APARTMENT RENTAL APPLICATION

| . THE BASICS (E | ach person over 18 yea | ars old N | MUST co | mple | te a se | epara | ite appl | lication): | |
|------------------------|---|-----------------|------------|----------------|-------------------------|-----------|-----------------|---------------------------------|---|
| Applicant's Name | | | | ין | Maide | n Na | ıme | | |
| Date of Birth | rth | | | | Place of Birth | | | | |
| Social Security # | | | | I | Email | Add | ress | | |
| Home Phone | | | | (| Credit | Scor | re | | |
| Cell Phone | l Phone | | | Is texting OK? | | | | | |
| Drivers License # | Privers License # | | | | | ise State | | | |
| | HOUSEHOLD: (List Anyone not listed who | | | es or | | es m | nail at p | | harged additional rent |
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| | | | | | | | | | |
| 3. FINANCIAL IN | FORMATION: | | | | | | | | |
| Bank Name | | Type | of Accour | nt | | Dat | te Acco | ount was Opened | Current Estimated Balance of Account |
| | | | | | | | | | \$ |
| | | | | | | | | | \$ |
| | _ | | | | | | | | Ψ |
| Credit Card Name | | Type of Account | | | Date Account was Opened | | ount was Opened | Current Amount Owed (total) | |
| | | | | | | | | | \$ |
| | | | | | | | | | \$ |
| | | | | | | | | | \$ |
| _ | | | | | | | | | |
| Liabilities: Please in | ndicate your liabilities/ | debts ar | nd the amo | ount | you aı | re lia | ble for | (e.g. Car Loans/S | Student Loans). |
| Liability | | | | Am | ount (| of Lia | ability | Check here if yo ever paid late | Check here if you ever missed a pmt |
| | | | | \$ | | | | | |
| | _ | | | \$ | | | | | |
| | | | | \$ | | | | | |
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| Landlord's Name | | |
|--------------------|------------------|--|
| | Landlord Phone # | |
| Apt Street Address | Apt City/State | |
| Date You Moved In | Date Moved Out | |
| (mm/yy format) | (mm/yy format) | |
| Reason For Leaving | Monthly Rent | |
| | | |
| Landlord's Name | Landlord Phone # | |
| Apt Street Address | Apt City/State | |
| Date You Moved In | Date Moved Out | |
| (mm/yy format) | (mm/yy format) | |
| Reason For Leaving | Monthly Rent | |
| Landlord's Name | | |
| | Landlord Phone # | |
| Apt Street Address | Apt City/State | |
| Date You Moved In | Date Moved Out | |
| (mm/yy format) | (mm/yy format) | |
| Reason For Leaving | Monthly Rent | |
| | | |
| Landlord's Name | Landlord Phone # | |
| Apt Street Address | Apt City/State | |
| Date You Moved In | Date Moved Out | |
| (mm/yy format) | (mm/yy format) | |
| Reason For Leaving | Monthly Rent | |

| Current Employer | | |
|--|--|-------------------|
| | Employer Phone # | |
| Employer Street Address | Employer City/State | |
| Supervisor's Name | Supervisor's Phone# | |
| | Monthly Salary | |
| Your Position | (before taxes) | |
| Date You Started | Date You Left | |
| (mm/yy) Reason For Leaving | (mm/yy) | |
| Ü | | |
| Past Employer | | |
| Employer Chart A 11 | Employer Phone # | |
| Employer Street Address | Employer City/State | |
| Supervisor's Name | Supervisor's Phone# | |
| | Monthly Salary | |
| Your Position | (before taxes) | |
| Date You Started | Date You Left | |
| (mm/yy) Reason For Leaving | (mm/yy) | |
| Past Employer | Employer Phone # | |
| Employer Street Address | Employer City/State | |
| Supervisor's Name | Supervisor's Phone# | |
| V D'd | Monthly Salary | |
| Your Position | (before taxes) | |
| Date You Started | Date You Left (mm/yy) | |
| (mm/yy) Reason For Leaving | (IIIII/yy) | |
| Reason For Leaving | | |
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| | | |
| Ither Income: (If you have other sources o | of income you would like us to consider, please list the inc | |
| | | o'c annual incoma |
| terson we may contact for verification. You want those amounts considered for purp | | e s annuai income |

| Make | Year | Color | License Plate # | License | e State | |
|---|------|---------|-----------------|---------|---------|----|
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| . MISCELLANEOUS | : | | | | | |
| Describe the number and to have in the rental pro | | t | | | | |
| Describe water-filled fu to have in the rental pro | | | | | | |
| Describe any outoor ite to have in the rental pro | | grill): | | | | |
| Do you or anyone in the health problems or other | | ? | | | | |
| How soon do you need (e.g. ASAP, two weeks | | | | | | |
| Any other special conditate that the landlord should | | | | | | |
| | | | | | | |
| | | | | - | YES | NO |
| Have you or anyone in your household ever been served with an eviction notice? | | | | | | |
| Have you or anyone in your household ever been evicted? | | | | | | |
| Have you or anyone in your household ever failed to pay rent? | | | | | | |
| Have you or anyone in your household ever failed to pay your utility, phone or cable bills? | | | | | | |
| Have you or anyone in your household ever had a judgment against them? (whether satisfied or not) | | | | | | |
| Have you or anyone in your household ever filed for bankruptcy? | | | | | | |
| Have you or anyone in your household ever been sued or taken to court? | | | | | | |
| Have you or anyone in your household ever been charged with a crime? | | | | | | |
| Have you or anyone in the household ever been convicted of a crime? | | | | | | |
| Have you or anyone in the household ever had a pet in a rental? | | | | | | |
| Have you or anyone in the household ever been in an apartment with bed bugs? | | | | | | |
| There you of unyone in | | • | | | | |
| Do you or anyone in yo | | • | | | | |

