

Rental Application

- 1. Please submit your application with the \$40 non-refundable application fee to Ayer Woods, payable by credit card. A credit card authorization is attached.
- 2. Apartments are limited and will be leased on a first-come, first-serve basis. The acceptance of this application does not ensure an accommodation. An apartment is reserved only upon payment of security deposit and execution of the lease agreement by all parties. Rents subject to change.

APPLICANT INFORMATION

Full Name			Cell Phor	ne ()	
Social Security #		_ Date of Birth:	/		_/	
Email Address:			_OtherPh	one ()	
Current Local Address	:					
Current Local Address	(STREET)		(CITY)		(STATE)	(ZIP)
Owner/Agent: Month/Year Moved In			_ Phone ()		
Month/Year Moved In		_ Reasons for Le	eaving		Re	nt \$
Previous Address:						
	(STREET)		(CITY)		(STATE)	(ZIP)
Owner/Agent:			_ Phone ()		
Please provide inform Driver's License/State					State:	
PLEASE DESCRIBE YOUR CREDIT HISTORY						
			Yes		No	
Have you declared bar	hkruptcy in the pa	ast?				
Have you everbeen ev	victed from any r	esidence?	Yes		_No	

Have you ever been evicted from any residence?

Have you had two or more late rental payments in the past year?

Have you ever willfully or intentionally refused to pay rent when due?

Yes	_No
Yes	_No

Have you ever been convicted of a felony?

Yes ____No _____

Ayer Woods | 610 Ayer Road, Williamsville, NY 14221 Phone: (716) 553.8802 | Email: debriceland@gmail.com

PLEA	SE PROVIDE V	OUR EMPLOY	(MENT INF	ORMATI	ON		
		Part Time					
Employer Dates Employe	ed	Emp	loved as				
Phone ()		Ann	ual Income:				
(If employed b	y above less th	an 12 months, g	ive name &	phone of	fprev	vious empl	oyeror
school :)
		OTHERS THAT					
		PETS THAT AR TRICTIONS IN	-	TED TO	LIVE	IN THE A	PARTMENT
•	•	D:		v	VEIGI	HT:	
TYPE:	BREE	D:		V	VEIG	HT:	
CO-AI	PPLICANT INF	ORMATION					
Full Name				Cell Phor	ne ()	
		Date					
Email Address	:			Other Ph	one ()	
	(STRE	ET)		(CITY)		(STATE)	(ZIP)
Owner/Agent	:	Reas		Phone ()		_ 4
Month/Year N	loved In	Reas	sons for Lea	ving			Rent Ş
Previous Addr	ess:						
	(STRE	ET)		(CITY)			(ZIP)
Owner/Agent				Phone ()		
Please provide	e information fo	or:					
•		nber:				State:	
DIEA		YOUR CREDI	т шетар	v			
PLEA	SE DESURIDE	TOUR CREDI				No	
Have you decl	ared bankrupto	y in the past?		lf yes, wh	en:		
Have you ever	been evicted f	rom any residen	nce?	Yes		_No	
•		e rental payme	ntsin	Yes		_No	
the past year?							
Have you ever pay rent wher	•	entionally refuse	ed to	Yes		No	
Have you ever	been convicte	d of a felony?		Yes		_No	
	Aye	Woods 610 A	yer Road, \	Villiamsv	ville, I	NY 14221	
	-	e: (716) 553.8802	•				

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

Your status:	Full Time	Part Time	Retired	Unemployed
Employer				
Dates Employ	ed	Empl	oyed as	
Phone()		Annu	al Income:	
(If employed by above less than 12 months, give name & phone of previous employer or				
school :)

If you have other sources of income that you would like us to conside r, please list income, source, and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application. If self-employed or retired, be prepared to show W-2's, personal tax returns.

Amount\$	Source/Contact Name
Amount\$	Source/Contact Name
Amount \$	Source/Contact Name

PLEASE LIST YOUR REFERENCES

Banking Accounts:			
Name	Type of Account		
Name	Type of Account		
Personal Reference or Em	ergency Contact		
Name	Address		
	Relationship		
Name	Address		
Phone	Relationship		

PARKING/VEHICLE INFORMATION

Make/Model	Year	License Plate/State	
Make/Model	Year	License Plate/State	

ADDITIONAL INFORMATION

Please give any additional information that might help owner/management evaluate this application.

Ayer Woods | 610 Ayer Road, Williamsville, NY 14221 Phone: (716) 553.8802 | Email: debriceland@gmail.com I hereby apply to lease the above described premises for the term and upon the set conditions above set forth. I hereby deposit \$______ as earnest money for apartment______ located at ______ Upon verbal acceptance by the owner or agent, this deposit shall be retained as part of the security deposit and this amount is non-refundable otherwise. When so approved and accepted, I agree to execute a lease for ______ months before possession is given and to pay the balance of the security deposit prior to the movie in date.

If the applicant is not approved or accept by the owner or agent, the deposit will be refunded. I hereby waive any claim for damages by reason of non-acceptance which the owner or agent may reject. I recognize that as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, all of the deposit will be retained to offset the agent's cost, time, and effort in processing my application. the above information, to the best of my knowledge, is true and correct. I am aware that an incomplete application may cause a delay in pre-screening and may result in denial of an application. I understand that the application fee is non-refundable. **I agree to permit an investigation of my credit, tenant history, banking and employment for the purposes of renting an apartment with this owner/manager.**

Applicant Signature: X	Date:
Printed Name:	
Co-applicant Signature: X	Date:
Printed Name:	-

FOR OFFICE USE ONLY:

DATE APP RECEIVED: _____ APP FEE PAID: _____ CREDIT CHECK COMPLETE: _____ INCOME/EMPLOYMENT VERIFIED:

UNIT ASSIGNED:	_ MOVE-IN DATE:
SECURITY DEPOSIT PAID:	

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