



264 Warren Street
Glens Falls, NY 12801
Phone: (518) 798-0757
Fax: (518) 798-3431
www.hometownrecc.com/

Rental Application

- Each adult (18 years of age or older) who will be residing in the apartment must fill out this application.
- There is a **non-refundable** fee of **\$30.00**
- You must fill out the **entire** application and return it to Hometown Real Estate.

Primary Applicant

Basic Information

Full Legal Name: _____ Date of Birth: _____

Social Security Number: _____ Driver's License #: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Proposed Occupants

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Rental/Residence History

Current Address: _____ # of Bedrooms: _____

_____ Rent Paid: _____

Owner/Manager's Name: _____ Phone Number: _____

Reason for Leaving: _____

(Turn over to complete current address information)

Do You Owe Any Rent: Yes or No

Did You Give Your Landlord Notice to Leave: Yes or No

Dates of Residency: _____ **to** _____

Previous Address: _____

of Bedrooms: _____

Rent Paid: _____

Owner/Manager's Name: _____

Phone Number: _____

Reason for Leaving: _____

Did You Owe Any Rent: Yes or No

Did You Give Your Landlord Notice to Leave: Yes or No

Dates of Residency: _____ **to** _____

Employment History

(If you have been employed with your current employer for less than 12 months you **must** provide your previous employer)

Current Employer: _____

Employer's Address: _____

Pay Rate/Salary: _____

Supervisor/Manager's Name: _____

Phone Number: _____

Dates of Employment: _____ **to** _____

Previous Employer: _____

Employer's Address: _____

Pay Rate/Salary: _____

Supervisor/Manager's Name: _____

Phone Number: _____

Reason for Leaving: _____

Dates of Employment: _____ **to** _____

Credit History

Do You Have a Checking Account? Yes or No **If Yes, Name of Institution:** _____

Do You Have a Savings Account? Yes or No **If Yes, Name of Institution:** _____

Do You Have any Credit Cards? Yes or No **If Yes, Total Balance Owed:** _____

Do You Have a Car Loan? Yes or No **If Yes, Total Balance Owed:** _____

Vehicles (Include All Vehicles)

Year/Make/Model: _____ **Color:** _____

License Plate Number: (State) _____ **(#)** _____

Year/Make/Model: _____ **Color:** _____

License Plate Number: (State) _____ **(#)** _____

Year/Make/Model: _____ **Color:** _____

License Plate Number: (State) _____ **(#)** _____

References & Emergency Contacts

Nearest Relative Living Elsewhere

Name: _____ **Phone Number:** _____

Street Address: _____

By signing the application you grant us permission to communicate with all contacts listed in this section in the event we can't locate you. Furthermore, if you abandon the apartment for any reason then you grant us permission to allow your relative listed above to remove all contents of the dwelling on your behalf.

General Information

- 1) Have you ever been served a late rent notice: Yes or No
- 2) Do you smoke: Yes or No
- 3) How long would you be looking to rent for? _____
- 4) When would you be able to move in? _____
- 5) Do you have any pets? Yes or No If yes, please explain: _____
- 6) Have you been convicted of a felony? Yes or No If Yes, What? _____
- 7) Have you had any reoccurring problems with your current landlord? Yes or No

If Yes, please explain: _____

- 8) Why are you moving from your current address?

9) List any verifiable sources and amounts of income you wish to have considered (please leave a contact name and number to verify this):

- _____
- _____
- _____

10) If you were to run into financial difficulty in the future and couldn't come up with the money to pay the rent, do you know someone that would loan you the money? If so, provide the person's name, address, and phone number so that we can use them as a reference for you.

- 11) Have you been party to a lawsuit in the past? Yes or No

If yes, please explain: _____

12) Is there anything negative that we will find on your credit check or criminal background check?
Yes or No If yes, please explain below:

13) How did you hear about this apartment? _____

14) Do you have an e-mail address we can reach you at? _____

Agreement & Authorization Signature for Primary Applicant

I _____, believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application by **Hometown Real Estate**. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for an apartment and/or mobile home and does not constitute a rental or lease agreement in whole or part. I further understand that there is a **non-refundable** fee to cover the cost of processing my application and I am not entitled to a refund even if I don't get the apartment. Any question regarding rejected applications must be submitted in writing and accompanied by a self-addressed stamped envelope.

Signature: _____ Date: _____

Print Your Name: _____

Co-Applicant

Basic Information

Full Legal Name: _____ Date of Birth: _____

Social Security Number: _____ Driver's License #: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Rental/Residence History

Current Address: _____ # of Bedrooms: _____

_____ Rent Paid: _____

Owner/Manager's Name: _____ Phone Number: _____

Reason for Leaving: _____

Do You Owe Any Rent: Yes or No Did You Give Your Landlord Notice to Leave: Yes or No

Dates of Residency: _____ to _____

Previous Address: _____ # of Bedrooms: _____

_____ Rent Paid: _____

Owner/Manager's Name: _____ Phone Number: _____

Reason for Leaving: _____

Did You Owe Any Rent: Yes or No Did You Give Your Landlord Notice to Leave: Yes or No

Dates of Residency: _____ to _____

Employment History

(If you have been employed with your current employer for less than 12 months you **must** provide your previous employer)

Current Employer: _____

Employer's Address: _____ **Pay Rate/Salary:** _____

Supervisor/Manager's Name: _____ **Phone Number:** _____

Dates of Employment: _____ to _____

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Do You Have a Car Loan? Yes or No **If Yes, Total Balance Owed:** _____

Vehicles (Include All Vehicles)

Year/Make/Model: _____ **Color:** _____

License Plate Number: (State) _____ **(#)** _____

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Agreement & Authorization Signature for Co-Applicant

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Signature: _____ Date: _____

Print Your Name: _____