

***A copy of your driver's license must be attached to this application before it can be processed which we can do for you!**

RENTAL APPLICATION

This is an application to lease for a term of _____, the _____ BR unit known as _____ at a monthly rental of \$_____. Occupancy is to commence on _____ or at such date which the unit is completed, whichever may occur last. All persons that will live in this unit must be listed on the application.

Applicant #1:

Name _____ Social Security # _____ Are you 18 or over? ___
Current Address: _____ Phone #: _____
How long there? _____ Own? ___ Rent? ___ Mtg./Rent Amt. \$ _____ Lease Expires _____
Present Landlord's Name and Address: _____
_____ Landlord's Phone #: _____
Prior Address: _____ How long there? _____
Landlord's Phone # _____
Employer: _____ Position with company _____
Employer's Address _____ Phone: _____
Annual Gross Income: _____ How long with employer? _____
Previous Employer/Address: _____ How long there? _____
Cell Phone #: _____ Email address: _____

Applicant #2:

Name _____ Social Security # _____ Are you 18 or over? ___
Current Address: _____ Phone #: _____
How long there? _____ Own? ___ Rent? ___ Mtg./Rent Amt. \$ _____ Lease Expires _____
Present Landlord's Name and Address: _____
_____ Landlord's Phone #: _____
Prior Address: _____ How long there? _____
Landlord's Phone # _____
Employer: _____ Position with company _____
Employer's Address _____ Phone: _____
Annual Gross Income: _____ How long with employer? _____
Previous Employer/Address: _____ How long there? _____
Cell Phone #: _____ Email address: _____

- Have you (or any person you have named on this application) ever been evicted from a tenancy or left owing money? Yes ___ No ___ If yes, please explain _____
- Do you or any of the members of your household have pending criminal charges, or ever been convicted or any criminal offense(s) other than traffic infractions? Yes ___ No ___
- Are you bringing a pet onto the property? Yes ___ No ___ (please fill out pet appl.) Pets are not allowed without prior written authorization from Landlord.
- Total number of people that will occupy this apartment _____ How many are 18 or older? ___

Vehicles:

Year Make Model Color License # (Recreational vehicles are not allowed)

-2-

How did you learn about Park Lane? ___Newspaper ___ Referral ___Drive-by___ Internet ___ Apt. Guide

Park Lane Circle is an Equal Opportunity Housing Provider. We fully comply with the federal Fair Housing Act. We also comply with all state and local fair housing laws.

I (we) hereby certify that I am (we are) the person(s) making this application and that all information contained herein is true and correct in every part. If any information is misrepresented or are found after the rental/lease agreement is signed, your rental/lease agreement will be terminated.

I (we) understand that while processing this application, an investigative report may be made whereby information may be obtained as to character, general reputation, personal characteristics and mode of living (you have the right to make written request for a complete and accurate disclosure of the nature or scope of any such investigative report).

I (we) have deposited with the landlord \$_____. I (we) understand that \$_____ of this amount is a nonrefundable processing fee and the balance is the security deposit to continue to hold the apartment. If this application is rejected, the security deposit will be refunded in full by the owner. If I (we) choose not to enter into a lease, the deposit will be forfeited. This application shall be attached to and shall constitute part of the lease hereby applied for.

Date: _____

Applicant # 1 Signature

Applicant #2 Signature

Application taken by: _____



Return application to:
Park Lane Circle Apartments
357 Park Lane Circle, Apt. 6
Lockport, New York 14094
Phone: 716-439-1878 Fax #- 716-439-6119

Office Use: Copy of driver's license ____ (must have)
Two copies-paystubs ____
Pet application ____
Processing fee(s) ____
Security Deposit ____

RESIDENT CREDIT/CRIMINAL/LANDLORD REPORT REQUEST

Park Lane Circle Apts.
357 Park Lane Circle, Apartment #6
Lockport, New York 14094

Applicant Information:

Last Name: _____ First Name: _____ Middle: _____

Current Address: _____

Social Security #: _____

Co-Applicant Information:

Last Name: _____ First Name: _____ Middle: _____

Current Address: _____

Social Security #: _____

Prospective Resident Inquiry Release Authorization

In connection with my application for residency, I understand that background inquiries may be made on those listed in this request including credit, current and prior landlord, criminal and other reports. These reports may include information as to my character, credit worthiness, employment status and general reputation. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past credit, criminal, civil and other activities.

Without reservation, I authorize any party or agency contacted by this lessor or agent, designated in this release, to furnish the above mentioned information.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____