

**Amberlands Realty Corporation**  
**1 Baltic Place, Suite 201**  
**Croton on Hudson, NY 10520**  
**Phone: (914) 271-4187 / office@amberlands.com**

**Rental Application**  
**Page 1 of 4**

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 non-refundable \$75.00 application fee is required for administrative fees.~~

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.

Incomplete applications will not be considered. Please note that dogs are not allowed. Please list any animals: \_\_\_\_\_

Applicant : \_\_\_\_\_ / \_\_\_\_\_ Date : \_\_\_\_\_  
                  Printed name                   Signature

Applicant : \_\_\_\_\_ / \_\_\_\_\_ Date : \_\_\_\_\_  
                  Printed name                   Signature

Verification by : \_\_\_\_\_ Date : \_\_\_\_\_

Approved by : \_\_\_\_\_ Date : \_\_\_\_\_

**Amberlands Realty Corporation**

1 Baltic Place, Suite 201  
Croton-on-Hudson, NY 10520

Date of Application     /     /

Date of Move In         /     /

Size of Apartment     \_\_\_\_\_

**Rental Application Page 2 of 4**

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 # \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_  
Name Social Security # Birthdate

**APPLICANT:**

\_\_\_\_\_  
Name Relationship Social Security # Birthdate

**OTHER OCCUPANTS:**

\_\_\_\_\_  
Name Relationship Social Security # Birthdate

**OTHER OCCUPANTS:**

\_\_\_\_\_  
Name Relationship Social Security # Birthdate

**RENTAL HISTORY:**

**Current Address:** \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_  own  rent

How Long: \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

**Previous to 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?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been evicted from tenancy?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been convicted of a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Emergency Contact: \_\_\_\_\_  
Name Phone Relationship

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**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)

**OTHER INCOME YOU WOULD LIKE TO BE CONSIDERED WITH APPLICATION:**

- 1) \_\_\_\_\_  
Type of income                  Annual amount                  Contact address or phone
  - 2) \_\_\_\_\_  
Type of income                  Annual amount                  Contact address or phone
- 

**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 YOU WOULD LIKE TO BE CONSIDERED WITH APPLICATION:**

- 1) \_\_\_\_\_  
Type of income                  Annual amount                  Contact address or phone
- 2) \_\_\_\_\_  
Type of income                  Annual amount                  Contact address or phone

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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