Tenant Application (Please PRINT and complete every field) Return to:

Today's Date:	Desired Rental Date:	Return this form with Security Deposit. Security Deposits are equal to one	
Duration of Lease	Departure Date:	Month's Rent	Tel: 607-279-4005 Email: 53matty@gmail.com
Name:		SS# (required)	E-Mail:
Current Address:		Birth Date:	Do you smoke? Yes No
City:		Cell:	Any pets? Yes No
State:	Zip/Postal Code:	Country:	What Kind of Pets?
How long have you lived at this address:	Reason for moving?		
Vehicle Year/Make/Model	Vehicle Color:	Plate#/State:	Next of Kin's Name
Permanent Address:	Current Landlord:	Previous Landlord:	
City:	Phone:	Phone:	
State:	Email:	Email:	Address:
Zip:	Have you ever been evicted?	Why were you evicted:	
Country:	Yes No		
Occupation:		STUDENTS	Phone:
Employer Name:	Phone:	School:	
How long have you worked/	Supervisor's Name:	Advisor:	Email:
schooled at this place:	Supervisor's Nume.	Phone:	Department/Field of Study:
What is the Source of Your Income that will be used for rent?	Bank Name:	Email:	
	Account#:	REFERENCES	
		Name:	Name:
In case of emergency:		2 1 1.	
Name:	Phone:	Relationship:	Relationship:
Relationship:	Email:	Phone:	Phone:
My signature confirms that ALL of the ar	nswers to the above que	stions are true.	
Your Signature:		Today's Date:	(Rental Office Only):