

Inquiline Properties of Distinction Schenectady, NY
APPLICATION FOR APARTMENT RENTAL *revised 11.5.08*

To be completed by each rental applicant

THIS IS AN APPLICATION TO RENT AN APARTMENT THAT DOES NOT PERMIT SMOKING AND HAS PET RESTRICTIONS

Name _____

Social Security # _____ Date of Birth _____

Present Address _____

Email _____ Current Rent Paid \$ _____ Length of Tenancy _____

Home Phone _____ Cell Phone _____

Current Landlord's Name _____ Telephone _____

Landlord's Address _____

EMPLOYMENT & INCOME

Occupation _____ Salary \$ _____

Employer's Name _____ Length of Employment _____

Employer's Address _____

Employer's Phone _____ Supervisor _____

Additional Source of Income _____

Charge Accounts _____

OTHER OCCUPANTS OF APARTMENT: If over 18 a separate application is required

name	age	name	age

IN CASE OF EMERGENCY

Contact _____ Relationship _____

Address _____ Phone _____

REFERENCES

Checking _____ Account Number _____

Savings _____ Account Number _____

Business Reference _____ Phone _____

Personal Reference _____ Phone _____

Additional Reference _____

I understand that no application or lease is valid or binding upon the landlord or his agent unless it is countersigned by the landlord or his agent. I further understand and consent to a check of my credit, background and references.

I warrant that all statements made on this application are true and that I am not presently being, or have ever been, evicted from any apartment.

APPLICANT SIGNATURE _____ Date _____