

# 200 East Avenue Rental Application

200 East Avenue  
Rochester NY 14604

Office: (585) 325-7940 Fax: (585) 325-6298

Email: \_\_\_\_\_

Type of Apartment Preferred:  1 BR  2 BR  3 BR  Other: \_\_\_\_\_ Date Needed: \_\_\_\_\_  
How Many Occupants? # \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

## APPLICANT #1:

Name: \_\_\_\_\_ SS #: \_\_\_\_\_ DOB: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_ : DL# \_\_\_\_\_ / \_\_\_\_\_ State  
Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Length of Residency: From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent/Mortgage Payment \$ \_\_\_\_\_ Landlord Name: \_\_\_\_\_  
Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Present Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Gross Income: \$ \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Additional Monthly Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_

## APPLICANT #2:

Name: \_\_\_\_\_ SS #: \_\_\_\_\_ DOB: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_ DL# \_\_\_\_\_ / \_\_\_\_\_ State  
Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Length of Residency: From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent/Mortgage Payment \$ \_\_\_\_\_ Landlord Name: \_\_\_\_\_  
Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Present Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Gross Income: \$ \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Additional Monthly Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_

## OTHER OCCUPANTS:

#1 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ #3 Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
#2 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ #4 Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## Emergency Contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## PET(S)

Do you own a pet?  No  Yes Type:  Dog  Cat(s) How Many? \_\_\_\_\_ Breed: \_\_\_\_\_ / \_\_\_\_\_ Weight: \_\_\_\_\_ / \_\_\_\_\_

<b>Vehicle 1:</b> Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____	<b>Vehicle 2:</b> Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____
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**STUDENT STATUS:** Are all household members full time students or have been FT students for 5 months in this year?  No  Yes

**ACCESSIBILITY:** Would you benefit from special accessibility design features of an apartment? If yes, explain \_\_\_\_\_

## GENERAL:

Have you or anyone in your household ever been convicted of a felony?  No  Yes  
Have you or anyone in your household ever been convicted for illegal use, possession, manufacturing or distribution of a controlled substance?  No  Yes  
Have you or anyone in your household ever been evicted from housing?  No  Yes

## RELEASE:

I hereby authorize the Owner to obtain and verify my consumer credit history, criminal history, sex offender status, employment, income, student status, landlord references and any other necessary information to determine my eligibility to enter a lease agreement. I also affirm that all of the above information that I have provided is true and complete. I make this representation knowing that if any such information is found to be false, the Owner may cancel or decline any lease agreement or renewal in reliance upon such information.

I understand and agree to provide a NON-REFUNDABLE Application Fee in the amount of \$ \_\_\_\_\_ to be submitted with this application.

I understand if the Owner is unable to deliver possession of proposed apartment on the agreed date for any reason then the Owner shall not be liable as a result. I understand that the Owner of the Community is also under no obligation to deliver possession of another apartment. However, Owner will make every attempt to provide another similar apartment. If after thirty (30) days of the agreed date of possession, Owner does not have an available apartment, Owner will cancel the application and refund the any deposit, in full.

Applicant #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



HANDICAPPED ACCESSIBLE