



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 _____	
Phone: _____ Date of Birth: _____		Address: _____	
Email: _____		Since: _____ Monthly Rent: \$ _____	
SSN: _____ Drivers License #: _____		Landlord: _____ Phone: _____	
Emergency Contact (not co-applicant): _____		Previous _____	
Phone: _____ Relationship: _____		Address: _____	

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"/>		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"? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
Are you or any potential occupants of the apartment facing pending charges for any criminal offense? <b>YES</b> <input type="checkbox"/> <b>NO</b> <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.

Office Use Only:		Payment Method:		Date Paid:		Received by (full name):	
App Fee: \$ _____		_____		_____		_____	
Deposit: \$ _____		_____		_____		_____	
				Unit:		Acct #:	

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-				-			
<b>or</b>											
<b>Employer identification number</b>											
					-						

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
------------------	--------------------------	------

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



## 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