



Rental Application

Mail to 46 N. Chestnut St New Paltz, NY 12561 or
 fax to 845.255.5989/email debbie@seakill.com
 \$30.00 non refundable application fee

PERSONAL

APPLICANT _____ Email _____ Phone (____) _____

MARITAL STATUS Single Married since (date) _____ Divorced since (date) _____ Former Spouse _____

BIRTH DATE _____ SS# _____ DRIVERS LICENSE State Issued by _____ # _____

ADDRESSES

Present Address _____ City/State/Zip _____ Since _____ Rent/ Month _____ Present Phone (____) _____

Present Landlord _____ Address _____ City/State/Zip _____ Phone (____) _____

Is present rent up to date? Yes No Have you given notice? Yes No Have you been asked to leave? Yes No

Present Address _____ City/State/Zip _____ Since _____ Rent/ Month _____ Present Phone (____) _____

Present Landlord _____ Address _____ City/State/Zip _____ Phone (____) _____

Is present rent up to date? Yes No Have you given notice? Yes No Have you been asked to leave? Yes No

Present Address _____ City/State/Zip _____ Since _____ Rent/ Month _____ Present Phone (____) _____

Present Landlord _____ Address _____ City/State/Zip _____ Phone (____) _____

Is present rent up to date? Yes No Have you given notice? Yes No Have you been asked to leave? Yes No

OCCUPANTS

Number to occupy _____

NAME	RELATIONSHIP	BIRTH DATE

PETS? Yes No If yes, give details (number, type & size)

CARS

Make/Model/color #1 _____ State _____ License Plate #1 _____ Lien Holder #1 _____

Make/Model/color #2 _____ State _____ License Plate #2 _____ Lien Holder #2 _____

EMPLOYMENT

EMPLOYER _____ Since _____ PREVIOUS EMPLOYER _____ Since _____
Street/City _____ Street/City _____
What do you do? _____ What do you do? _____
Supervisor _____ Wrk Hrs. _____ Phone (____) _____ Supervisor _____ Wrk Hrs. _____ Phone (____) _____

INCOME

Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____
Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____
Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____
Bank/Credit Union _____ Acct.# _____ Bank/Credit Union _____ Acct.# _____

REFERENCE

Relative _____ Relation _____ Non-Relative Reference _____ Phone (____) _____
Address _____ Phone (____) _____ Address _____
Non-Relative Reference _____ Phone (____) _____ Emergency Contact _____ Phone (____) _____

CREDIT ACCOUNTS

Current (open) include Credit Card(s)

CREDITORS NAME	ADDRESS	ACCOUNT #	PAYMENT CURRENT
_____	_____	_____	\$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

Explain all "YES" answers on the back with names and details.

Has any signer ever been sued for bills? Yes No Has any signer ever been sued for eviction? Yes No
Has any signer ever been bankrupt? Yes No Has any signer ever been guilty of a felony? Yes No
Has any signer ever broke a lease? Yes No Is the total move-in amount available now (rent and deposit)? Yes No

Name in which utilities are now billed and account number _____ # _____

Applicant authorizes the owner to contact past and present landlords, employers, creditors, credit bureau, neighbors and any other sources deemed necessary to investigate applicant.

All the information is true, accurate and complete to the best of applicant's knowledge. Owner reserves the right to disqualify tenant if information is not represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME

X _____
APPLICANT

DATE

DO NOT WRITE BELOW THIS LINE
THIS SECTION TO BE COMPLETED BY INTERVIEWER

Credit Report (Favorable/Unfavorable) By:

Other Comments:

Deposit: _____ Option: _____ Monthly Rent: _____

Unit Applied for:

Terms of Lease: _____ Months: _____

Move-in Date: _____ Lease Expires: _____ Num. Keys: _____

Total Number of Occupants: _____

Separate Pet Deposit: _____

Utilities to be paid by tenants Gas Electric Water

If you have a question about the interpretation or legality of this form please consult an attorney or other qualified person.