| | rite clearly. A minimum of three refe | erences are required. You must Relationship To You | include phone numbers) Phone # |
|--------------------------|--|---|---------------------------------|
| | | Relationship | |
| | | Relationship | |
| REFERENCES: (Wr | | Relationship | |
| | | Relationship | |
| Name | Address | | Phone # |
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| there was insufficient s | space in any of the earlier sections p | lease use the section below. | |
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APARTMENT RENTAL APPLICATION AUTHORIZATION

HOW TO SUBMIT THIS APPLICATION (ONCE FULLY COMPLETED AND SIGNED): (1) EMAIL SCANNED PDF OR IMAGES TO JSEPERAC@GMAIL.COM; (2) TEXT PICTURES OF EACH PAGE TO 845-642-4443; (3) FAX APPLICATION TO 845-230-6284; OR (4) MAIL TO SEPERAC ASSOCIATES, PO BOX 565, GOSHEN, NY 10924

- 1. AFTER YOU COMPLETE THE APPLICATION AND SEND IT, PLEASE CALL OR TEXT ME AT 845-642-4443 TO CONFIRM MY RECEIPT OF IT. THIS APPLICATION IS NOT A RENTAL AGREEMENT.
- 2. YOU MUST FILL OUT ALL EMPLOYMENT, APARTMENT, AND PERSONAL REFERENCES OR ELSE THIS APPLICATION WILL NOT BE ACCEPTED. PRINT CLEARLY DO NOT ABBREVIATE IF INFORMATION CANNOT BE UNDERSTOOD, YOUR APPLICATION WILL BE TURNED DOWN.
- 3. ALL EMPLOYMENT, APARTMENT, AND PERSONAL REFERENCES ARE CONTACTED AND VERIFIED. FAILURE TO FULLY EXPLAIN EMPLOYMENT AND RENTAL HISTORY ALONG WITH VALID EMPLOYER/RENTAL CONTACT NAMES AND PHONE NUMBERS WILL RESULT IN DISQUALIFICATION OF THE APPLICANT. IF YOU SUBMIT THE APPLICATION, PLEASE GIVE US A CALL TO LET US KNOW.
- 4. IF YOUR APPLICATION IS APPROVED, WE MAY VISIT YOUR CURRENT RESIDENCE BEFORE YOU ARE APPROVED FOR THIS APARTMENT TO DETERMINE HOW YOU MAINTAIN YOUR RESIDENCE. IF YOU CANNOT ACCOMMODATE THIS INSPECTION, PLEASE DO NOT APPLY.
- 5. SECURITY IS ONE MONTH'S RENT. TENANT MUST HAVE THE FIRST MONTH'S RENT AND SECURITY PAID PRIOR TO TAKING POSSESSION.
- 6.NO PETS ALLOWED. SPECIAL CONSIDERATIONS MAY BE MADE IN UNIQUE SITUATIONS, BUT INSURANCE AND SUBSTANTIAL ADDITIONAL SECURITY WILL BE REQUIRED.

Applicant agress to the above and declares than the foregoing information is true and correct, authorize its verification and the obtaining of consumer credit report and criminal history report. False, inaccurate or incomplete information may result in the rejection of this application. Applicant agrees that Landlord may terminate any agreement entered into reliance on any misstatement made above. The applicant consents to a routine inquiry of references and credit along with a check of public records regarding judgments and bankruptcies. This applicant is subject to the approval of the landlord or agent. If requested, applicant agrees to obtain a free credit report online and provide it to the landlord. Applicant certifies that all the information given is true and correct and understand that the lease or rental agreement may be terminated if Applicant made any false or incomplete statement in this application. Applicant fully authorizes verification of the information provided in this application from all listed credit sources, current and previous landlords and employers, and personal references.

| Applicant Signature: | Date: |
|----------------------|-------|
| D. A. M. | |
| Print Name: | |

EMPLOYER VERIFICATION (Applicant does not fill this out - it is emailed/faxed to applicant's employers):

| Applicant's Position | Monthly Salary | |
|-------------------------------|--|--|
| Date Employee Started (mm/yy | Date Employee Left (mm/y | |
| Is employee in good standing? | Reason For Termination (if applicable) | |
| | (п аррпсаоте) | |
| Any other comments | Do you expect employment to continue? | |
| | | |