

CREDIT RENTAL APPLICATION

(Each co-resident must submit a separate application)

Country Gardens Apartments

110 Colleen Road, #6
Troy, New York 12180
518-271-6957

OFFICE USE ONLY

Approved _____	Not Approved _____
No. Assigned _____	
Address _____	
Amt. Deposit Received _____	
Date Deposit Received _____	
Date of Occupancy _____	
Date of Lease _____	
Rating _____	
Priority _____	

Date _____ Time _____

Property Name _____

Address Requested _____

NAME _____ <small>(First) (Middle) (Last)</small>	Date of Birth _____
Social Security No. _____	Driver's License No. _____ State _____
Spouse/Roommate Name _____	Date of Birth _____
Social Security No. _____	Driver's License No. _____ State _____

PRESENT ADDRESS City - State - Zip			Phone	Years
Owner/Manager	Address	City - State - Zip	Phone	
PREVIOUS ADDRESS City - State - Zip			Phone	Years
Owner/Manager	Address	City - State - Zip	Phone	
CURRENT EMPLOYER			Address	City - State - Zip
Position	Salary	Supervisor's Name	Phone	Years
PREVIOUS EMPLOYER			Address	City - State - Zip
Position	Salary	Supervisor's Name	Phone	Years
SPOUSE'S EMPLOYER			Address	City - State - Zip
Position	Salary	Supervisor's Name	Phone	Years
In Case of Emergency Notify			Address	City - State - Zip
			Phone	

Residence Desired (No. of Bedrooms) _____ Date of Occupancy _____ Minimum Occupancy Expected _____

Have you ever broken a lease or been evicted from any type of housing? Yes No If yes, please explain: (Use back for additional space)

Names of Other Occupants: (All persons occupying premises must be listed)

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many Autos (Including company cars) would you keep at this address? _____

Make _____ Color _____ Year _____ Lic. Tag No. _____ State _____

Make _____ Color _____ Year _____ Lic. Tag No. _____ State _____

Do you have any pets? _____ If so, indicate kind, weight, breed, age _____

How did you find out about us? _____

REFERENCES

BANK	Address	Account Number
MAJOR CREDIT CARD & NUMBER	Expires	MAJOR CREDIT CARD & NUMBER
		Expires
OPEN ACCOUNT	Phone	Amount Owed
OPEN ACCOUNT	Phone	Amount Owed
PERSONAL REFERENCE	Address	Phone
PERSONAL REFERENCE	Address	Phone

You have my permission to run a credit check Yes No. A credit check will appear on your credit report as an inquiry. This application and the contents thereof are represented, by me, to be accurate and complete.

Signature _____ Spouse's / Roommate's Signature _____