



APPLICATION FOR APARTMENT

Fairview Apartments

Ithaca, 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:

Student Information (For Fairview Apartments)

Institution Enrolled: _____ Receiving Financial Aid/Student Loans: ___Y ___N

Financial Aid/Student Loan Amount: \$ _____ ___ Semester ___ Year

Program: _____ Expected Graduation: _____

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



CREDIT CARD PAYMENT AUTHORIZATION

**This form may be used to process your application fee and/or additional amounts (first/last month rent, etc.). Please contact the property directly if you have any questions regarding fees due.*

Transaction Amount: _____
*Plus an additional Transaction Fee as stated in below Fee Schedule

Payment Type: _____

Card Number: _____

Card Expiration Date: _____

CVV2 Number: _____
Last three digits on back of Credit Card

CARDHOLDER'S INFORMATION

First Name: _____ Last Name: _____

Billing Address Information:

Address: _____ City: _____

State: _____ Zip / Postal Code: _____

Email (for receipt): _____

RESIDENT'S INFORMATION – if different from Cardholder

First Name: _____ Last Name: _____

Property: _____ Property Address: _____

Unit Number: _____ Property City: _____
*if applicable

Property State: _____ Property Zip/Postal Code: _____

AUTHORIZATION

I, the cardholder for the credit card as listed above, agree to allow the Property and its entity affiliates to debit my card for the amount stated above *and* the related transaction fee. By signing this authorization, I agree that I will not dispute this charge through my credit card company.

By: _____ Dated: _____

Fee Schedule:
Schedule subject to change without notice

A 2.75% fee is assessed on all credit card transactions
A \$2.00 transaction fee is assessed on all other payments through Paylease.

\$2,000 limit on VISA transactions. If the transaction amount is higher than \$2,000, the transaction will be processed in multiple payments under \$2,000 totaling the transaction amount. Please be advised a transaction fee of \$2.20 will be assessed per payment.