency Contact (not co-applicant):			Previous Address:
Phone:	Relationship:		

List all Occupants under 18 years of age (Residents 18 years of age and older must complete their own application)			
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

EMPLOYMENT INFORMATION			
Current Employer:		Previous Employer:	
Employer Address:		Supervisor:	Phone:
Supervisor:	Phone:	Job Title:	Years:
Job Title:	Since:	Additional Income Source:	
Salary: \$	Hourly <input type="checkbox"/> Gross Weekly <input type="checkbox"/> Gross Yearly <input type="checkbox"/>	Salary: \$	Hourly <input type="checkbox"/> Gross Weekly <input type="checkbox"/> Gross Yearly <input type="checkbox"/>
		Amount: \$	Verification Contact #:

VEHICLE INFORMATION				
Make/Model:	Year:	Color:	Plate #:	State:
Make/Model:	Year:	Color:	Plate #:	State:

PET INFORMATION (Restrictions Apply All Pets Must Be Approved by Management)						
CAT <input type="checkbox"/>	DOG <input type="checkbox"/>	Breed:	Color:	Age:	Weight:	Name:
CAT <input type="checkbox"/>	DOG <input type="checkbox"/>	Breed:	Color:	Age:	Weight:	Name:

CRIMINAL BACKGROUND INFORMATION	
Have you or any occupants of the apartment been convicted of a criminal offense; entered a plea of "Guilty" or "No Contest" to a criminal offense; or had any criminal matter disposed of in a manner other than an acquittal or a finding of "Not Guilty"?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you or any potential occupants of the apartment facing pending charges for any criminal offense?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you answered "Yes" to any of the above, provide details in the space below including dates and county/state where incident occurred:	

Upon approval of application, a security deposit will be required to remove a unit from the Availability List. ***The security deposit is refundable only if Applicant cancels their application in writing within 72 hours of submitting the application.***

By signing below, I certify that the information provided herein is true and complete. I understand this application will be declined if any information is misrepresented. I authorize Chelsea DHC LLC to obtain a consumer report, employment verification, and any other information deemed necessary during the evaluation of my application throughout the duration of the lease and any subsequent renewals. This may include, but is not limited to, credit history, civil and criminal information, arrest records, employment/salary details, vehicle records, and licensing records. I hereby release Dawn Homes Management, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement or furnishing of such information, and understand that my application information may be provided to government and law enforcement agencies.

Applicant signature _____	Date _____	<b>Office Use Only:</b>		Payment Method:	Date Paid:	Received by (full name):
		App Fee:	\$			
		Deposit:	\$			
				Unit:	Acct #:	



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