



425 Glen Street Associates, LLC Rental Application 518-745-7067



Rental Information			
Today's Date:	Move-In Date: ___/___/___ Flexible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rental Price Range:	Number of Bedrooms:
How did you hear about us?		How long do you plan to live here?	
Applicant Information			
First Name:	Middle Name:	Last Name:	
Other Variations of your name:		Maiden Name:	
SSN:	Date of Birth:	Driver's License State & # (attach copy)	
Are you a legal residence of the US? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home Phone:	Work Phone:	Cell Phone:	
Current Address:			
Do you currently: <input type="checkbox"/> Own <input type="checkbox"/> Rent		Monthly Payment:	How long?
Present Landlord/Mortgage Company's Name & Phone Number:			
Are you current with your mortgage/rent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving?	
Previous Address (only if less that 2 years at current address)			
Address:			
Did you: <input type="checkbox"/> Own <input type="checkbox"/> Rent		Monthly Payment:	How long?
Past Landlord/Mortgage Company Name & Phone Number:			
Date at this address:		Reason for leaving?	
Was your security deposit returned in full? <input type="checkbox"/> Yes <input type="checkbox"/> No		What other states have you lived in?	
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:		How long?	
Address:			
Phone:	Email:	Fax:	
Position:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	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"/> monthly <input type="checkbox"/> year <input type="checkbox"/> other:			
Income source:			
Can be verified by:			
Previous Employment Information			
Previous Employer:		How long?	
Address:			
Phone:	Email:	Fax:	
Position:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Monthly Income: \$	
Other Occupants (all occupants 18 years or older must fill out a separate application for residency)			
Name	Date of Birth	Relationship to Applicant	SSN

Banking References			
Bank	City/State		Account Type
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Personal References			
Name	Phone		Relationship to Applicant
Other Information			
Have you / other applicants / occupants living with you ever: (please use back to provide any explanations)			
Been evicted or asked to move out?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Been sued for non-payment of rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Broken a lease / rental agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pleaded guilty or no contest to a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been sued for damage to rental property?	<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
Been convicted of a crime or currently engage in criminal activity?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact			
Name of person NOT residing with you:			
Address:			
Relationship:		Phone:	
PLEASE READ CAREFULLY BEFORE SIGNING			
<p>It is important that the information be accurate and complete, Management will rely heavily on the information which you have supplied. This form is only an application for residence and that the submission of this application does not reserve, not in any way guarantee a unit. By signing the application you represent and warrant the accuracy of this information and you authorize Management to verify references that you have listed. Signature of this on this application gives Management permission to run a credit report and criminal background check. You agree and understand the application fee of \$15 is non-refundable if you choose for any reason, not to move into this apartment building. Please make check payable to 425 Glen Street Associates, LLC. If Management rejects your application for any reason, your application fee will not be refunded. You also agree that you will notify National Grid and any other utility providers to put the utility meter in your name the first day of your lease. You also agree to maintain sufficient property damage and liability insurance to fulfill my individual needs.</p> <p>You also acknowledge that 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/lease becomes void. False and misleading statements will be sufficient reason for immediate eviction and loss of residency reserve deposit.</p>			
Signed applicant: _____		Signed Co-Applicant: _____	
Date: _____		Date: _____	
Other:			

Payment Method	
<input type="checkbox"/> Check <input type="checkbox"/> Money Order	
Enclosed in the amount of \$15 made payable to: 425 Glen Street Associates, LLC	

Please either drop off this application to the office during the hours listed below:

Monday – 10:00am – 12:30pm
Tuesday – 10:00am – 12:30pm
Wednesday – 10:00am – 12:30pm
Thursday – 10:00am – 12:30pm

**Or MAIL application to:
425 Glen Street Associates, LLC
425 Glen St, Glens Falls NY 12801.**

**Or FAX application to:
518-745-1213**

**Thank You!
745-7067**

FOR OFFICE USE ONLY

Apt #	Move-In Date	Lease Date	Rent Amt \$
			Sec Dp Amt \$
			Prorate Amt \$
Reference Verification			Total Amt Due \$
Credit:			<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Employment:			
Present Landlord:			
Other:			