

RENTAL APPLICATION

Official Use Only

Application Date: _____ Apt: Garage: Approved (Y/N): _____
Building: _____ Unit: _____ Rent: \$ _____ Garage: _____ Unit: _____ Rent: \$ _____
Term: 1 YEAR Lease Start Date: _____ Move in Date: _____

Unit Type:

1st Floor: 2nd Floor: 3rd Floor: No Preference:

Number of Bedrooms: _____ Number of Bathrooms: _____ Den (Y/N) _____

Special Requests: _____

PRIMARY APPLICANT INFORMATION

Full Name: _____
First Middle Initial Last

Email _____

Home Phone: (_____) _____

Work Phone: (_____) _____ Ext: _____

Cell Phone: (_____) _____

Number of Additional Occupants Who Will Live With You: _____ (*) Number of Pets: _____ Dogs Cats Other _____

Do You or Anyone Living With You Use Tobacco Products of Any Type (Y/N): _____

Have You or Anyone Living With You Been Arrested For A Felony (Y/N): _____ Been Convicted of A Crime (Y/N): _____

EXPLANATION: _____
(Required if applicable)

(OVER)

RESIDENCE HISTORY

PRESENT ADDRESS: _____

City/State/Zip: _____

Resided From: Month: _____ Year: _____ Resided To: Month: _____ Year: _____ Current Monthly Rent: \$ _____

Present Landlord: _____ Phone #: _____

Reason for Moving: _____

PREVIOUS ADDRESS: _____

(Required – If Less Than 5 Years At Present Address)

City/State/Zip: _____

Resided From: Month: _____ Year: _____ Resided To: Month: _____ Year: _____ Monthly Rent: \$ _____

Landlord: _____ Phone #: _____

Reason for Moving: _____

PERSONAL INFORMATON

Date of Birth: _____ Social Security Number: _____

Drivers License Number: _____ State: _____

EMPLOYMENT INFORMATION

A CURRENT PAY STUB MAY BE REQUIRED FOR THE VERIFICATION PROCESS

CURRENT EMPLOYER: _____ How Long? ____ Months ____ Years

Employer's Address: _____ Current Salary: \$ _____

City/State/Zip: _____ Phone# _____ Ext. _____

Position Held: _____ Supervisor: _____
(Name) (Title)

(OVER)

PREVIOUS EMPLOYER: _____ How Long? ____ Months ____ Years
(Required if less than 1 year at current employer)

Employer's Address: _____ Salary: \$ _____

City/State/Zip: _____ Phone# _____ Ext. _____

Position Held: _____ Supervisor: _____
(Name) (Title)

ADDITIONAL INFORMATION

ADDITIONAL OCCUPANT INFORMATION (other than co-applicant):

_____ Date of Birth: _____ Relationship: _____ SS#: _____
(IF 18 YEARS OR OLDER)

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*New York State Real Property Law permits landlords to restrict occupancy in order to comply with Federal, State, or Local laws, regulations, ordinances or codes in regard to septic systems. Shady Lane Apartments must adhere to permit rules and regulations issued in compliance with Title 8 of Article 17 of the Environmental Conservation Law of New York State.

PETS: Name: _____ Type _____ Weight _____ Age _____

Name: _____ Type _____ Weight _____ Age _____

CO-APPLICANT/GUARANTOR INFORMATION

Full Name: _____
First Middle Initial Last

Email _____

Home Phone: (_____) _____

Work Phone: (_____) _____ Ext: _____

Cell Phone: (_____) _____

(OVER)



CO-APPLICANT/GUARANTOR RESIDENCE HISTORY

PRESENT ADDRESS: _____

City/State/Zip: _____

Resided From: Month: _____ Year: _____ Resided To: Month: _____ Year: _____ Current Monthly Rent: \$ _____

Present Landlord: _____ Phone #: _____

Reason for Moving: _____

PREVIOUS ADDRESS: _____

(Required – If Less Than 5 Years At Present Address)

City/State/Zip: _____

Resided From: Month: _____ Year: _____ Resided To: Month: _____ Year: _____ Monthly Rent: \$ _____

