

RENTAL APPLICATION FOR PARKVIEW APARTMENTS & TOWNHOMES 585-352-6800

Applying for: Apartment _____ 2 Bdrm Townhome _____ 3 Bdrm Townhome _____

APPLICANT

Last Name: _____ First Name: _____ MI: _____

Phone: _____ Work Phone: _____ email: _____

SS# _____ DOB: _____ Drivers License# _____ State: _____

APPLICANT EMPLOYMENT

Present Occupation: _____ How Long: _____

Employer: _____ Supervisor: _____ Phone: _____

Address: _____ Gross Income Month:\$ _____ Year:\$ _____

Prior Occupation: _____ How Long: _____

Employer: _____ Supervisor: _____ Phone: _____

Address: _____ Gross Income Month:\$ _____ Year:\$ _____

CO - APPLICANT

Last Name: _____ First Name: _____ MI: _____

Phone: _____ Work Phone: _____ email: _____

SS# _____ DOB: _____ Drivers License# _____ State: _____

CO-APPLICANT EMPLOYMENT

Present Occupation: _____ How Long: _____

Employer: _____ Supervisor: _____ Phone: _____

Address: _____ Gross Income Month:\$ _____ Year:\$ _____

Prior Occupation: _____ How Long: _____

Employer: _____ Supervisor: _____ Phone: _____

Address: _____ Gross Income Month:\$ _____ Year:\$ _____

LIST ALL OCCUPANTS IN ADDITION TO YOURSELF

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

LIST FINANCIAL INFORMATION

Bank Name: _____ Branch: _____

Address: _____ Phone: _____

Account Numbers: Checking _____ Savings: _____

Other Bank: _____

Account Numbers: Checking _____ Savings: _____

Creditor Name: _____ Phone: _____ Monthly Payment: _____

Creditor Name: _____ Phone: _____ Monthly Payment: _____

Creditor Name: _____ Phone: _____ Monthly Payment: _____

VEHICLES

Make: _____ Model: _____ Year: _____ Plate#: _____ State: _____

Make: _____ Model: _____ Year: _____ Plate#: _____ State: _____

Make: _____ Model: _____ Year: _____ Plate#: _____ State: _____

Motor Cycle/Other Vehicle: _____

REFERENCES

Name: _____ Phone: _____

Occupation: _____ City: _____ Known How Long: _____

Name: _____ Phone: _____

Occupation: _____ City: _____ Known How Long: _____

NOTIFY IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Adresss: _____ Phone: _____

Name: _____ Relationship: _____

Adresss: _____ Phone: _____

PLEASE ANSWER ALL QUESTIONS WITH YES OR NO

Have you or anyone listed as Occupant ever: _____ Do you have pets? Specify breed. _____

Convicted of a felony? _____ Do you or any Occupants smoke? _____

Required to register as sex offender? _____ Can you give evidence that you are

Have you ever filed for Bankrupcy? _____ 18 years of age? _____

Ever been evicted or asked to move? _____ Do you have water filled furniture? _____

SIGNATURE

Applicants represent that all of the above statements are true and accurate. Applicants hereby authorize verification of the above items and authorize obtaining a credit report.

Applicant Signature: _____ Date: _____

Co Applicant: _____ Date _____

FOR OFFICE USE

Verification of Income	<input type="checkbox"/>	Employment Verification	<input type="checkbox"/>	Photo ID	<input type="checkbox"/>
Credit Check/ Eviction	<input type="checkbox"/>	Landlord Reference	<input type="checkbox"/>		