

Burns Management
1732 Western Ave. Albany, NY 12203
(518)456-7155 fax (518)452-1851

Rental Application

this application and the contents thereof are considered as part of my lease, and are represented to be accurate and complete.



Type and size wanted _____ Referred by _____

Desired Occupancy Date _____ Apt # _____

Rental Rate \$ _____

Pets, Motorcycles, Large Commercial Vehicles Prohibited

Personal Information :

Applicant's Full Name _____ **Date of Birth** _____

Phone Number _____ Social Security # _____

Email Address _____ Cell Phone # _____

Current Address _____

street City State zip

Co- Resident's Full Name _____ **Date of Birth** _____

Phone Number _____ Social Security # _____

Email Address _____ Cell Phone # _____

Current Address _____

Street City State zip

Other Residents (anyone else residing in the apartment)

Name _____ Relationship _____ Date of Birth _____

Length of Time at Present Address _____

dates

Landlord/Mortgage holder _____ Phone # _____

Amount Rent/Mortgage monthly \$ _____

Previous Address _____

street City State Zip

Length of time at previous address _____

dates

Landlord/mortgage holder _____ Phone # _____

Amount of Rent/Mortgage \$ _____

EMPLOYMENT/INCOME INFORMATION :

Employed By: _____ How Long? Dates _____

Position Held _____ Telephone # _____

Salary \$ _____ **Paycheck Stub Or letter of acceptance required**

Supervisor _____ Phone # _____

Proof of income is required for anyone with out employment

Co-Resident's Employer _____ How Long _____ (dates)

Position held _____ Telephone # _____

Salary \$ _____ **Paycheck Stub or letter of acceptance required**

Supervisor _____ Phone # _____ ext. _____

Other Information :

Number of Auto _____ Driver's License # & State _____

Make/Color/Year _____ Plate # _____

Make/Color/Year _____ Plate # _____

In case of emergency, contact : _____

Address _____ Phone # _____

Cell phone # _____ Relationship _____

I authorize you to contact any reference that I have listed. I understand I acquire no rights to an apartment until I sign a lease, and that a charge of \$100.00 will be made for the preparation if the apartment is not taken.

Applicant Signature X _____

Co-Applicant Signature X _____

Date Signed _____

There is a \$25.00 non refundable application fee. There is a fee for each roommate if living in separate current addresses. The \$100.00 will be forfeited if the application is cancelled after processing of the application has started.

FOR OFFICE USE ONLY :

Date application received _____ Received by _____ Date _____

Reference Verification Landlord _____ Deposit Amt. \$ _____

Employment _____ Move in Date _____

Credit Check _____ Apt # _____

Application _____ approved _____ not approved Date _____