

INDIAN RIDGE APARTMENTS  
1025 REYNOLDS ROAD, A101  
JOHNSON CITY, NY 13790  
(607) 729-9641  
FAX (607) 729-6067  
rwhitney@indianridgeapts.com

**RENTAL APPLICATION**

**Notice: Co-applicant and co-signors must complete separate application**

The undersigned hereby makes application to rent unit # \_\_\_\_\_ on \_\_\_\_\_, 2016  
at a monthly rental of \$\_\_\_\_\_.

**PLEASE TELL US ABOUT YOURSELF**

Name (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
Drivers License Number & State \_\_\_\_\_  
Co-Applicant \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Social Security # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Drivers License # \_\_\_\_\_  
Names of All Other Occupants \_\_\_\_\_  
\_\_\_\_\_ Total Number of Occupants \_\_\_\_\_  
How many Pets? \_\_\_\_\_ Kind of Pet, Breed, Weight, and Age \_\_\_\_\_  
\_\_\_\_\_

**PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS**

Current Address \_\_\_\_\_  
Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Owner or Landlord \_\_\_\_\_  
Owner or Landlord Phone # \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_  
  
Previous Address (If within 3 years) \_\_\_\_\_  
Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Owner or Landlord \_\_\_\_\_  
Monthly Payment \_\_\_\_\_ Owner or Landlord Phone # \_\_\_\_\_

**PLEASE GIVE EMPLOYMENT INFORMATION**

( ) Employed Full Time ( ) Employed Part Time ( ) Student ( ) Retired  
Current Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
Date(s) Employed from \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_  
Supervisor \_\_\_\_\_ Gross Monthly Salary \$ \_\_\_\_\_  
Household Gross Monthly Income \$ \_\_\_\_\_  
Previous Employer Name and Address \_\_\_\_\_  
\_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Date(s) Employed from \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

If there are other sources of income you would like us to consider, please list income, source, and person (Banker, Employer, etc) who we could contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_  
Phone ( ) \_\_\_\_\_

**Total Number of Vehicles (Including Company Vehicles)**

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_  
License Plate # \_\_\_\_\_ State \_\_\_\_\_  
Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_  
License Plate # \_\_\_\_\_ State \_\_\_\_\_

Other Vehicle(s) \_\_\_\_\_

Have you ever been sued for Non-Payment of rent? Yes ( ) No ( )  
Been evicted or asked to move-out? Yes ( ) No ( )  
Been sued for damage to rental property? Yes ( ) No ( )  
Broken a rental agreement? Yes ( ) No ( )

Please give any additional information that might help management evaluate your application?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our property? \_\_\_\_\_

If management has any questions about your application, please give phone numbers where you can be located. Day Phone \_\_\_\_\_  
Night Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**In case of Personal Emergency; Notify:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rental is to be payable the **1<sup>st</sup> 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 are true; however, should any statement made above be a misrepresentation or not a true statement of facts, **\$50.00** will be retained to offset the agent's cost, time, and effort in processing my application.

I hereby deposit \$\_\_\_\_\_ as earnest money to be refunded to me if this application is not accepted within **3** business days. Upon acceptance of this application, this deposit shall be retained as the security deposit. When so approved and accepted I agree to execute a lease for a \_\_\_ month lease. If this application is not approved and accepted by owner, the deposit will be refunded, the applicant thereby waiving any claim for damages for reason of non-acceptance. The security deposit of \$\_\_\_\_\_ is non-refundable if apartment cancellation occurs after **3** business days of receipt of application/deposit.

I authorize you to contact previous landlords and credit references that I have given in this application. I also authorize management to obtain my consumer credit report and criminal background check.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Co-Applicant or Co-Signor

\_\_\_\_\_  
Date Signed

**APPLICANT: PLEASE DO NOT WRITE BELOW**

This application ( ) Approved ( ) Not Approved

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_