



86 Circular Street, Saratoga Springs, New York 12866
Phone (518) 587-5220 • Fax (518) 587-1317
skidmore@burnsmgmt.com

Today's Date: _____

PERSONAL INFORMATION

Applicant's Full Name _____ Date of Birth _____
Phone Number _____ Cell Phone Number _____
Social Security # _____ Email Address _____

RESIDENCE HISTORY

Current Address _____
Street City State Zip

Length of Time at Present Address (Dates) _____

Landlord or Mortgage Holder _____ Phone # _____

Amount of Monthly Rent/Mortgage \$ _____ Reason for Moving _____

Previous Address _____
Street City State Zip

Length of Time at Previous Address (Dates) _____

Landlord or Mortgage Holder _____ Phone # _____

Amount of Monthly Rent/Mortgage \$ _____ Reason for Moving _____

EMPLOYMENT/INCOME INFORMATION

Applicant's Employer _____ How Long? (dates) _____

Employer's Address _____
Street City State Zip

Position Held _____ Salary \$ _____ Phone Number _____

Supervisor _____ Phone Number _____

PAYCHECK STUB OR OFFER LETTER REQUIRED
PROOF OF INCOME REQUIRED FOR ANYONE WITHOUT EMPLOYMENT

OTHER RESIDENTS TO OCCUPY APARTMENT

Name _____ Relationship _____ Date of Birth _____

Name _____ Relationship _____ Date of Birth _____

Name _____ Relationship _____ Date of Birth _____

BANKING REFERENCES

Bank _____ Branch _____
Checking Account Number _____ Savings Account Number _____

OTHER INFORMATION

Have you ever declared bankruptcy? No Yes
Have you ever been convicted of a felony? No Yes
Have you ever been evicted? No Yes

Applicant Driver's License Number _____
Make/Model _____ Year _____ Color _____ Plate # _____ State _____

MOTORCYCLES & LARGE COMMERCIAL VEHICLES ARE PROHIBITED

In Case of Emergency, Contact _____ Relationship _____
Address _____ Phone Number _____
Street City State Zip

NO PETS ALLOWED

READ CAREFULLY BEFORE SIGNING

I hereby authorize Burns Management to obtain consumer reports and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to credit history, rental history, civil and criminal information, employment/income verification and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect to or in connection with, the rental or lease of a residence for which application was made. I agree to hold the above named company and procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information. I understand that any false statements/representations made in this application may be used as termination of application/lease.

There is a \$35 non-refundable application fee for each applicant and a \$_____ deposit to secure the apartment which will be returned only in the event that the application is not approved.

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

Apt # _____	Address _____	Rent _____
Security Deposit _____	Move in Date _____	Referred by _____
Other _____		

- Present Landlord _____
- Previous Landlord _____
- Employment _____
- Credit _____
- Bank _____
- Other _____

Date Application Received _____
Received By _____
Advance Deposits:

DATE	DESCRIPTION	AMOUNT

THIS APPLICATION: APPROVED NOT APPROVED

BY _____ SECURITY DEPOSIT _____