

APPLICATION TO RENT

Each Individual Occupant Who is Responsible for Rent Payment
MUST Complete A Separate Application Form

RossWorks LLC / Dekita LLC
P.O. Box 5104
Clifton Park, NY 12065
Tel: 518.877.6023
Fax: 877.733.8316

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER	
DATE OF BIRTH		DRIVER'S LICENSE NO.		STATE		HOME PHONE NUMBER ()	
1 PRESENT HOME ADDRESS				CITY		STATE ZIP CODE	
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NO. ()	
2 PREVIOUS HOME ADDRESS				CITY		STATE ZIP CODE	
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NO. ()	
3 NEXT PREVIOUS HOME ADDRESS				CITY		STATE ZIP CODE	
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NO. ()	

PROPOSED OCCUPANT(S)

DESCRIBE EACH & EVERY PERSON WHO WILL OCCUPY THE PREMISES	Date of Birth
	Date of Birth
	Date of Birth
WILL YOU HAVE ANY PETS? IF YES, PLEASE DESCRIBE	WILL YOU HAVE ANY LIQUID FILLED FURNITURE? IF YES, DESCRIBE

EMPLOYMENT/FINANCIAL INFORMATION

Present Occupation		Employer Name	
How long with this Employer	Phone number ()	Employer address	
Name of your Supervisor			
Prior Occupation		Employer Name	
How long with this Employer	Phone number ()	Employer address	
Name of your Supervisor			
Current Gross Income \$	PER <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Month	Name of your Bank	Branch or Address
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
		Account Number	

Please List ALL of your Financial Obligations (If More Creditors Use Additional Sheet of Paper)			
Name of Creditor	Address	Phone Number	Monthly Payment Amt.
		()	
		()	
		()	
		()	
		()	
		()	

(OVER)

EMERGENCY/PERSONAL REFERENCE INFORMATION

IN CASE OF EMERGENCY, NOTIFY:	ADDRESS	PHONE	RELATIONSHIP
1.			
2.			

MOTHER'S MAIDEN NAME:

PERSONAL REFERENCES	ADDRESS	PHONE	YEARS KNOWN
1.			
2.			
3.			

VEHICLE INFORMATION- (Please state exact number of motor vehicle that will be at the premises)

VEHICLE MAKE	MODEL	YEAR	LICENSE NO.
VEHICLE MAKE	MODEL	YEAR	LICENSE NO.
MOTORCYCLES (OTHER VEHICLES)	MODEL	YEAR	LICENSE NO.

Are any proposed residents smokers?

Have you ever been convicted of a crime?	If yes, please describe:
Have you ever been asked to move or evicted?	If yes, please describe:
Do any of your children have (or had) any lead paint health related issues?	If yes, please describe:

APPLICANT AUTHORIZATION

Applicant represents that the above statements are true and correct and hereby authorizes landlord/agent to verify the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request.

Applicant agrees pay a \$20.00 (twenty dollar) application fee upon completion and submission of application. This fee is a non-refundable application charge.

Further more should the applicant choose not to take the apartment upon application approval applicant shall forfeit right to any deposit paid whether it be for security and/or rent.

The undersigned makes application to rent housing accommodations designated as:

Address of: _____ Apt: _____

The rental for which is \$ _____ per _____ Month _____ Week _____ Other _____

and upon approval of this rental application agrees to sign a rental or lease agreement and to all sums due including deposits before occupancy.

Date_____
Signature