DHM PROPERTIES

APPLICATION FOR APARTMENT

Loudon Arms Apartments
Albany, 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.

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

Form **W-9**
(Rev. October 2018)
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.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

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

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

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

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. Also see *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.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

DHM PROPERTIES

Application & Credit Reporting Receipt

Property: Loudon Arms Apartments

Landlord: Loudon Arms 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