

APPLICATION FOR APARTMENT

The Reserve at Glenville Glenville, 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?	NO		
Lease Expiration Date:	Monthly Payment:		
Landlord's Name:	Landlord's Phone No.:		
Previous Address:			
Е	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:		

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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 an 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 plea of "guilty" or "no contest" to any criminal offense; or had any criminal matter disposed of in a manne 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	3.				
Type: Weight Description	Pet Informatio	n – Certain Restric	ctions Apply – A	ll Animals Require Manage	er Consent
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1 3	If "Yes" to any of the abo				
	List of Occupants, incl	uding Applicant (A	All Occupants ov	er 18 of age must complete	an application)
2	1		3		
	2		4		
Applicant Signature Date	Applicant Signature		Data		

Motor Vehicles Information

Color

Year

License Plate #

State

Make/Model

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

consumer-reporting agency throughout the duration of the Lease Agreement and subsequent Renewals.

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

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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.

	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						
on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Ch following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
/pe.		Exempt payee code (if any)					
Print or type. Specific Instructions on page	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner Note: Check the appropriate box in the line above for the tax classification of the single-member ov LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the canother LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its own	Exemption from FATCA reporting code (if any)					
<u> </u>	☐ Other (see instructions) ▶		(Applies to accounts maintained outside the U.S.)				
See Sp	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name		nd address (optional)				
0)	6 City, state, and ZIP code						
	List account number(s) here (optional)						
Part	Taxpayer Identification Number (TIN)						
backur resider	our TIN in the appropriate box. The TIN provided must match the name given on line 1 to averable withholding. For individuals, this is generally your social security number (SSN). However, for talien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other, it is your employer identification number (EIN). If you do not have a number, see How to geter.	or a ta	urity number				
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.		identification number					
Part	II Certification						
Under	penalties of perjury, I certify that:						
2. I am Serv	number shown on this form is my correct taxpayer identification number (or I am waiting for not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) ce (IRS) that I am subject to backup withholding as a result of a failure to report all interest on ger subject to backup withholding; and	I have not been n	otified by the Internal Revenue				
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	g is correct.					
you hav	ation instructions. You must cross out item 2 above if you have been notified by the IRS that you e failed to report all interest and dividends on your tax return. For real estate transactions, item 2 ion or abandonment of secured property, cancellation of debt, contributions to an individual retire an interest and dividends, you are not required to sign the certification, but you must provide you	does not apply. For ement arrangement	r mortgage interest paid, (IRA), and generally, payments				
Sign	Signature of						

U.S. person ▶ **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

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

Here

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)

Date ▶

- 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.



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 Repayment in the amount of \$, for the application process by Dawn Homes Management	ne Application and Credit Reporting charg	
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 Repr	resentative	