

The
Residences
at Clarkson

LEASING APPLICATION

This section for Administration use only:

The undersigned hereby makes application to rent at The Residences at Clarkson, Unit # _____ located in Clarkson, NY from PB Clarkson, LLC. Beginning _____, 20____, and ending _____, 20____, at the base rent of \$_____

Administration use only: Approved Denied Date Processed: _____ / _____ / _____

APPLICANT INFORMATION

Name _____

Current Residence Address _____

City _____ State _____ Zip Code _____

Current Home Telephone # _____ Current Work Telephone # _____

Cell Telephone # _____ Email _____

May we contact you through e-mail? Yes No

Maiden Name (if applicable) _____

Credit Check Information:

Social Security Number _____ - _____ - _____

Date of Birth _____ / _____ / _____ Driver's License # _____

Previous Address _____

Other Information:

Have you ever been sued for non-payment of rent Yes No

Have you ever been evicted or asked to move out

Have you ever filed bankruptcy

Have you ever broken a rental agreement/lease

Have you ever been sued for damage to rental property

Have you ever been convicted of a crime

If "Yes" detailed explanation required below....

If currently renting please complete the following:

Date you moved in? _____

Date you plan to move out? _____

Reason for leaving? _____

LEASING APPLICATION CONTINUED

Current Monthly Rent you pay per month \$ _____ Landlord _____
Name of _____
Complex _____ Telephone _____

Employment and Financial Information:

Employment: Full-time Part-time Self Employed Student Retired Unemployed
Current Employer/Company Name _____
Position/Title _____
Employer's Address _____
Your Direct Supervisor's Name _____ Supervisor's Telephone # _____
Date Hired _____ Salary or Rate of Pay per month \$ _____

If recently relocated to this area please list name, address and telephone number of your previous employer:

If retired please provide the following information as income:
Pension income per month \$ _____ Source: _____
Social Security income per month \$ _____ Other Sources: _____

CO-APPLICANT INFORMATION

Name _____
Current Residence Address _____
City _____ State _____ Zip Code _____
Current Home Telephone # _____ Current Work Telephone # _____
Cell Telephone # _____ Email _____
May we contact you through e-mail? Yes No
Maiden Name (if applicable) _____

Credit Check Information:
Social Security Number _____ - _____ - _____
Date of Birth _____ / _____ / _____ Driver's License # _____
Previous Address _____

Other Information:	Yes	No
Have you ever been sued for non-payment of rent	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been evicted or asked to move out	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever broken a rental agreement/lease	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been sued for damage to rental property	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a crime	<input type="checkbox"/>	<input type="checkbox"/>

If "Yes" detailed explanation required below....

LEASING APPLICATION CONTINUED

If currently renting please complete the following:

Date you moved in? _____

Date you plan to move out? _____

Reason for leaving? _____

Current Monthly Rent you pay per month \$ _____

Name of Complex _____ Telephone # _____

Employment and Financial Information:

Employment: Full-time Part-time Self Employed Student Retired Unemployed

Current Employer/Company Name _____

Position/Title _____

Employer's Address _____

Your Direct Supervisor's Name _____ Supervisor's Telephone # _____

Date Hired _____ Salary or Rate of Pay per month \$ _____

If recently relocated to this area please list name, address and telephone number of your previous employer:

If retired please provide the following information as income:

Pension income per month \$ _____ Source: _____

Social Security income per month \$ _____ Other Sources: _____

General Information:

Please list all other occupants who will be living with the Applicant and/or Co-Applicant: Must have photo id of everyone 18 years or older.

Name _____ Age _____ Relationship _____

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Pets: Accepted only with the consent of this property

Do you have a pet? Yes No

Pet Type _____ Breed _____ Weight _____ Name _____ Color _____

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How many autos (including company cars) would you keep at this address? _____

Fees/Deposits:

If this application is accepted, I will pay the following fees/deposits as agreed and enter into a lease agreement prior to the established move-in date. I agree to pay any required additional fees in order to meet the conditions of approval if this application is approved with conditions. In the event I choose not to enter into the lease agreement, 72 hours after

payment of fees/deposits, I shall waive all right and forfeit the \$0.00 hold fee. The balance of any deposit will be refunded within thirty (30) days from the receipt of a written request.

LEASING APPLICATION CONCLUDED

SIGNATURES:

I/We hereby apply to lease the above described premises for the term indicated above. As an inducement to the owner of the property to accept and approve this application, I/we warrant that all statements above set forth are true. Should any statement made above be a misrepresentation or not a true statement of facts, \$0.00 of the hold fee will be retained to offset the owner's cost, time and effort in processing my/our application.

In the event the owner accepts and approves the application and all parties subsequently execute a formal Lease Agreement, the owner will transfer the application deposit in the amount specified above toward the required Security Deposit of the Lease Agreement.

I/we recognize that as a part of your procedure for processing my/our application, an investigative consumer report may be prepared whereby information is obtained through credit reports and other various informational sources.

The above information, to the best of my/our knowledge, is true and correct.

Applicant Name printed here: _____

Signature of Applicant: _____ **Date signed:** ____ / ____ / ____

Co-Applicant Name printed here: _____

Signature of Co-Applicant: _____ Date signed: ____ / ____ / ____

***Completed applications may be emailed, faxed, mailed to our leasing office at:**

The Residences at Clarkson
2680 W. Ridge Rd
Suite B100C
Rochester, NY 14626
service@bassetgroup.com

THIS IS AN APPLICATION ONLY AND NOT A LEASE AGREEMENT

