



North Buffalo Property Management

RENTAL APPLICATION

ADDRESS _____ APARTMENT NO. _____ DATE: _____

Apartment Occupants

Name A	Email	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Birth Date	Relationship	1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Child	3. <input type="checkbox"/> Roommate 4. <input type="checkbox"/> Other
Name B	Email	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Birth Date	Relationship	1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Child	3. <input type="checkbox"/> Roommate 4. <input type="checkbox"/> Other
Name C	Email	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Birth Date	Relationship	1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Child	3. <input type="checkbox"/> Roommate 4. <input type="checkbox"/> Other
Name D	Email	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Birth Date	Relationship	1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Child	3. <input type="checkbox"/> Roommate 4. <input type="checkbox"/> Other

Present Address

How long at present address?

Street	City	State	Phone	Landlord
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Previous Address

How long at previous address?

Street	City	State	Phone	Landlord
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IN CASE OF EMERGENCY – NOTIFY:

Name	Address	City/State	Phone	Relationship
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PRIMARY OCCUPATION OF HEAD OF HOUSEHOLD (check one)

- | | | |
|---|--|---|
| 1 <input type="checkbox"/> Professional
(Charges fees, i.e., Doctor, Lawyer, etc.) | 3 <input type="checkbox"/> White Collar | 7 <input type="checkbox"/> Un-skilled laborer |
| 2 <input type="checkbox"/> Semi-Professional
(Salaried technicians, etc.) | 4 <input type="checkbox"/> Sales representative | 8 <input type="checkbox"/> Retired |
| | 5 <input type="checkbox"/> Skilled laborer (plumber, electrician, etc.) | 9 <input type="checkbox"/> Not employed |
| | 6 <input type="checkbox"/> Semi-skilled laborer (job requires some training) | A <input type="checkbox"/> Student |

TOTAL ANNUAL INCOME OF HEAD OF HOUSEHOLD:

1. <input type="checkbox"/> Under \$10,000	3. <input type="checkbox"/> 20,000 – 29,999	5. <input type="checkbox"/> 40,000 – 49,999	7. <input type="checkbox"/> Over \$60,000
2. <input type="checkbox"/> 10,001-19,999	4. <input type="checkbox"/> 30,000 – 39,999	6. <input type="checkbox"/> 50,000 – 59,999	

EMPLOYMENT

Name of Company		Address	How Long?	Bus. Phone
Former Employer		Address	How Long?	Bus. Phone
Spouse Work Yes No	Occupation	Address	How Long?	Bus. Phone
TOTAL ANNUAL INCOME OF HOUSEHOLD:		1. <input type="checkbox"/> Under \$10,000	3. <input type="checkbox"/> 20,000 – 29,999	5. <input type="checkbox"/> 40,000 – 49,999
		2. <input type="checkbox"/> 10,001-19,999	4. <input type="checkbox"/> 30,000 – 39,999	6. <input type="checkbox"/> 50,000 – 59,999
				7. <input type="checkbox"/> Over \$60,000



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REFERENCES

BANK(S)	Name	Address	City	Type of Account(s) 1 Checking 2 Savings 3 Loan
	A Name	Address	City	Type of Account(s) 1 Checking 2 Savings 3 Loan
CREDIT	Name	Address	City	Type of Business
	A Name	Address	City	Type of Business
PERSONAL	Name	Address	City	Relationship
	A Name	Address	City	Relationship
	B Name	Address	City	Relationship

CHECK ONE IN EACH OF THE FOLLOWING AREAS

Former Residence

- | | | |
|---|--|---|
| 1 <input type="checkbox"/> Out of State | 2 <input type="checkbox"/> Apt community | 5 <input type="checkbox"/> Home - owned |
| 2 <input type="checkbox"/> Out of town (in state) | 2 <input type="checkbox"/> duplex - rent | 6 <input type="checkbox"/> Mobile home |
| 3 <input type="checkbox"/> Local | 3 <input type="checkbox"/> Home -rent | 7 <input type="checkbox"/> Other _____ |
| | 4 <input type="checkbox"/> Condominium | 8 <input type="checkbox"/> Establishing new household |

If Apartment. Why did you move?

- | | |
|--|--|
| 1 <input type="checkbox"/> Job Transfer | 5 <input type="checkbox"/> Parking |
| 2 <input type="checkbox"/> Better Location | 6 <input type="checkbox"/> Management |
| 3 <input type="checkbox"/> Price | 7 <input type="checkbox"/> Noise |
| 4 <input type="checkbox"/> Maintenance | 8 <input type="checkbox"/> Other _____ |

Vehicles

AUTOS:

- 0 None
- 1 One Year _____ Make _____ License _____
- 2 Two Year _____ Make _____ License _____
- 3 More than two

OTHER:

- 1 Boat
- 2 Camper
- 3 Motorcycle
- 4 Bicycle Dr. Lic. No _____ State Exp. _____
- 5 Other _____

CREDIT: A credit report on applicant may be obtained by Agent on behalf of Owner prior to execution of a lease. Applicant consents to obtaining of such credit report

INSURANCE: Owner and Agent carry no insurance on the personal property of tenants.

It is recommended that you obtain same.

ENTIRE AGREEMENT: The foregoing constitutes the entire agreement between the parties and may be modified only by written notice signed by both parties. This agreement is predicated upon all of the information which has been furnished by applicant being accurate; and if the facts provided are not accurate, this lease agreement may be voided at the option of the Owner. Execution of this agreement by other parties to this agreement constitutes acceptance thereof.

Applicant

Date

Applicant

Date

Agent