



**APPLICATION FOR APARTMENT**  
**Niskayuna Gardens Apartments**  
**Schenectady, 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\*\***

**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
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**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