

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

PRESENT ADDRESS:				
City	State	Zip		
Present Telephone	Cell #	Length of time at pre	esent address	
Present Landlord or M	ortgage Holder Name	Telephone		
Amount of Rent \$		Reason for moving		
PREVIOUS ADDRESS:				
TREVIOUS ADDRESS.		nt address for at least one year)		
City	State	Zip		
Length of time at previ	lous address			
	· · · · · · · · · · · · · · · · · · ·			
Previous Landlord or N	Mortgage Holder Name	Telephone		
Amount of Rent \$		Reason for moving		
	EMPLOYMEN	T INFORMATION		
PRESENT STATUS:	Full-Time Part-Ti		Student	
EMPLOYED BY:		How	Long?	
Employer's Address				
Position Held		Phone Contact		
rosition meta		r none Contact		
Supervisor	Phone Contact	Present Income \$	per month	
	PREVIOUS	EMPLOYMENT:		
		loyment is less than six months)		
PREVIOUS STATUS:	Full-Time Part-T	ime Unemployed Retired	Student	
EMPLOYED BY:		How Long?		
		now Long?		
Position Held		Previous Income \$	per month	
IF STUDENT, LIST SC	HOOL			
Address of School				
Present Grade Level	Expe	ected Date of Graduation		
If student please attach documentation on how you intend to pay rent each month. [Stipend, Parents, Other]				
VEHICLES				
NUMBER OF VEHICLES (Including Company Cars)				
Make/Model	Year Color	License plate #	State	
Make/Model	Year Color	License plate #	State	
	ADDITIONAL INFORMATION			
Please provide any other i	nformation about yourself that m	hay help us to evaluate your application:		

TERMS OF APPLICATION

PLEASE READ CAREFULLY

Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, references and credit records. Applicant acknowledges that false information herein may constitute a criminal offense under the laws of this state. Applications which are incomplete may result in an application being rejected. Applicant understands that the application becomes the property of East Coast Properties once submitted.

Applicant shall, within seven (7) days of lease start date, sign Landlord's lease and if he fails to do so, the application may be deemed by the Landlord as having been withdrawn, in which case, the Landlord may retain the deposit paid hereunder as liquidated damages.

Upon signing of the lease, the deposit paid on the signing of this application is to become a security deposit. This deposit is not intended to take the place of any part of rent.

The applicant understands that he has no rights hereunder until this application is approved by the Landlord and Lease is signed by both parties in accordance with terms herein.

If applicant is rejected, the Landlord shall return the applicant's deposit and there will be no further rights in favor of either party.

It is a material Breach of Lease if Tenant violates the No Pet Clause, and if this violation occurs, Tenant agrees to pay to Landlord as liquidating damages the sum of \$1,000. Landlord reserves all rights pertaining to this material breach.

AUTHORIZATION OF APPLICATION

PLEASE READ CAREFULLY BEFORE SIGNING:

Signed:

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.

Date: DISPOSITION OF APPLICATION

Approved		Not Approved	By:	Date:	
If not approved, in	dicate r	reason(s):			
Applicant notified	by:			Date notified:	
Notes:					

MOVE-IN INFORMATION

Unit Number/Address		
Lease Term: From	То	
Rental Rate \$	Date of Expected Move-In	
Notes:		
Rental Consultant:		

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