

C/O Whispering Pines Lodge
Management & Leasing Office
105 Needle Park Circle
Queensbury, NY 12804



Phone: (518) 793-3831
Fax: (518) 793-4389

RENTAL APPLICATION

APPLICANT: Thank you for your application. We ask that you clearly complete this application in full to assist us in processing it for you. Any application that is not completed in full will be deemed as incomplete and is subject to rejection.

Date of Application:

Desired Move-In Date:

Type and Size of Unit Desired:

PERSONAL INFORMATION

Applicant's Full Name:

Social Security No.:

Date of Birth:

Marital Status: Married Separated Divorced Single

Spouse's/Co-Resident's Name:

(Co-Residents or Spouse Must Complete Separate Application)

**** Occupants ****

Relationship

**** Any or all Occupants 18 years or older must complete a separate application.**

Have you ever been convicted of a felony?

Yes No

Have you ever been convicted of a sexual offense?

Yes No

Have you ever been convicted for possession, use or sale of illegal substances?

Yes No

EMERGENCY NOTIFICATION

(IN CASE OF EMERGENCY NOTIFY)

Name

Relationship:

Telephone:

Address:

RESIDENT HISTORY

PRESENT ADDRESS: <i>(Please indicate your current address in full)</i>			
House/PO Box/Apartment Number	Street		
City	State	Zip	
Present Telephone	Cell #	Length of time at present address	
Present Landlord or Mortgage Holder Name	Telephone		
Amount of Rent \$	Reason for moving		
PREVIOUS ADDRESS: <i>(Required if not at present address for at least one year)</i>			
House/PO Box/Apartment Number	Street		
City	State	Zip	
Length of time at previous address			
Previous Landlord or Mortgage Holder Name	Telephone		
Amount of Rent \$	Reason for moving		
EMPLOYMENT INFORMATION			
PRESENT STATUS: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student			
EMPLOYED BY:			How Long?
Employer's Address			
Position Held		Phone Contact	
Supervisor	Phone Contact	Gross Income \$	per month
ADDITIONAL EMPLOYMENT			
PRESENT STATUS: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			
EMPLOYED BY:			How Long?
Employer's Address			
Position Held		Phone Contact	
Supervisor	Phone Contact	Gross Income \$	per month
PREVIOUS EMPLOYMENT:			
<i>(Required if current employment is less than six months)</i>			
PREVIOUS STATUS: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student			
EMPLOYED BY:			How Long?
Position Held		Previous Gross Income \$	per month

TERMS OF APPLICATION

PLEASE READ CAREFULLY

Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, references and credit records. Applicant acknowledges that false information herein may constitute a criminal offense under the laws of this state. Applications which are incomplete may result in an application being rejected. Applicant understands that the application becomes the property of Whispering Pines Apartments and Townhouses once submitted.

Applicant has reviewed our rental policy statement.

Applicant shall, within seven (7) days of lease start date, sign Landlord's lease and if he fails to do so, the application may be deemed by the Landlord as having been withdrawn, in which case, the Landlord may retain the deposit paid hereunder as liquidated damages.

Upon signing of the lease, the deposit paid on the signing of this application is to become a security deposit. This deposit is not intended to take the place of any part of rent.

The applicant understands that he has no rights hereunder until this application is approved by the Landlord and Lease is signed by both parties in accordance with terms herein.

If applicant is rejected, the Landlord shall return the applicant's deposit and there will be no further rights in favor of either party.

It is a material Breach of Lease if Tenant violates the No Pet Clause, and if this violation occurs, Tenant agrees to pay to Landlord as liquidating damages the sum of \$1,000. Landlord reserves all rights pertaining to this material breach.

AUTHORIZATION OF APPLICATION

PLEASE READ CAREFULLY BEFORE SIGNING:

In considering this application from you, management will rely heavily on the information which you have supplied. It is important that the information is accurate and complete. By signing this application you agree to the terms of the application. Additionally, you represent and warrant the accuracy of the information and authorize management to verify any references that you have listed.

Signed: _____ Date: _____

**IF FOR ANY REASON
YOU CHOOSE NOT TO TAKE APARTMENT
DEPOSIT AND APPLICATION FEE ARE NON-REFUNDABLE**

DISPOSITION OF APPLICATION

Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	By: _____	Date: _____
If not approved, indicate reason(s): _____			
Applicant notified by: _____		Date notified: _____	
Notes: _____			