

RENTAL APPLICATION FOR SYCAMORE CREST APARTMENTS
15 Summit Avenue
Spring Valley, New York 10977
Telephone (845) 352-1911 • Fax (845) 352-1999

Office Use Only:

Applicant Log# _____
Date Received: _____
Time Received: _____

Date: _____

Desired Apartment Size: _____ 1 Bedroom _____ 2 Bedroom

Date Desired: _____

1. HOUSEHOLD INFORMATION

List all household members that will be living in the apartment:

#1 HOUSEHOLD HEAD

Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Date of Birth: _____

Student: _____ Yes _____ No

#3 OCCUPANT

Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

Student: _____ Yes _____ No

Relationship to Household Head _____

#2 SPOUSE OR OTHER APPLICANT

Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Date of Birth: _____

Student: _____ Yes _____ No

#4 OCCUPANT

Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

Student: _____ Yes _____ No

Relationship to Household Head _____

2. EMPLOYMENT HISTORY

HOUSEHOLD HEAD

Name of Current Employer:

Address: _____

Telephone Number: _____

Gross paycheck amount (before deductions)

\$ _____

____ Weekly Paycheck ____ Biweekly Paycheck

If less than two years at present place of employment, please list previous employment history

Name and Address of Previous Employer:

HOUSEHOLD HEAD

Number of years employed: _____

SPOUSE OR OTHER APPLICANT

Name of Current Employer:

Address: _____

Telephone Number: _____

Gross paycheck amount (before deductions)

\$ _____

____ Weekly Paycheck ____ Biweekly Paycheck

Name and Address of Previous Employer

SPOUSE OR OTHER APPLICANT

Number of years employed: _____

3. OTHER INCOME: List all sources of income for each household member that will be living in this apartment. Please indicate overtime, tips, bonuses, commissions, unemployment benefits, public assistance, child or alimony support, pension, social security benefits, etc.

Please list the GROSS monthly amount for each person

Self Employment Income \$ _____

Social Security \$ _____

Pension \$ _____

Other Income \$ _____

****Please complete the attached income questionnaire.**

4. ASSETS: List all Checking and Savings accounts, including IRA accounts, retirement accounts. Certificates of Deposit, Credit Union Shares, Stocks and Bonds, Trust funds, etc.

Checking Account Number	Bank Name	Average Balance	Account Holder
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Savings Account Number	Bank Name	Average Balance	Account Holder
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Certificate of Deposit Balance \$ _____ Bank Name _____

Certificate of Deposit Balance \$ _____ Bank Name _____

Stocks and Bonds \$ _____ Bank Name _____

Stocks and Bonds \$ _____ Bank Name _____

IRA/Keogh/ Retirement Accounts \$ _____

U.S. Savings Bonds (value) \$ _____

Trusts \$ _____

Additional or Other Assets \$ _____

5. HOUSING INFORMATION

Do you own or rent at your current address _____ Own _____ Rent

If you currently own, what is the value of the property? _____

Is the property income-producing or rental property? _____

If you owned real estate in the past when? _____

If you are renting, are you presently receiving a Section 8 subsidy? _____ Yes _____ No

IF YOU HAVE RENTED AN APARTMENT DURING THE PAST TWO YEARS, PLEASE COMPLETE THE FOLLOWING SECTION:

Current Landlord's

Name/Address/Phone #	Your address	Dates From: To:
Name: _____	_____	_____
Address: _____	_____	Amount Paid: _____
_____	_____	
Phone #: _____		

**Previous Landlord's
Name/Address/Phone #**

Your address

Dates From: To:

Name: _____

Address: _____

Amount Paid: _____

Phone #: _____

Do you have a car? _____ Yes _____ No If yes, how many? _____

Do you have any pets? _____ Yes _____ No If yes, please list all pets _____

How did you hear about this development - please check?

Newspaper

Friend

Local organization or Church

Sign on property

Resident - please list name: _____

Other _____

6. LETTER OF UNDERSTANDING

I (we) understand that the monthly rental amounts are subject to change, although every effort will be made to keep the actual rent amount as close as possible to the figures listed on the cover letter.

I (we) grant permission for the development/marketing/management team for L & M Spring Valley LLC (Sycamore Crest Apartments) to exchange credit and financial information about me (us) with others. You may request a credit report on me (us) and, if asked, you will tell me (us) the name and address of the consumer reporting agency that furnished it.

I (we) understand that the above information is being collected to determine my/our eligibility for residency. I (we) authorize the managing agent to verify all information provided on this Preliminary Tenant Application and our signature below is our consent to such verification. I (we) certify that I (we) have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal belongings). I/we hereby authorize the Landlord to obtain information it deems desirable in the processing of the application including but not limited to credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle record and any other relevant information; and release Landlord, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information.

I (we) understand and certify that all information contained in this application is true and correct to the best of my (our) knowledge. I (we) understand that all information provided on this form will be kept confidential, and only persons involved in administering this program will have access to this information.

Household head signature

Spouse or other applicant signature

Date

Date

Other applicant signature

Other applicant signature

Date

Date