

APPLICATION FOR LEASE



**Ellicott
Development
Company**

295 Main Street, Suite 210
Buffalo, NY 14203
(716) 854-0060 Fax: (716) 852-2829
www.ellicottdevelopment.com

Apt. No.: _____ Address: _____
 Rent: \$ _____ Possession Date: _____ Security Deposit: \$ _____

The undersigned hereby apply for, and offer to execute a rental agreement for the apartment described above.
 The undersigned hereby represent and warrant that the statements made herein are true.

PART I - PERSONAL INFORMATION

(please print)

Applicant

Last Name _____ First Name _____ Middle Initial _____
 Phone # _____ Cell # _____ SSN _____
 E-Mail: _____
 Driver's License no. _____ State: _____
Vehicles:
 Make/Model: _____ Year: _____ License Plate no: _____
 Make/Model: _____ Year: _____ License Plate no: _____

Co-Applicant

Last Name _____ First Name _____ Middle Initial _____
 Phone # _____ Cell # _____ SSN _____
 E-Mail: _____
 Driver's License no. _____ State: _____
Vehicles:
 Make/Model: _____ Year: _____ License Plate no: _____
 Make/Model: _____ Year: _____ License Plate no: _____

Other intended permanent occupants:

Name: _____
 Name: _____
 Name: _____

Description of pets:

Breed _____ Weight _____
 Have you ever been convicted of a crime? Yes No Where & When? _____
 Do you take illegal Drugs? Yes No
 Have you ever been evicted from a property? Yes No
 Does applicant have any judgments/liens or tax warrants against him/her? Yes No

PART II - RESIDENCY HISTORY

(please print)

Current Address _____ Monthly Payment: \$ _____

 Home Owner Renter
 Month & year moved in _____ Reason for leaving _____
 Owner/Agent: _____
 Mailing Address: _____
 Phone #: _____
(If owned)
 Lender: _____
 Address: _____
 Phone # _____ Account number: _____

Previous Address _____ Monthly Payment: \$ _____

 Home Owner Renter
 Month & year moved in _____ Reason for leaving _____
 Owner/Agent: _____
 Mailing Address: _____
 Phone #: _____
(If owned)
 Lender: _____
 Address: _____
 Phone # _____ Account number: _____

PART III - EMPLOYMENT

(Please Print)

Applicant:

Status Employed FT Employed PT Student Retired Not Employed

Occupation: _____ Title: _____

Employer: _____ How long? _____

Address: _____

Phone#: _____ Approximate monthly Income: _____

Co-applicant:

Status Employed FT Employed PT Student Retired Not Employed

Occupation: _____ Title: _____

Employer: _____ How long? _____

Address: _____

Phone #: _____ Approximate monthly Income: _____

PART IV - BANK REFERENCES & CREDIT REFERENCES

(please print)

Bank (s)	City/State Branch	Account #	Account Type	Telephone#
1)				
2)				

Credit References	City/State B	Account #	Account Type	Telephone #
1)				
2)				
3)				

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.

Source _____ Amount: _____

Source _____ Amount: _____

PART V -CHARACTER REFERENCES

(Print Clearly)

Please include three (3) **non-relative** character reference

Last Name	First Name	Telephone number(s)
Address:		Relationship
Last Name	First Name	Telephone number(s)
Address:		Relationship
Last Name	First Name	Telephone number(s)
Address:		Relationship

This application must be signed by all adults who will occupy the apartment jointly and severally before it will be considered by Landlord. Submission of this application together with any required supporting documents, and the required deposit is subject to approval by Landlord.

If approved and the lease is executed, all monies deposited with this application will be applied to Tenant's Security Deposit.

If applicant withdraws or fails to execute a lease within three (3) business days of an approved application, the amount deposited (as indicated below) will be retained by Landlord as liquidated damages.

By signing this application, the applicant(s) hereby authorizes Landlord and/or its Property Manager to perform a credit and criminal background check of Applicant(s).

and Applicant shall enter into a Lease for aforementioned premises.

Amount of deposit: \$ _____ Received by: _____

Date

Signature of Applicant

Date

Signature of Co-Applicant