

FLOWER CITY MANAGEMENT
277 Alexander Street, Suite 307
Rochester, New York 14607
Phone: (585) 647-6116
Fax: (585) 232-3474

Property Address, Apt. # _____
Rent: \$ _____ Includes: _____
Date apt. viewed _____ Apt. viewed with _____ **MOVE-IN DATE** _____
How did you hear about us? _____
Friends, Website, RentRochester.com, Craigslist

APPLICATION FOR APARTMENT LEASING

Notice: Co-applicant and co-signer must complete a separate Rental Application form.

PLEASE TELL US ABOUT YOURSELF-PLEASE TYPE OR PRINT

FULL NAME _____ PHONE-HOME _____
ADDRESS _____ PHONE-WORK _____
City _____ Cell # _____
State, Zip Code _____
BIRTHDATE _____
E-mail Address _____ (Please print clearly)

Name of co-applicant _____
Occupants to include: _____ # Adults _____ # Children

(Emergency Contact) Family Member Preferred

Relative _____ Relationship _____
Address _____ Phone # _____
City and State _____

E-Mail address (Print) _____

LANDLORD REFERENCE:

(Print Please)

Landlord _____ E-Mail address: _____
Address _____ Phone # _____
City, State, Zip Code _____ Fax: _____

Length of Residence _____ Lease Expires _____

PLEASE GIVE EMPLOYMENT INFORMATION

Place of Employment: _____
Address _____
Supervisor _____ Phone# _____ Ext: _____
Occupation/Title _____ Monthly Net Income _____
Length of Employment _____ (If employed less than 12 months-co-signers Mandatory)

- Have you ever: 1) Filed for bankruptcy? _____
2) Been evicted from tenancy? _____
3) Are there any judgments outstanding on your credit _____?
4) Have you been convicted of a crime in the past ten years, excluding misdemeanors and Summary offences, which have not been annulled, expunged or sealed by a court? _____

Reason for leaving present location: _____

Please give any additional information, which might help management evaluate this application:

The acceptance of this application and/or a deposit does not constitute approval of the application or an agreement to lease on the part of the landlord. If the application is not approved the sum deposited shall be returned to the applicant and his/hers rights hereunder shall thereupon cease. If the application is approved, the security deposit will "hold" the apartment. The apartment will not be advertised or shown to others during this time period. If the applicant decides not to rent the apartment, after being approved, the deposit will not be returned.

Authorization to Release Information:

I/We hereby authorize Flower City Management to obtain any information contained in my application including rental history, employment history, student status and a credit report from a consumer reporting agency. I/We hereby authorize the release of any information pertaining to the above listed items.

Please provide us with a copy of your driver's license. Thank you,

Applicant's Signature _____ Date _____
Cash _____ Check _____ M.O. _____

Vehicle Make/Model _____ Year _____ Plate # _____

Please complete application to avoid a delay in processing. Thank you