



**MADDALONE
& ASSOCIATES, INC.**

Real Estate Development
& Property Management

**Leasing Application
\$25 Application Fee**

525 Union Street Suite 101 Schenectady, NY 12305
Phone: 346-8600 Fax: 346-8800 www.maddalone.net

Property Address: _____

APPLICANT INFORMATION

Full Name: _____

D.O.B. _____ Social Security Number: _____

Current Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____

Landlord's Name: _____ Phone Number: _____

How Long at Current Address? _____ Monthly Rent Paid\$ _____

Why Are You Moving? _____

Previous Address: _____ How Long? _____

Previous Landlord _____ Phone # _____

Employment Information

Employer's Name: _____ Monthly Gross Income\$ _____

Employers Address: _____

What is Your Job Description? _____

Supervisor's Name: _____ Employer's Phone Number: _____

How long have you been employed with this company? _____

Previous Employer: _____ Length of Time: _____

Do you have any Pets? How Many? _____ Dogs: _____ Cats: _____

Breed: _____ Weight: _____ Shots: _____ (supply copy from vet)

Do You Receive Any of the Following? Please check appropriate service and list amount here \$ _____

SSI _____ SSD: _____ Social Services: _____ Section 8: _____ Other: _____

Case Workers Name: _____ County: _____

Phone Number: _____ Do They Pay Security? _____

Have You Ever Filed Bankruptcy? _____ Been Evicted From Any Property? _____

Have you ever been convicted of a crime? _____ If so please explain _____

Please List Your Bank and Credit References.

Bank Name: _____ City/Branch _____ Acct Type & # _____ Phone _____

Vehicle Information

Year: _____ Make: _____ Model: _____ Color: _____ Plate Number: _____
Are You the Registered Owner of This Vehicle? _____ Monthly Obligations: \$ _____ Paid To: _____

CO-APPLICANT

Full Name: _____

D.O.B. _____ Social Security Number: _____

Current Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____

Landlord's Name: _____ Phone Number: _____

How Long at Current Address? _____ Monthly Rent Paid \$: _____

Why Are You Moving? _____

Previous Address: _____ How Long? _____

Previous Landlord _____ Phone # _____

Employment Information

Employer's Name: _____ Monthly Gross Income \$ _____

Employers Address: _____

What is Your Job Description? _____

Supervisor's Name: _____ Employer's Phone Number: _____

How long have you been employed with this company? _____

Previous Employer: _____ Length of Time: _____

Vehicle Information

Year: _____ Make: _____ Model: _____ Color: _____ Plate Number: _____

Are You the Registered Owner of This Vehicle? _____ Monthly Obligations: \$ _____ Paid To: _____

Have You Ever Filed Bankruptcy? _____ Been Evicted From Any Property? _____

Have you ever been convicted of a crime? _____ If so please explain: _____

Additional Occupants

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Please Feel Free to Supply Us With Any Additional Information That Will Further Assist Us in Expediting the Processing Your Application: _____

Management will not discriminate on the basis of race, color, nationality, gender, family status, religion, sex, disability or any other characteristics protected by all applicable state and federal discrimination laws. I warrant that all statements above are true and may be used by the landlord and managing agent in accepting or rejecting my application. By signing this application, I authorize my employer to verify my employment and income. I further authorize Management to Contact Current and Previous Landlords. The undersigned acknowledges that if misrepresentation is made and a lease signed, the misrepresentation is a material breach of the lease and the landlord will have the right to terminate the lease. I hereby consent to have the Landlord request a credit check to any applicable credit rating to determine my credit worthiness.

Applicant Signature

Date

Co-Applicant Signature

Date

FOR OFFICE USE ONLY

Rental Amount: \$ _____

Security Deposit: \$ _____

Application Fee: \$ _____

Non-refundable Pet Fee: \$ _____

Prorated Rent: \$ _____

Key Deposit: \$ _____

Deposit Paid: \$ _____

Total due at lease signing: \$ _____

Name: _____

Phone: _____

Rental Address: _____

The undersigned has hereby given deposit in the amount of _____
(\$_____) to reserve the dwelling located at the above address for possible owner
consideration or acceptance for rental. If my application is approved the lease will become
effective on _____. Initial: _____

If prospective tenant is declined residency for any reason whatsoever, deposit is **FULLY REFUNDABLE.**

Initial: _____

In the event prospective tenant changes his/her mind about renting, deposit is **NONREFUNDABLE.**

Initial: _____

I fully understand the above statement and agree to abide by them.

Applicant

Co-Applicant

Maddalone & Associates Inc.

Date

Application Submission Checklist

Applicant Name(s): _____

Address and unit #: _____

We are pleased that you have chosen our property as your new home! In order to process and approve your application, please provide us with the following documents for each applicant.

- Completed Application & Signatures
- Two weeks recent paystubs or a job offer letter that includes start date of hire & salary.
- Prior Year W2
- Valid Driver's License or Passport, or State non-drivers ID
- Social Security Card
- Landlord Reference
- Supervisor Reference
- Signed and Initialed Deposit Policy Form (Pg. 4)

Upon moving in please provide the following:

National Grid: Please be sure to contact national grid prior to your scheduled move in date on _____ to connect gas/electric services in your name.

The number is 1-800-932-0301. You will need to supply us with the 10 digit account number and phone number associated with the account for your file.

*This does not apply to units that include all or some utilities. Please consult with your leasing agent for more details.

Renters Insurance:

Our lease requires you to obtain renters insurance for the duration of your lease term with the owner listed as additionally insured. We have a great contact at State Farm Insurance (518)372-1561, just give them a call & they will walk you through the process. Please provide us with a copy of the policy prior to your lease signing.

Pet Policy: If your new home is pet friendly, we ask that you supply us with a copy of your pets vet paperwork, which will show that your pet is up to date on their shots and are licensed. We will also require a 1 time non-refundable pet fee of \$_____ which will be due at the lease signing.