Apartment Application

Please complete this application for each tenant. Applications must be delivered with a \$20 per person deposit. The deposit will be applied to your security deposit if accepted, or returned if you are not accepted. If accepted you must be able to sign a lease and provide the security deposit and final month's rent within one week or forfeit the \$20 deposit. You may reach me by phone or text at 518-424-3426 or email at albanynychris@gmail.com when you are ready to apply. Please PRINT CLEARLY

This is a rental application only and does not constitute acceptance of the applicant as a tenant, Inaccurate or falsified information will be grounds for denial of the application or eviction from the premises. Fraternity / Sorority information required by landlord's insurance carrier. A portion of the application deposit may be applied to credit and criminal background reports, which provide information relating to your prior credit/rental history.

APARTMENT APPLIED FOR DATE				
Are two or more applicants mem	bers of the same F	raternity or Sorority? Yes	No	
Are two or more applicants mem	bers of the same t	eam, club, or other organization?	Yes No	
If Yes, provide information				
"Lead Tenant" first (point of first	contact):			
			DATE OF BIRTH	
EMAIL		SOCIAL SECURITY #		
CELL #	DRI	VERS LICENSE #	DL STATE	
HOME ADDRESS				
HOME PHONE	CURRENT STANDING (circle): FR SO JR SR GRAD Non Student			
CURRENT ADDRESS (or just "cam	ous")			
CURRENT LANDLORD NAME	CURRENT LANDLORD PHONE			
2. NAME (last)	(first)	(nickname)	DATE OF BIRTH	
EMAIL	SOCIAL SECURITY #			
CELL #	DRIVERS LICENSE # DL STATE			
HOME ADDRESS				
HOME PHONE	CURRENT STANDING (circle): FR SO JR SR GRAD Non Student			
CURRENT ADDRESS (or "campus")			
CURRENT LANDLORD NAME	CURRENT LANDLORD PHONE			
3. NAME (last)	(first)	(nickname)	DATE OF BIRTH	
EMAIL	SOCIAL SECURITY #			
CELL #	DRIVERS LICENSE #		DL STATE	
HOME ADDRESS				
HOME PHONE	CURRENT STANDING (circle): FR SO JR SR GRAD Non Student			
CURRENT ADDRESS (or "campus")			
CURRENT LANDLORD NAME	CLIDDENT LANDLOPD DHONE			

_ (first)	(nickname)	DATE OF BIRTH		
SOCIAL SECURITY #				
DRIVERS LICENSE #		DL STATE		
CUR	RENT STANDING (circle): FR SO J	R SR GRAD Non Student		
CURRENT LANDLORD PHONE				
_ (first)	(nickname)	DATE OF BIRTH		
SOCIAL SECURITY #				
DRIVERS LICENSE #		DL STATE		
CURRENT STANDING (circle): FR SO JR SR GRAD Non Student				
CURRENT LANDLORD PHONE				
(first)	(nickname)	DATE OF BIRTH		
SOCIAL SECURITY #				
DRIVERS LICENSE #		DL STATE		
CURRENT STANDING (circle): FR SO JR SR GRAD Non Student				
CURRENT LANDLORD PHONE				
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