Date & Time Rec'd

RENTAL APPLICATION Equal Housing Opportunity

West Main Gardens, LLC

PO Box 425, Batavia, NY 14020 Phone: 585-343-2356

PLEASE TELL US ABOU	JT YOURSELF		
Name of Applicant			
Current address:			
Home Phone ()		_ Other Phone ()
Date of Birth			
Email Address:			_(optional)
Co-Applicant Name			
Co-Applicant Date of Birth			
Names of Dependents and a	iges		
Other Occupants and Their	Relationship		
Number of bedrooms neede	d		
Will you have any pets? If		;	
Are you a smokerYes	No		
Have you ever been convict	ed of a Felony	_YesNo	
PLEASE GIVE RESIDEN	NTIAL HISTORY	(LAST 3 YEARS)
Current Address		Apt#	
Current Address	StateZip		
Month/Year Moved In			
Reasons for Leaving		Rent \$	
Owner/Agent			
Phone ()			
Previous Address (last 3 yea	ars)		
Rent \$			
Owner/Agent			
Reasons for Leaving			

PLEASE DESCRIBE YOUR CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years? Have you ever been evicted from a rental residence?

Yes	No
Yes	No
Yes	No

Have you had two or more late rental payments in the past year?

Have you ever willfully or intentionally refused to pay Yes_

No

rent when due?		
PLEASE PROVIDE YOUR CUR	RENT EMPLOYMENT AN	ND INCOME
INFORMATION		
Your Status:Full Time		
Employer		
Dates employed		
Employed as		
Supervisor Name		
Phone ()		
Phone () Salary \$ per months, give name & phone of prev	(If employ	red by above less than 12
months, give name & phone of prev	vious employer or school:	
)
Other income that you receive:		TT 1
DDS How much	Social Security	_ How much
HUD How much	Disability	How much
SNAP How much	Pension	How much
Other:	How much	
Total Monthly Income	Total Annual Income	
PLEASE LIST YOUR REFEREN	NCFS	
Banking Accounts:	ICE5	
Name Type of	Account	
Name Type of Type of	Account	_
		_
Personal References or Emergence	cy Contacts:	
Name	•	
Address		
Address Phone	Relationship	
Personal Reference or Emergency	v Contact:	
Name		
Address		
Phone	Relationship	
D	C	
Personal Reference or Emergency		
Name		
Address Phone		
Phone	Kelationship	
ADDITIONAL INFORMATION	•	
ADDITIONAL INFORMATION	•	

Please give any additional information that might help owner/management evaluate this application?

I hereby apply to lease the above described premises for the term and upon the set conditions above set forth and agree that the rental is to be payable the first day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I

warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, all of the deposit will be retained to offset the agent's cost, time, and effort in processing my application.

I recognize that as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living.

The above information, to the best of my knowledge, is true and correct.

Please sign:

Name of Applicant

Date:

AUTHORIZATION Release of Information

I/We hereby authorize West Main Gardens, LLC and its staff or authorized representative to contact any agencies, police departments, offices, groups or organizations to obtain and verity any information or materials which are deemed necessary to complete my/our application for housing managed by West Main Gardens, LLC. I further authorize West Main Gardens, LLC to verify all information listed on this application

Name (please print)

Signature

Date

APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)

Deposit of \$_____ Received by _____

OFFICE NOTES:

Date

Rental Unit _____