

**Amberlands Realty Corporation
1 Baltic Place Suite 201
Croton on Hudson, NY 10520
Phone: (914) 271-4187
Fax: (914) 271-4756**

**Rental Application
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It is understood that this is an application for an apartment and is subject to acceptance / rejection by the landlord. Landlord will rely on the information provided within and in the event finds any information to be untrue can reject the application. If the lease has already been signed, the landlord may also terminate the lease. A deposit of \$75.00 is required for administrative fees and to hold the apartment. The deposit is non-refundable if applicant decides not to take the apartment at a later date.

Applicant(s) also authorizes the release of employment, income and any other pertinent information to the landlord or authorized agents.

By execution of this application, I hereby authorize Amberlands Realty Corporation or its agents to make such investigations into my credit, employment, rental and criminal history as they may deem appropriate, and release all parties from liability for any damages that may result from their furnishing information to you.

Applicant : _____ Date : _____

Applicant : _____ Date : _____

Verification by : _____ Date : _____

Approved by : _____ Date : _____

Amberlands Realty Corporation

Date of Application / /

Date of Move In / /

Size of Apartment _____

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The undersigned hereby makes application to rent at Amberlands Realty Corporation apartment complex for a lease term of one or two years. In connection with such application, the undersigned provides the following information, which is certified as true and correct as of the date herein.

PLEASE PRINT

APPLICANT:

Phone # _____

Name

Social Security #

Birthdate

Handicap Yes___ No___

APPLICANT:

Name

Relationship

Social Security #

Birthdate

Handicap Yes___ NO___

OTHER OCCUPANTS:

Name

Relationship

Social Security #

Birthdate

Handicap Yes___ NO___

OTHER OCCUPANTS:

Name

Relationship

Social Security #

Birthdate

Handicap Yes___ NO___

RENTAL HISTORY:

Current Address: _____

Monthly Rent: \$ _____ own rent

How Long: _____

Landlord Name: _____

Landlord Phone: _____

Reason for moving: _____

CREDIT REFERENCES:

Bank Name: _____

Bank Name: _____

Driver's License #: _____

State: _____

Expires: _____

Driver's License #: _____

State: _____

Expires: _____

Vehicle Model: _____

Year: _____

Plate #: _____

Vehicle Model: _____

Year: _____

Plate #: _____

**Amberlands Realty Corporation
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OTHER INFORMATION:

Have either of you ever:

Filed for bankruptcy? Yes No
Been evicted from tenancy? Yes No
Been convicted of a felony? Yes No

Emergency Contact: _____
Name Phone Relationship

Applicant 1

EMPLOYMENT:

Circle all applicable: Employed full-time Employed part-time Self-employed
 Non-employed Unemployed Retired

Current Employer: _____ Position: _____ How Long: _____

Address: _____

Supervisor: _____ Phone: _____ Fax: _____

Current Wages: \$ _____ per hour week bi-weekly month year (circle one)

Applicant 2

EMPLOYMENT:

Circle all applicable: Employed full-time Employed part-time Self-employed
 Non-employed Unemployed Retired

Current Employer: _____ Position: _____ How Long: _____

Address: _____

Supervisor: _____ Phone: _____ Fax: _____

Current Wages: \$ _____ per hour week bi-weekly month year (circle one)

OTHER INCOME:

Other Income Includes: Alimony, child support, welfare, unemployment, aid to dependent children, social security, annuities, insurance policies, retirement benefits, pensions, disability, gifts from family, and other regular periodic payments.

If none check here: No other sources of income

1) _____
Type of income Annual amount Contact address or phone

2) _____
Type of income Annual amount Contact address or phone

RENTAL ASSISTANCE:

No Rental Assistance Rental Assistance From: _____
Tenant Portion: \$ _____

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VERIFICATION OF EMPLOYMENT INCOME

Name and
Address of Employer _____

Re: _____ SSN# _____
Applicant/Tenant

Applicant/Tenant Address City, State Zip Code

The individual named above is an applicant for, a unit that requires verification of family income and other information related to eligibility. We would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

AUTHORIZATION:

I authorize the release of the information requested on this verification form.

Date Signature (Applicant/Tenant)

TO BE COMPLETED BY EMPLOYER:

1. Date of hire ___/___/___ Position _____
2. If salaried employee, \$ _____ per _____ (week, month, year, etc.)
Average regular hours worked weekly _____ Hourly rate: \$ _____
Average overtime hours worked weekly _____ Overtime rate: \$ _____
3. Average total weeks compensated per year _____
4. Does the employee earn:
Tips? Additional compensation? Yes No If yes, amount: \$ _____
Commissions or bonuses? Yes No If yes, amount: \$ _____
5. Do you anticipate an increase in base pay over the next 12 months? Yes No
If yes, amount: \$ _____ per _____. Effective as of: _____
6. **Total Gross Earnings Anticipated for the next twelve months: \$ _____**
(Including all tips, bonuses, overtime, commissions, anticipated changes)

I certify that the above information is true and correct.

Name/Title of Company Official Signature

Date Telephone Number