## Kings Isle Active Adult Living, LLC. 5 Imperial Way Mechanicville, NY 12118 518-670-1900

Unit applied for:	Move in dat	æ: R	ent amount:	\$
How many people will b	e residing full or p	art time? Adults:	: Chile	dren:
Applicant Information	L			
First Name:	MI:	_ Last Name:		Suf:
SSN:	Date of Birth:	Phon	e:	
Address:	City:	Stat	e: Zip:	
Email:				
Employer:	Emp	loyer's #:		-
How long at present job	?Incon	ne:		
Landlord Phone #:				
<u>Co-Applicant Informat</u>	ion			
First Name:	MI:	_ Last Name:		Suf:
SSN:	Date of Birth:	Phon	e:	
Address:	City:	Stat	e: Zip:	
Email:				
Employer:	Emp	loyer's #:		
How long at present job	? Incon	ne:	Landlord Pho	one#:

## Vehicle Information

1. Make/Model	:	Year:	License Plate:
2. Make/Model	:	Year:	License Plate:
Are either of the	se vehicles a commercial	vehicle? Yes	No
Pet Information			
Do you have animal	s? If yes, ho	w many?	
If yes, what species?	2 Is your	animal(s) an E	ESA/Service animal?
Staff Initial:			
Emergency Contac Emergency contacts	<u>ts</u> cannot be your co-applic	ant/unit reside	ent
Applicant Emergend	cy Contact:	Ph	l:
Co-Applicant: Emer	gency Contact:		Ph:
<u><b>Tenants not on lea</b></u> If you have children list their informatio	, or any other person wh	o will be residi	ng in your unit full time, please
Name:	Relationship:	A	Age:
Name:	Relationship:	<i>I</i>	Age:
Name:	Relationship:	<i>F</i>	Age:
<u>Have you ever:</u>			
Filed for bankruptcy	y? Yes No I	f yes, when?	
Been served an evic	tion notice or been asked	l to vacate a pr	operty? Yes No
Willfully or intentio	nally refused to pay rent	when due? Yes	s No

## Personal References

1.	Name:	Relationship:	Ph:
-			
2.	Name:	Relationship:	Ph:
3.	Name:	Relationship:	Ph:

## Please read the following carefully before signing.

- 1. I hereby apply to lease an apartment for the term and upon the conditions set forth. I agree that the rent is payable the first day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application I warrant that all statements set forth are true.
- 2. I (we) understand the \$300 deposit to hold the apartment is NON-REFUNDABLE after three (3) business days from the date the deposit was received.
- 3. When the application is approved and accepted, I agree to execute a lease for 12 months before possession of the unit is given and to pay the security deposit in full upon signing the lease. If the application is approved and accepted, and I refuse to enter into a lease agreement for the period called for in the application, the sum received shall be retained by King's Isle Adult Living as liquidated damages. This agreement shall in no way bind King's Isle Adult Living to accept this application for tenancy as the acceptance or rejection of the applicant remain with the sole discretion of the owner. I also agree to have all utilities turned on in the apartment prior to taking occupancy after the lease is signed.
- 4. I authorize you to contact any references that I have listed. I also authorize you to obtain my consumer credit report from your credit reporting agency and periodically re-run this check at any time in the future to verify the truth and accuracy of any information given on this application.
- 5. I authorize the verification of the information provided on this form to my credit, employment and background. I acknowledge this application will become part of the lease agreement when approved. If any information is found to be incorrect, the application will be rejected, and any subsequent rental agreement becomes void. False and misleading statements will be sufficient reason for immediate eviction and loss of resident reserve deposit.

Applicant

Date

**Co-Applicant** 

Date