APPLICATION FOR APARTMENT
Indian Brook Apartments
Glenville, NY

How did you hear about us? _____

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*