

# Schermerhorn Rental Application



Receipt # \_\_\_\_\_  
An incomplete application may result in application denial.

## Rental Information

Date of Completion	Desired Occupancy Date Flexible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Desired Location:	Rental Price Range:	Preferences if Available: Bedrooms: 2 – 3 Baths: 1 – 1½ Garden Suite or Townhouse
How did you hear about us?			How long do you plan to live here?	

## Applicant Information (Please Print)

First Name:	Middle:	Last Name:
Other names or variations of your name:		Maiden Name:
SSN:	Date of Birth:	Driver's License State & #: (Attach copy)
Are you a legal resident or citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No      Smoker <input type="checkbox"/> non Smoker <input type="checkbox"/>		
Home Phone:	Work Phone:	Cell Phone:
Current Address:		E-mail Address:
City:	State:	ZIP Code:
Own    Rent    (circle one)	Monthly payment or rent:	How long?
Name of Present Landlord/Mortgage Company:		Phone: (     )     -
Address of Present Landlord/Mortgage Company:		
Lived at this address since (date):	Monthly Payment:	Amount of Security Deposit:
Is your rent/mortgage payment current?		
Reason for moving:		
Previous Address (if less than 2 years at Current Address):		
Address:		
City:	State:	ZIP Code:
Owned   Rented   (Please circle)	Monthly payment or rent:	How long?
Name of Previous Landlord:		Phone:
Address of Previous Landlord:		
Dates at this Address:	Reason for moving:	
Was your security deposit returned in full? <input type="checkbox"/> Yes <input type="checkbox"/> No	What other states have you lived in?	
Have you ever lived at a Schermerhorn property? <input type="checkbox"/> No <input type="checkbox"/> Yes	If so, where?	

## Employment Information

<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Not-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Full-time Student		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary    (Please circle)	Monthly income:

## Other/Additional Verifiable Income Information

Additional source of income you would like us to consider for this application:		
Amount: \$	per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year <input type="checkbox"/> other:	
Income source:		
Can be verified by:		

## Previous Employment Information

Previous employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary    (Please circle)	Monthly income:

**Other Occupants (all occupants 18 years of age or older must fill out a separate application for residency)**

Name:	Date of Birth:	Relationship to Applicant:	SSN:

**Pet Information (pet restrictions apply – pets are not permitted in all apartments)**

Do you or any other occupants have pets? (A separate pet application must be completed for pets)  No  Yes

Type of Pet:	Breed:	Weight:	Age:

**Banking & Credit References**

Bank:	City, State:	Branch:	Account Type:
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Credit Account With:	City, State:	Phone #:	Account Type:

**Personal References**

Name:	Address:	Phone:

**Other Information**

Have you or other applicants/occupants living with you ever: (please use blank lines to provide any explanations to this section)

Declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Been convicted of a crime or currently engage in Criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Pleaded guilty or no contest to a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Pleaded guilty or no contest to a misdemeanor Involving sexual misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No

As a part of our application process we may run a credit check and criminal background check. Is there anything negative we may find that you want to comment about?

**Vehicle Information**

Make/Model:	Year:	Color:	State/Tag #:

**Emergency Contact**

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

# AUTHORIZATION

When the application is approved and accepted I agree to enter into negotiations to lease an apartment. This agreement shall in no way bind Schermerhorn to accept this application for tenancy (the acceptance or rejection of the applicant as a tenant shall remain with the sole discretion of the owner).

I authorize you to contact any references that I have listed. I also authorize you to obtain my consumer credit report from your credit-reporting agency and periodically re-run this check at any time in the future to verify the truth and accuracy of any information given on this application. I may provide my own original credit report if ran within last 30 days by an authentic reporting agency. I must provide proof of purchase of credit report.

I authorize the verification of the information provided on this form as to my credit, employment and background. I understand that the approval is based on the merits of this application and I am not entitled to a reconsideration of deficiencies based on any other merits than my own information.

I acknowledge this application will become part of the lease agreement when approved. If any information is found to be incorrect, the application will be rejected and any subsequent rental agreement becomes void. False and misleading statements will be sufficient reason for immediate eviction and loss of resident reserve



536 Bay Road, Suite 2  
Queensbury NY 12804  
(518) 798-0674 – office  
(518) 743-9653 – fax  
www.schermerhornholdings.com

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## PAYMENT METHOD

Check Enclosed

Credit Card:



Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_ CID# \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name as appears on credit card: \_\_\_\_\_

I authorize you to automatically charge my payment to the credit card account indicated above.

Signature \_\_\_\_\_

Date \_\_\_\_\_