

**Park Centre Properties
1630 Westfall rd
Rochester, NY 14618**

RENTAL APPLICATION FORM

SEPARATE APPLICATION REQUIRED FROM EACH APPLICANT AGE 18 OR OLDER INCLUDING SPOUSE AND CHILDREN
THIS APPLICATION AND ITS CONTENTS ARE CONSIDERED PART OF THE LEASE. PLEASE FILL OUT ALL THE QUESTIONS BELOW

Applicant Information

Last Name:		First Name:		MI:	
Sex:	Home Phone Number:		Work Phone Number:		Cell. Phone Number:
Social Security Number:			Driver's License Number:		State: Date of Birth:
Marital Status:	<input type="checkbox"/> Single:	<input type="checkbox"/> Married:	<input type="checkbox"/> Divorced:	<input type="checkbox"/> Fiancé:	

Present Rental Information

Present Home Address:		City:	State:	Zip Code:	Length of Residence:
Landlord Name:		Landlord Phone Number:		Landlord Fax Number:	Monthly Rent:
Reason for Moving:					

Previous Rental Information

Previous Home Address:		City:	State:	Zip Code:	Length of Residence:
Landlord Name:		Landlord Phone Number:		Landlord Fax Number:	Monthly Rent:
Reason for Moving:					

Employment Information

Present Occupation:		Employer Name:		Name of Supervisor:	
Employer - Human Resources Dept. Phone #:		Employer - Human Resources Dept. Fax #:		Supervisor Phone Number:	
Current Income After Deductions:		Check one: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		Length of Employment:	Work Hours: AM PM

2nd Job Employment Information

Present Occupation:		Employer Name:		Name of Supervisor:	
Employer - Human Resources Dept. Phone #:		Employer - Human Resources Dept. Fax #:		Supervisor Phone Number:	
Current Income After Deductions:		Check one: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		Length of Employment:	Work Hours: AM PM

Other Sources of Income:

SSI Per Month:	Food Stamps Per Month:	Child Support Per Month:	Other Please Describe:
----------------	------------------------	--------------------------	------------------------

In Case of Emergency, Contact:

Name:	Phone #:	City:	State:	Relationship:
Name:	Phone #:	City:	State:	Relationship:

Rental Assistance

Rental Assistance / Subsidy Type:	Voucher Amount:	Expiration Date:
Case Number:	Case Worker Name:	Case Worker Phone Number:

Residency Information

HOW MANY OCCUPANTS WILL BE LIVING IN THIS APT BESIDES APPLICANT SIGNED ON THIS LEASE PLEASE LIST ALL:		EACH ADDITIONAL ADULT LIVING IN THE APT. OVER THE AGE OF 18 YEARS IS REQUIRED TO FILL OUT A SEPARATE APPLICATION:	IF THIS IS NOT FILLED OUT IT INDICATES THAT NO OTHER PERSON WILL BE LIVING IN THE APT.:
Total Adults:	Total Children Under 18 Years :	Pets:	NO PETS ALLOWED
FULL NAME		SEX	DATE OF BIRTH
RELATIONSHIP TO APPLICANT			

Have you ever:

Filed for bankruptcy? If yes, list date filed:
Been served an eviction notice or been asked to vacate a property you were renting? If yes, when?
Willfully or intentionally refused to pay rent when due? If yes, when?
Been sued for unlawful detainer? If yes, when?
Been convicted of or committed a felony? If yes, what?
Been charged or arrested for drug possession or sale?

Referred to us by: Newspaper (name) _____ Realtor (name) _____ Other _____

I hereby deposit with the management company a rent deposit in the sum of \$ _____ on the above premises pending approval of this application. I understand that my rent deposit may be applied to any rent loss, re-rental fee etc. If I don't bring the rest of the deposit by: ___/___/___ if the application is approved and I'm unable to fulfill the conditions of occupancy, my deposit will not be returned. The deposit will only be returned if this application is not approved providing that all above question was answered truthfully. All returned moneys would be returned with a check only. I hereby consent to allow, through its designated agent and its employees, to obtain and verify my consumer information (including credit, criminal and public records information) for the purpose of determining whether or not to lease to me an apartment. I understand that should I lease an apartment, and its agent shall have a continuing right to review my consumer information, rental application, payment history and occupancy history for account review purposes and for improving application methods. I declare under penalty of perjury that the information listed in this application is true and correct.

Signature of Applicant: _____ Date: _____

Remarks or personal statement please write here: _____

FAILURE TO FILL OUT THE APPLICATION COMPLETELY WILL RESULT IN A DELAY OF PROCESSING YOUR APPLICATION

RENTAL ADDRESS - OFFICE USE ONLY				
Rental Property Address:	Apt. #:	Bedroom:	City:	State:
Interviewed By:	Today's Date:	Move in Date:	Rent/Month:	