DHM PROPERTIES

APPLICATION FOR APARTMENT

Glenmont Manor Apartments
Glenmont, 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****

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *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.

1 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.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: 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.

☐ Other (see instructions)

3b 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 . . . . . ☐

4 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.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 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.

Social security number

			–		–				

or

Employer identification number

		–							

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.

Sign Here	**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*.

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

DHM PROPERTIES

Application & Credit Reporting Receipt

Property: Glenmont Manor Apartments

Landlord: Bethlehem Manor LLC

Management Company: Dawn Homes Management

Applicant Name: _____

Date of Receipt: _____

Date of Application (if different): _____

Amount Charged by Landlord: $ 20.00

Method of Payment: _____

Applicant acknowledges and accepts this Receipt from Landlord, for the purposes of Landlord accepting payment in the amount of $ $ 20.00 , 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