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RENTAL APPLICATION

TO BE TURNED IN FOR EACH APPLICANT:
 • Application
 • Copy of Photo ID
 • Proof of Income

Notice: Co-Applicant must complete a separate Rental Application Form

The undersigned hereby makes application to rent apartment number _____ located at _____

 beginning on _____ ending on _____, at a monthly rental of \$ _____

PLEASE TELL US ABOUT YOURSELF

FULL NAME _____ Phone () _____
 Social Security No. _____ Driver's Lic. No. & State _____
 Name of Co-Applicant _____ Phone () _____ Email: _____
 Social Security No. _____ Driver's Lic. No. & State _____
 List All Occupants _____ Phone () _____ Email: _____

PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (Beginning With Most Current)

CURRENT ADDRESS _____ Zip Code _____
 Month & Year Moved In _____ Reason for Leaving _____
 Owner or Agent _____ Phone () _____ Monthly Payment \$ _____
 PREVIOUS ADDRESS (If within 3 years) _____
 Month & Year Moved In _____ Moved Out _____ Reason for Leaving _____
 Owner or Agent _____ Phone () _____
 PREVIOUS ADDRESS (If within 3 years) _____
 Month & Year Moved In _____ Moved Out _____ Reason for Leaving _____
 Owner or Agent _____ Phone () _____

PLEASE GIVE YOUR EMPLOYMENT INFORMATION

YOUR STATUS: Employed Full-Time Employed Part-Time Student Retired Not Employed
 CURRENT EMPLOYER (Or Most Recent) _____
 Address _____ Phone () _____
 Date(s) Employed / From _____ To _____ Position _____
 Supervisor _____ Your Net Monthly Salary \$ _____ Household Net Monthly Income \$ _____
 PREVIOUS EMPLOYER _____
 Address _____
 Date(s) Employed / From _____ To _____ Position _____ Supervisor _____
 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 \$ _____ Source _____
 Income Verification Required

PLEASE LIST YOUR BANK AND CREDIT REFERENCES

YOUR BANK(S) 1	City-State/Branch		Telephone
2			
YOUR CREDIT REFERENCES 1	City-State		Telephone
2			
3			

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) _____
 Make/Model _____ Year _____ Color _____ Tag No./State _____
 Make/Model _____ Year _____ Color _____ Tag No./State _____

Maximum of 2 vehicles allowed

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? Yes No

Broken a Rental Agreement or Lease? Yes No Been sued for damage to property? Yes No

Declared Bankruptcy? Yes No

PET INFO

Do you own a pet? Yes No

Type of pet? _____ Name _____ Age _____ Description _____

Type of pet? _____ Name _____ Age _____ Description _____

Maximum of two pets allowed

Indicate 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: _____

IN CASE OF PERSONAL EMERGENCY, NOTIFY: _____ Relationship: _____
Full Address: _____
Home Phone: _____ Work 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 above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of fact the owner or his agent may reject, without stating any reason for so doing, the applicant, thereby waiving any claim for damages by reason of non-acceptance.

Upon acceptance of this application, I will have twenty-four (24) hours to submit a NON-REFUNDABLE "Holding Deposit" in the amount of \$350.00 in the form of a money order or personal check, which will be applied to the first full month's rent. The "Holding Deposit" is required to hold a specific apartment for the applicant. If I fail to execute a lease for the above described premises, the "Holding Deposit" will be forfeited as liquidated damages in payment for taking the apartment off the market.

On December 2, 2020, Chapter 311 of the laws of 2020 was signed into law, requiring housing providers to disclose to all tenants and prospective tenants of their right to request reasonable modifications and accommodations if they have a disability. We have included a link to the Division of Human Rights where you can obtain more information about your rights pursuant to Human Rights Law § 296.2-b and § 296.18-a (<https://dhr.ny.gov/law#HRL296>). You will need to show your housing provider that you have a disability or health problem that interferes with your use of housing, and that your request for accommodation may be necessary to provide you equal access and opportunity to use and enjoy your housing or the amenities and services normally offered by your housing provider.

By signing below, applicant recognizes that the Landlord or his agent may investigate the credit background and criminal background of the applicant, obtain income verification from employer, contact present or previous Landlord(s) for references, and that a full disclosure of facts may be made to the Landlord.

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

Signature of Applicant _____ Date Signed _____

APPLICANT: PLEASE DO NOT WRITE BELOW

PAYMENT OF \$ _____ RECEIVED BY (NAME) _____ DATE _____

THIS APPLICATION FORM RECEIVED BY (NAME) _____ DATE _____

Reference Verification Name	Reference Comments

Comments: _____

THIS APPLICATION APPROVED NOT APPROVED

BY _____ Title _____ Date _____

If not approved, specify reason(s) _____

Applicant Notified By (Name) _____ Date Notified _____

Notified by: LETTER (Attach Copy) FORM TELEPHONE FAX IN PERSON

