

Please attach copy of your Driver's License.
THE CONSERVATORY at Third & State, Troy, NY

Please return to:
Troy Living, LLC
340 Broadway
Saratoga Springs, NY 12866

Rental Application

FOR OFFICE USE ONLY	
DATE	_____
PROPERTY	_____
APT. NO.	_____ RENT \$ _____
AGENT	_____

Please complete all requested information on the front and back of this form. Thank you for your interest in our apartments.

Date of Application _____	Desired Date of Occupancy _____
Type and Size of Apartment Wanted (No. of Bedrooms, etc.) _____	

PERSONAL INFORMATION

APPLICANT'S FULL NAME _____ Date of Birth _____
 Social Security No. _____ Driver's License No./ State _____
 CO-APPLICANT'S FULL NAME _____ Date of Birth _____
 Social Security No. _____ Driver's License No./ State _____

Full Names of All Other Residents	Relationship to You	Date of Birth

How Many Pets Do You or Other Occupants Own? _____
 Kind of Pet, Breed, Weight and Age _____
 How Did You Hear about Our Property? _____

RESIDENCE HISTORY

PRESENT ADDRESS _____
 Present Telephone _____ Dates From: _____ To: _____
 Present Landlord or Mortgage Co. _____ Telephone: _____
 Monthly Payment \$ _____ Reason for Moving _____
PREVIOUS ADDRESS _____
 Dates From: _____ To: _____
 Previous Landlord or Mortgage Co. _____ Telephone: _____
 Monthly Payment \$ _____ Reason for Moving _____

EMPLOYMENT INFORMATION

PRESENT EMPLOYER _____ Dates From: _____ To: _____
 Employer's Address _____ Telephone _____
 Position _____ Supervisor _____ Gross Monthly Salary \$ _____
PREVIOUS EMPLOYER _____ Dates From _____ To: _____
 Employer's Address _____ Telephone _____
 Position _____ Supervisor _____ Gross Monthly Salary \$ _____
CO-APPLICANT'S EMPLOYER
 Employer's Address _____ Telephone _____
 Position _____ Supervisor _____ Gross Monthly Salary \$ _____

BANKING AND CREDIT REFERENCES

BANK NAME & BRANCH _____ Telephone _____
Checking Acct. No. _____ Savings Acct. No. _____
Loan Acct. No. _____ Monthly Payment \$ _____
CREDIT REFERENCE _____ Telephone _____
Address _____ Account No. _____
CREDIT REFERENCE _____ Telephone _____
Address _____ Account No. _____
OTHER REFERENCE _____
Address _____

OTHER INFORMATION

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) _____
Make/Model _____ Year _____ Color _____ Tag No./State _____
Make/Model _____ Year _____ Color _____ Tag No./State _____
Other Car, Motorcycle, etc. _____
Total Gross Monthly Household Income \$ _____

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

Amount \$ _____ Per _____ Source _____ Telephone _____
Amount \$ _____ Per _____ Source _____ Telephone _____
Comments: _____

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? Yes No
Been evicted or asked to move out? Yes No Broken a Rental Agreement or lease? Yes No
If yes to any of the above, please provide Landlord's name and phone number _____
Been sued for damage to rental property? Yes No Declared Bankruptcy? Yes No
Been convicted of a felony? Yes No If yes, state charges and state and county of record: _____

In Case of Personal Emergency, Notify: _____ Relationship: _____
Address _____ Home Phone _____ Work Phone _____

I hereby certify and affirm that all information provided above is true and correct. I fully understand that my application may be rejected or my lease or rental agreement may be terminated if I have made any false, misleading or incomplete statement(s) in this application. I hereby authorize verification of all information provided, including a background check, financial and credit information via credit bureaus, and/or contact with current and previous employers, current and previous landlords and personal references. All persons or firms named may freely give any requested information concerning me and I hereby waive all right of action for any consequence resulting from such information. I hereby authorize the landlord or her agent to release any and all information contained in this application on behalf and for the benefit of the undersigned applicant. If this application is not approved by the Landlord or his agent, I, the applicant, waive any claim for damages by reason of non-acceptance. Landlord or his agent may reject this application without stating any reason for doing so.

I hereby submit \$50 per person of 18 years of age or older to be living in this apartment as a **non-refundable** application fee to be retained by the Landlord or her agent to cover the cost of processing my application. I understand that this sum is not a rental payment or security deposit.

APPLICANT'S SIGNATURE _____ DATE _____

CO-APPLICANT'S SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY-DO NOT WRITE BELOW

Date Application Received _____ Received By _____

REFERENCE VERIFICATION	REMARKS
<input type="checkbox"/> Present Landlord	
<input type="checkbox"/> Previous Landlord	
<input type="checkbox"/> Employment	
<input type="checkbox"/> Previous Employ.	
<input type="checkbox"/> Co-Applicant Employ.	
<input type="checkbox"/> Bank	
<input type="checkbox"/> Credit (1)	
<input type="checkbox"/> Credit (2)	
<input type="checkbox"/> Credit (3)	
<input type="checkbox"/> Other	

RECORD OF PAYMENT RECEIVED		
Date	Description	Amount

THIS APPLICATION: Approved Not Approved

Date _____

By _____

Assigned to Apt. No. _____ Rent \$ _____

Apartment Address _____

Applicant Notified By _____

Anticipated Move-In Date _____