



# Carriage House East Apartments

311 W. Seneca Street, Manlius, New York 13104 Office (315) 682-7467 Fax: (315) 682-5637

## RENTAL APPLICATION

APPLICANT: Thank you for your application. We ask that you clearly complete this application in full to assist us in processing it for you. Any application that is not completed in full will be deemed as incomplete and is subject to rejection.

Date of Application: \_\_\_\_\_ Desired Move-In Date: \_\_\_\_\_

Type and Size of Unit Desired: \_\_\_\_\_

## PERSONAL INFORMATION

Applicant's Full Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status:  Married  Separated  Divorced  Single

Spouse's/Co-Resident's Name: \_\_\_\_\_

**(Co-Residents or Spouse Must Complete Separate Application)**

**\*\* Occupants \*\***

**Relationship**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\* Any or all Occupants 18 years or older must complete a separate application.**

Have you ever been convicted of a felony?  Yes  No

Have you ever been convicted of a sexual offense?  Yes  No

Have you ever been convicted for possession, use or sale of illegal substances?  Yes  No

## EMERGENCY NOTIFICATION

IN CASE OF EMERGENCY NOTIFY: Name \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

## RESIDENT HISTORY

<b>PRESENT ADDRESS:</b>		
City	State	Zip
Present Telephone	Cell #	Length of time at present address
Present Landlord or Mortgage Holder Name	Telephone	
Amount of Rent \$	Reason for moving	

<b>PREVIOUS ADDRESS:</b>		
<i>(Required if not at present address for at least one year)</i>		
City	State	Zip
Length of time at previous address		
Previous Landlord or Mortgage Holder Name	Telephone	
Amount of Rent \$	Reason for moving	

### EMPLOYMENT INFORMATION

<b>PRESENT STATUS:</b>	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
<b>EMPLOYED BY:</b>					How Long?
Employer's Address					
Position Held			Phone Contact		
Supervisor	Phone Contact	Present Income \$	per month		

### PREVIOUS EMPLOYMENT:

<i>(Required if current employment is less than six months)</i>					
<b>PREVIOUS STATUS:</b>	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
<b>EMPLOYED BY:</b>	How Long?				
Position Held			Previous Income \$ per month		

<b>IF STUDENT, LIST SCHOOL</b>	
Address of School	
Present Grade Level	Expected Date of Graduation

If student please attach documentation on how you intend to pay rent each month. [Stipend, Parents, Other]

### VEHICLES

<b>NUMBER OF VEHICLES</b> (Including Company Cars)				
Make/Model	Year	Color	License plate #	State
Make/Model	Year	Color	License plate #	State

### ADDITIONAL INFORMATION

Please provide any other information about yourself that may help us to evaluate your application:



## AUTHORIZATION OF APPLICATION

PLEASE READ CAREFULLY BEFORE SIGNING:

In considering this application from you, management will rely heavily on the information which you have supplied. It is important that the information is accurate and complete. By signing this application, you represent and warrant the accuracy of the information, and you authorize management to verify any references that you have listed.

Signed:

Date:

## DISPOSITION OF APPLICATION

Approved

Not Approved

By:

Date:

If not approved, indicate reason(s):

Applicant notified by:

Date notified:

Notes:

## MOVE-IN INFORMATION

Unit Number/Address

Lease Term:

From

To

Rental Rate \$

Date of Expected Move-In

Notes:

**Rental Consultant:**

**FOR ANY REASON  
YOU CHOOSE NOT TO TAKE APARTMENT  
DEPOSIT IS NON-REFUNDABLE**