

# APPLICATION TO LEASE

## SCHWARTZ TOWERS

90 North Street

Auburn, NY 13021

Phone: (315) 253-4947 Fax: (315) 282-7586

Office Hours: 8:00 a.m. - 3:30 p.m.

Rental Agent \_\_\_\_\_

Apt. # \_\_\_\_\_

Lease Term \_\_\_\_\_

Rent \_\_\_\_\_

S.D. \_\_\_\_\_

Move in Date: \_\_\_\_\_



We are an equal housing opportunity provider. We do not discriminate on the basis of race, color, religion, sex, family status, national origin or handicap.

### Primary Resident:

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB: \_\_\_\_\_  
Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ DL # \_\_\_\_\_  
Own \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_ Monthly Payment \_\_\_\_\_ How Long? \_\_\_\_\_  
Landlord: \_\_\_\_\_ Landlord Phone # \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Previous Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Own \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_ Monthly Payment \_\_\_\_\_ How Long? \_\_\_\_\_  
Landlord: \_\_\_\_\_ Landlord Phone # \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

### Income Information:

Present Status: \_\_\_\_\_ Employed Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Student \_\_\_\_\_  
Unemployed \_\_\_\_\_ Retired \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone number \_\_\_\_\_ Ext. \_\_\_\_\_  
Employer Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Salary \_\_\_\_\_ wkly /bi-wkly /annual Other Income \_\_\_\_\_  
Source \_\_\_\_\_

### Co-Applicant:

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB: \_\_\_\_\_  
Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ DL # \_\_\_\_\_  
Own \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_ Monthly Payment \_\_\_\_\_ How Long? \_\_\_\_\_  
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Reason for Leaving: \_\_\_\_\_  
Previous Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Own \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_ Monthly Payment \_\_\_\_\_ How Long? \_\_\_\_\_  
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Supervisor: \_\_\_\_\_ Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_  
Employer Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Salary \_\_\_\_\_ wkly /bi-wkly /annual Other Income \_\_\_\_\_ Source \_\_\_\_\_

PLEASE COMPLETE BOTH SIDES



Vietnam Veteran Yes  No  Discharge Date \_\_\_\_\_ Time Served: Years \_\_\_\_\_  
Months \_\_\_\_\_ Copy of Discharge Papers Form DO-214 Must Be Attached

**PERSONS WHO WILL OCCUPY APARTMENT** (List names, ages and relationship of persons occupying the apartment)

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
NAME: \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  If Yes, explain \_\_\_\_\_

**TENANT VEHICLE INFORMATION**

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ PLATE # \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE NOTIFY:**

NAME \_\_\_\_\_ PHONE# \_\_\_\_\_ CELL# \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**CREDIT INFORMATION (List credit cards, loans and other monthly payments)**

NAME \_\_\_\_\_ BALANCE \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_  
NAME \_\_\_\_\_ BALANCE \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_

**Pets**

Do you have any pets? Yes  No   
If yes, what kind? \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

**Guarantor**

If a guarantor is required, do you have a qualified and willing person residing in the State of New York available to guarantee the lease? YES  NO

Name: \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_  
Own  Rent  Other  Monthly Payment \_\_\_\_\_ How Long? \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Salary \_\_\_\_\_ wkly / bi-wkly / annual Other Income \_\_\_\_\_ Source \_\_\_\_\_

This application must be signed by all adults who will occupy the apartment and guarantor (if required) before it can be considered by the Landlord. Acceptance of this application and monies deposited herewith is not binding upon Landlord, until approved by Landlord. If the apartment is held for applicant for more than three (3) days, all monies deposited shall be forfeited to the Landlord. By signing, the applicant recognizes that the Landlord or his agent may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Landlord. A credit report will be processed through Trans Union, Equifax and Experian credit reporting agency.

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

CO-APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

GUARANTOR \_\_\_\_\_ DATE \_\_\_\_\_

How did you hear about us? newspaper  referral  drive by   
internet  Penny Saver  other



**Schwartz Towers**  
90 North Street  
Auburn, New York 13021

Phone: 315-253-4947  
Fax: 315-282-7586

### LANDLORD VERIFICATION

To:

Date:

Resident/Applicant

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

The person named above has applied for a rental unit at our facility. He/She has authorized us to request the information relating to residency in your dwelling.

Please answer all the questions listed below and return this statement to us as soon as possible. All replies will be kept confidential except upon the request of the applicant.

Your assistance and prompt response will be appreciated.

Resident Manager

#### INFORMATION BEING REQUESTED

Are you a relative or friend of the applicant?  YES  No

Are you the: Current Landlord  Previous Landlord  or Other

Dates of Applicant's Tenancy From \_\_\_\_\_ To \_\_\_\_\_

Amount of monthly rent \$ \_\_\_\_\_ Were utilities included in the rent?  YES  NO

Does (did) applicant pay rent on time?  YES  NO

Has (had) he/she ever been late?  YES  NO How late? \_\_\_\_\_ How often? \_\_\_\_\_

Have (had) you ever begun/completed eviction proceedings for non-payment?  YES  NO

Have tenant-paid utilities ever been disconnected?  YES  NO

Does (did) the applicant keep the unit clean, safe and sanitary?  YES  NO

Has (did) the applicant damage the unit?  YES  NO Describe \_\_\_\_\_

Has (had) the applicant paid for damage?  YES  NO Will you keep the security deposit?  YES  NO

Does (did) the applicant have problems with insect/rodent infestation?  YES  NO

Is (was) the applicant listed on the lease for the unit?  YES  NO

Does (did) the applicant permit persons other than those on the lease live in the unit on a regular basis?  
 YES  NO



Has (had) the applicant, family members or guest damaged or vandalized the common areas?  YES  NO

Does (did) the applicant, family member or guest create any physical hazards to the project or other residents?  YES  NO

Does (did) the applicant; family members or guests interfere with the rights and quiet enjoyment of other tenants?  YES  NO  
Describe \_\_\_\_\_

Have (had) the applicant, family member or guests engaged in any criminal activity, including drug related criminal activity in unit or building?  YES  NO

Has (had) the applicant given you any false information?  YES  NO  
Describe \_\_\_\_\_

Has (had) the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, landlords or landlord's staff?  YES  NO  
Describe \_\_\_\_\_

Would you readmit this applicant?  YES  NO If not why not? \_\_\_\_\_

\_\_\_\_\_  
NAME AND TITLE OF PERSON SUPPLYING THE INFORMATION (PRINT) LANDLORD/AGENT

\_\_\_\_\_  
SIGNATURE Date

\*\*Please return in the enclosed stamped, self-addressed envelope. \*\*

\*\*\*\*\*  
**YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.**

RELEASE: I hereby authorize the release of the requested information.

\_\_\_\_\_  
Signature Date

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosure or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

ATTN: JOANNE  
SCHWARTZ TOWERS  
90 NORTH STREET  
AUBURN NY 13021