

RENTAL APPLICATION



Date of application: ___/___/___

Applicants name: _____

Social Security Number _____-____-_____

Current address: _____

Phone: ___-___-___ Cell: ___-___-___ Work ___-___-___

Name of co-applicants (18yrs.& older) _____

List names of all persons who will occupy unit: _____

Total number of persons living in apt. _____

Previous landlord _____ Phone- ___-___-___

Landlord address _____

Your previous address _____

Dates you lived there: from _____ to _____

Have you ever been evicted from any apartment within 5 years? ___YES ___NO

If yes, explain _____

APPLICANT 1 Your current employer _____

Address _____ Phone- ___-___-___

Position held _____ How long you have worked there _____

Gross income weekly _____ Other Income _____

APPLICANT 2 Your current employer _____

Address _____ Phone- ___-___-___

Position held _____ How long you have worked there _____

Gross income weekly _____ Other Income _____

Personal references (Not Relative)

Name _____ Phone- ___-___-___

Name _____ Phone- ___-___-___

If permitted, describe pets _____

I swear to the best of my knowledge the information provided is true, and give my permission to verify any information contained in this application.

Applicants signature- _____

Co-applicants signature- _____

Apartment needs:

Upper _____ Lower _____ No preference _____ House _____

Number of bedrooms _____ Price range _____ Date needed _____

If you have spoken to an agent please list name _____

Please Return Form to: **Chamberlain Home Realty**; 220 West State Street; Olean, NY 14760, **716-373-REAL(7325)**

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