

INDIAN RIDGE APARTMENTS
1025 REYNOLDS ROAD, A101
JOHNSON CITY, NY 13790
(607) 729-9641
FAX (607) 729-6067
rwhitney@indianridgeapts.com

RENTAL APPLICATION

Notice: Co-applicant and co-signors must complete separate application

The undersigned hereby makes application to rent unit # _____ on
_____ at a monthly rental of \$_____.

PLEASE TELL US ABOUT YOURSELF

Name (First) _____ (MI) _____ (Last) _____
Phone (____) _____ Email _____
Date of Birth _____ Social Security # _____
Drivers License Number & State _____
Co-Applicant _____ Relationship _____
Phone () _____ Social Security # _____
Date of Birth _____ Drivers License # _____
Names of All Other Occupants _____
_____ Total Number of Occupants _____
How many Pets? _____ Kind of Pet, Breed, Weight, and Age _____

PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS

Current Address _____
Street City State Zip

Month & Year Moved In _____ Reason for Leaving _____
Owner or Landlord _____
Owner or Landlord Phone # _____ Monthly Payment \$ _____

Previous Address (If within 3 years) _____
Month & Year Moved In _____ Reason for Leaving _____
Owner or Landlord _____
Monthly Payment _____ Owner or Landlord Phone # _____

PLEASE GIVE EMPLOYMENT INFORMATION

() Employed Full Time () Employed Part Time () Student () Retired
Current Employer _____ Phone () _____
Address _____
Date(s) Employed from _____ to _____ Position _____
Supervisor _____ Gross Monthly Salary \$ _____
Household Gross Monthly Income \$ _____
Previous Employer Name and Address _____
_____ Phone () _____
Date(s) Employed from _____ to _____ Position _____

If there are other sources of income you would like us to consider, please list income, source, and person (Banker, Employer, etc) who we could contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Per _____ Source _____
Phone () _____

Total Number of Vehicles (Including Company Vehicles)

Make/Model _____ Year _____ Color _____
License Plate # _____ State _____
Make/Model _____ Year _____ Color _____
License Plate # _____ State _____
Other Vehicle(s) _____

Have you ever been sued for Non-Payment of rent? Yes () No ()
Been evicted or asked to move-out? Yes () No ()
Been sued for damage to rental property? Yes () No ()
Broken a rental agreement? Yes () No ()

Please give any additional information that might help management evaluate your application? _____

How did you hear about our property? _____
If management has any questions about your application, please give phone numbers where you can be located. Day Phone _____
Night Phone _____ Cell Phone _____

In case of Personal Emergency; Notify:

Name _____

Address _____

Relationship _____ Home Phone _____

Work Phone _____ Cell Phone _____

I hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rental is to be payable the **1st day** of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements are true; however, should any statement made above be a misrepresentation or not a true statement of facts, **\$18.00** will be retained to offset the agent's cost, time, and effort in processing my application.

I hereby deposit \$_____ as earnest money to be refunded to me if this application is not accepted within **3** business days. Upon acceptance of this application, this deposit shall be retained as the security deposit. When so approved and accepted I agree to execute a _____ **month** lease. If this application is not approved and accepted by owner, the deposit will be refunded, the applicant thereby waiving any claim for damages for reason of non-acceptance. The security deposit of \$_____ is non-refundable if apartment cancellation occurs after **3** business days of receipt of application/deposit.

I authorize you to contact previous landlords and credit references that I have given in this application. I also authorize management to obtain my consumer credit report and criminal background check.

The above information, to the best of my knowledge, is true and correct.

Signature of Applicant

Date Signed

Signature of Co-Applicant or Co-Signor

Date Signed

OFFICE ONLY

This application () Approved () Not Approved

By _____ Title _____ Date _____