Landlord: _____ Phone #: _____

Reason for Moving: _____

CO-APPLICANT/GUARANTOR PERSONAL INFORMATION

Date of Birth: _____ Social Security Number: _____

Drivers License Number: _____ State: _____

CO- APPLICANT/GUARANTOR EMPLOYMENT INFORMATION

CURRENT EMPLOYER: _____ How Long? _____ Months _____ Years

Employer's Address: _____ Current Salary: \$ _____

City/State/Zip: _____ Phone# _____ Ext. _____

Position Held: _____ Supervisor: _____
(Name) (Title)

(OVER)

PREVIOUS EMPLOYER: _____ How Long? ____ Months ____ Years
(Required if less than 1 year at current employer)

Employer's Address: _____ Salary: \$ _____

City/State/Zip: _____ Phone# _____ Ext. _____

Position Held: _____ Supervisor: _____
(Name) (Title)

AUTOMOBILE INFORMATION

NUMBER OF AUTOMOBILES (INCLUDING COMPANY CARS): _____
(Required)

VEHICLES: (Required)

Make: _____ Model: _____ Year: _____ Color: _____ Plate #: _____

Make: _____ Model: _____ Year: _____ Color: _____ Plate #: _____

Make: _____ Model: _____ Year: _____ Color: _____ Plate #: _____

Make: _____ Model: _____ Year: _____ Color: _____ Plate #: _____

IN CASE OF EMERGENCY NOTIFY

Name: _____ **Relationship:** _____
(Required) (Required)

Address: _____
(Required)

City/State/Zip: _____
(Required)

Home Phone: _____ **Work:** _____ **Cellular:** _____
(Required) (Required) (Required)

Name: _____ **Relationship:** _____
(Required) (Required)

Address: _____
(Required)

City/State/Zip: _____
(Required)

Home Phone: _____ **Work:** _____ **Cellular:** _____
(Required) (Required) (Required)



How Did You Hear About Us?

- Newspaper: _____
- Radio Station: _____
- Magazine: _____
- Internet: _____
- Relative: _____
- Friend: _____
- Other: _____

(OVER)

PLEASE MAKE SURE TO PROVIDE ALL OF THE APPLICABLE INFORMATION REQUESTED. IF INFORMATION IS MISSING OR INCORRECT YOUR APPLICATION WILL NOT BE PROCESSED!

PLEASE BE ADVISED THAT BY SIGNING THIS APPLICATION YOU, YOUR CO-APPLICANT (If Applicable), AND YOUR GUARANTOR (If Applicable) DO HERBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND AGREE THAT CONSENT IS GIVEN TO VERIFY THE ABOVE FACTS AS WELL AS PERFORM CREDIT / BACKGROUND CHECKS ON THE APPLICANT, CO-APPLICANT AND GUARANTOR (If Applicable).

THE INFORMATION INCLUDED IN THIS APPLICATION IS TO BE CONSIDERED CONFIDENTIAL AND WILL BE USED BY THE SOCHA MANAGEMENT EMPLOYEES AND CREDIT AGENCIES IN PROCESSING THIS APPLICATION, INCLUDING INFORMATION VERIFICATION AND CREDIT / BACKGROUND CHECKS. YOU ALSO HEREBY AGREE TO SUBMIT A TWENTY DOLLAR (\$20.00) NON-REFUNDABLE APPLICATION FEE AT TIME OF SIGNING BEFORE YOUR APPLICATION WILL BE CONSIDERED.

YOU, YOUR CO-APPLICANT (If Applicable), AND YOUR GUARANTOR (If Applicable), MUST SIGN AND AGREE TO THE ABOVE BEFORE YOUR APPLICATION WILL BE PROCESSED!

FURTHER INFORMATION MAY BE REQUIRED INORDER FOR YOUR APPLICATION TO BE ACCEPTED.

PLEASE MAKE CHECK PAYABLE TO SOCHA MANAGEMENT, INC.

APPLICANT SIGNATURE: _____ **DATE:** _____

CO-APPLICANT SIGNATURE: _____ **DATE:** _____

GUARANTOR SIGNATURE: _____ **DATE:** _____

(If Applicable)

Relationship: _____

