

Rental Application for Cambridge Court Apts located at 76 Dodge Street Rochester, NY 14606 (585) 267-5222

APT SIZE	APT #	Dodge Street Rochester, NY 14606
-----------------	--------------	---

Name of each Resident who will live in unit please incl all children	Birth Date	Age	Soc.-Sec #	DR. LISC. #	EMAIL ADDRESS
(Adult 1)					
(Adult 2)					

1. RESIDENCE HISTORY

ADDRESSES	DATES MOVED	RENT PAID	OWNER / MANAGER/PHONE#	REASON FOR LEAVING
(PRESENT) STREET ----- CITY STATE ZIP	IN ----- OUT	\$ PER MONTH	NAME ----- PHONE ()	
OFFICE USE ONLY--VERIFICATION LINE				
(PRIOR) STREET ----- CITY STATE ZIP	IN ----- OUT	\$ PER MONTH	NAME ----- PHONE ()	
OFFICE USE ONLY--VERIFICATION LINE				

2. EMPLOYMENT HISTORY

COMPANY NAME	ADDRESS	POSITION OR OCCUPATION	START DATE	SUPERVISOR NAME TELEPHONE	GROSS SALARY OR WAGE
(PRESENT) ADULT 1	-----			NAME ----- ()	\$ PER MONTH
OFFICE USE ONLY--VERIFICATION LINE					
(PRIOR) ADULT 1	-----			NAME ----- ()	\$ PER MONTH
OFFICE USE ONLY--VERIFICATION LINE					
(PRESENT) ADULT 2	-----			NAME ----- ()	\$ PER MONTH
OFFICE USE ONLY--VERIFICATION LINE					
(PRIOR) ADULT 2	-----			NAME ----- ()	\$ PER MONTH
OFFICE USE ONLY--VERIFICATION LINE					

3. BANKING INFORMATION

BANK / S&L	BRANCH ADDRESS	PHONE NO.	ACCOUNT NUMBERS	DATES OPENED	PRESENT BALANCE
	-----	()	CHECKING ----- SAVINGS	-----	\$ ----- \$
OFFICE USE ONLY--VERIFICATION LINE					

4. PERSONAL REFERENCES (NOT RELATED)

NAMES	ADDRESSES	TELEPHONE	# Yrs Acquainted	OCCUPATION
	STREET ----- CITY STATE	() ()		

5. NEAREST RELATIVE (NOT LIVING WITH YOU)

NAME	RELATION-SHIP	ADDRESS	Phone# ()

6. CREDIT ACCOUNTS AND DEBTS (STORES, BANKS, FINANCE COMPANIES, ETC)

COMPANY NAME & ADDRESS	ACCOUNT NO.	AMOUNT BORROWED	DATE OPENED	MONTHLY PAY.	BALANCE OWED
NAME ----- ADDRESS					
OFFICE USE ONLY--VERIFICATION LINE					

7. AUTOMOBILES

MAKE	MODEL	YEAR	COLOR	LICENSE NO.	LEGAL OWNER	INSURANCE CO.

		YES	NO			YES	NO
8	Has any civil judgment been entered against you for the collection of a debt in the past 10 years?			9	Have you ever filled for bankruptcy in the past 10 years?		
10	Have you ever been evicted or have you ever refused to pay your rent in full for any reason?			11	Do you have any pets or do you intend to get any pets?		
12	Have you or do you intend to possess, sell or use illicit drugs or narcotics in your residence?			13	Do you have any water filled furniture?		
14	Have you ever lived here before or do you know anyone living here now or in the past?			15	If accepted, how long do you expect to stay?		
16	IF ANY QUESTION 8 THROUGH 15 IS ANSWERED "YES" PLEASE EXPLAIN FULLY:						
17	How did you hear about this vacancy?						

The undersigned applicant(s) have completed this application to rent the apartment listed on PAGE 1 under the following terms and conditions

- 1) Receipt # _____ issued by resident manager to applicant for \$20 is a non-refundable credit application fee.
- 2) Receipt # _____ issued by resident manager is a deposit to hold the apartment for applicant while information is being verified and application is approved or rejected. Application deposit is refundable in full if application is rejected for any reason or if written notice revoking this application is received by the resident manager prior to acceptance of this application. Refund of deposit shall be mailed to address listed below within 7 working days of application being rejected. If application is approved then deposit shall be non-refundable and balance of move-in and signing of rental agreement shall occur within 48 hours of application being approved.
- 3) **All deposits and move-in moneys should be in the form of a cashiers check or money order made payable to ROBERT CONTE ONLY. Under no circumstances should any manager or property supervisor accept cash, request that you pay in cash, or request payment be made to anyone other than Robert Conte. Please contact us at 310-821-2974 should anyone request otherwise.**
- 4) Rental Rate \$ _____.
- 5) Security Deposit \$ _____.
- 6) Total Move-in \$ _____.

Applicant represents all information on pages 1 and 2 of this Application to be true and accurate and understands that owner/manager will rely upon said information when accepting this Application whether an independent investigation has been performed or not. Applicant hereby authorizes owner/manager and his/her/its employees and agents to verify said information and make independent investigations in person, by mail, phone, fax, or otherwise, to determine Applicant's rental, credit, financial and character standing. Applicant hereby releases owner/manager, his/her/its employees and agents investigating or supplying information, from any liability whatsoever concerning the release and/or use of said information, and further, will defend and hold them all harmless from any suit or reprisal whatsoever. All holders, public and private, of any such information are hereby authorized to release, without reservation or limitation, any and all such information they have concerning Applicant and in so doing, will be acting on Applicant's behalf at Applicant's request and will be held blameless and without any liability whatsoever. A copy, fax, or other reproduction of the Authorization shall be effective as the original.

Dated _____ Applicant (1) Signature _____ Home Phone # () _____ Work Phone # () _____

Dated _____ Applicant (2) Signature _____ Home Phone # () _____ Work Phone # () _____

APPLICATION: REJECTED APPROVED _____ **DATE** _____
(SUPERVISOR)