

Guest Card #	Application \$/Check #	Security Deposit \$/Check #	Building/Apartment #	Approved	Application Date
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1776 Independence Square | Utica, NY 13502
 (315) 266-0145
 www.schuylercommons.com



Rental Application

First Name: _____ MI: _____ Last Name: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ E-mail Address: _____

Cell #: _____ Date of Birth: _____ SSN: _____

Driver's License/ID Number: _____ Referred by: _____

Emergency Contact #1: _____
 Name/Relationship _____ Daytime Phone _____ Evening Phone _____

Emergency Contact #2: _____
 Name/Relationship _____ Daytime Phone _____ Evening Phone _____

I am applying for: 1 Bedroom 2 Bedroom Monthly Rent: _____

Do you have a pet? Yes No If yes, what kind? _____ Pet's Weight: _____

Please refer to the Pet Addendum and Fee Agreement for more information.

List all household members who will live in the apartment. Be sure to include any temporarily absent family members (such as military/student) who will be returning to the household.

 Full Name Relationship Date of Birth Social Security Number

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Employment Information

Householder's Name: _____

Full-Time Part-Time Unemployed Self-Employed Retired

Current Employer: _____ Supervisor: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

(Continued on next page)

Position: _____ Date Started: _____ Average hours worked per week: _____

Current Wage: \$ _____ Per: Hour Week Month Year

Do you have more than one job? Yes No

Residence History

Do you currently: Rent Own Month/Year moved in: _____ Monthly Rent: \$ _____

Utilities included: Yes No If utilities not included, what is your monthly utility cost? \$ _____

Reason for Leaving: _____

Landlord Name: _____ Phone: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Did you: Rent Own Month/Year moved in: _____ Monthly Rent: \$ _____

Utilities included: Yes No If utilities not included, what is your monthly utility cost? \$ _____

Reason for Leaving: _____

Landlord Name: _____ Phone: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Do You Have Any Other Income or Source of Support?

Social Security \$ _____ Description of Benefits _____

Retirement \$ _____ Name/Source of Payment _____

Other \$ _____ Describe Other Sources _____

Agreement

I understand that this form is only an application for residence that the submission of this application does not reserve, nor in any way, guarantee a unit. Upon application approval, I agree to execute a twelve (12) month lease before possession of an apartment unit and to pay the security deposit, in accordance with the Apartment Security Deposit Policy after being notified of acceptance. Failure to pay the security deposit within the stated time frame will affect the processing of my move in.

Applicant Signature Date

Applicant Signature Date

Property Manager Date

Please mail your application to:

Schuyler Commons
1776 Independence Square Utica, NY 13502

Please send a **\$20 application fee & \$125 admin fee** with your application. A **\$500 deposit** will hold your unit of choice. This will be applied towards the security deposit upon move in. **Please send separate checks.**



Schuyler Commons is professionally managed by United Realty Management Corp., AMO,[®] a nationally recognized real estate management firm and specialist in senior housing headquartered in Troy, New York.



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Background Check Authorization & Release

Background check required for each prospective apartment resident.

By signing below, I, _____, hereby voluntarily authorize The United Realty Management Corp., AMO® or its affiliate to conduct a criminal history and identity check regarding me in connection with my residency at Schuyler Commons. The background inquiries to be performed are, but not limited to: a driver's license records check; both Federal and State felony and misdemeanor records check; and social security verification. I am willing to allow a photocopy of this authorization be accepted with the same authority as the original and I specifically waive any written notice from any present or former Landlord who may provide information based upon this authorized request. I understand this authorization is to be part of the written lease application and agreement in which I sign.

I also understand that any misrepresentation, falsification or omission of facts herein may be grounds for disqualification, refusal, or immediate termination of lease. Furnishing all information requested on this form is mandatory. Failure to provide such information shall result in a determination that the applicant is ineligible for residency.

The background information obtained about me may include obtaining and examining any and all records that may relate to my arrest, conviction and/or imprisonment at any time prior to this date, for any felony and/or misdemeanor. I understand that I have the right to request, in writing, information pertaining to the nature and scope of the investigation and a written summary of my rights under the Fair Information Practices Act before adverse action can be taken against me in whole or in part due to a background check.

Further, I hereby authorize all government agencies, state department of motor vehicles, corporations, companies, educational institutions, persons, law enforcement agencies, insurance companies, criminal, civil and federal courts, and former Landlords to release information they may have about me.

I indemnify, without reservation, United Realty Management Corp., AMO®; its representatives, officers, agents, employees and assigns, as well as any other company or person gathering or furnishing information to United Realty Management Corp., AMO® from any liability and hold harmless, now or in the future, for any claim or damages in law or in equity on behalf of myself, my heirs and assigns, related to the gathering or furnishing of information in connection with this investigation.

Applicant's Signature

Date

Please complete reverse side →



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Background Check Information Form

Please provide copy of your driver's license. Background check required for each prospective apartment resident.

_____ Last name _____ First name _____ MI _____

_____ Other names used (include maiden names if applicable)

_____ Social security number _____ Drivers License #/State _____

_____ Current home address (P.O. Box not accepted) _____ City, State, Zip _____

_____ Previous home address (if moved within last two years) _____ City, State, Zip _____

Additional information

I hereby certify that all statements on this application are true and correct to the best of my knowledge and belief. I understand that United Realty Management Corp., AMO[®] solicits this information so as to be informed of my previous record and character. I understand that residency at Schuyler Commons depends upon successful completion of a criminal background investigation. I understand that any falsification, misrepresentation or omission of facts of this record may be considered cause for lease termination.

_____ Applicant's Signature

_____ Date