



**CHARLOTTE
SQUARE**

AT THE EAST END

**CHARLOTTE SQUARE
50 CHARLOTTE STREET
ROCHESTER, NY 14607**

PHONE: 585-232-1516

FAX: 585-232-1521

Application Date: _____

Property Information

Floor Plan _____

Move-In Date _____

Unit Notes _____

Lease Term _____

Rent Amount _____

Applicant Information

Name _____

SSN _____

Former Name _____

Date of Birth _____

Phone _____

Driver's License # (Optional)

Email: _____

Additional Applicant Information

Name _____

SSN _____

Former Name _____

Date of Birth _____

Phone _____

Driver's License # (Optional)

Email: _____

Occupants (under 18 years of age)

Name

Date of Birth

Current Address

Own _____ Rent _____ Family/Friend _____

Address _____ Landlord (If Any) _____

_____ Landlord Phone (If Any) _____

_____ Rent Amount (If Any) _____

Reason for Moving

Move-In Date/How long at residence

Previous Address (if less than 1 year at current address)

Own _____ Rent _____ Family/Friend _____

Address _____ Landlord (If Any) _____

_____ Landlord Phone (If Any) _____

_____ Rent Amount (If Any) _____

Reason for Moving

Move-In Date/How long at residence

Employment Status

Full Time _____ Part-Time _____ Self-Employed _____ Other _____

Employer _____

Employer Address _____ Job Title _____

_____ Annual Earnings _____

Supervisor Name _____ Supervisor Number _____

Hire Date _____

Other Sources of Income

Source _____ Amount _____
Source _____ Amount _____
Source _____ Amount _____

Spouse/Roommate Employment

Full Time _____ Part-Time _____ Self-Employed _____ Other _____

Employer _____

Employer Address _____ Job Title _____
Annual Earnings _____

Supervisor Name _____ Supervisor Number _____

Hire Date _____

Other Sources of Income

Source _____ Amount _____
Source _____ Amount _____
Source _____ Amount _____

Pets

Do you or any of the proposed occupants have pets? If YES, complete questions below

Breed _____ Color/ Weight _____

Breed _____ Color/Weight _____

Vehicles

Make _____

Make _____

Model _____

Model _____

Year _____

Year _____

Color _____

Color _____

License Plate:

ST/ Number _____

ST/Number _____

Bank Account (Optional)

Bank Name _____

Bank Phone _____

Account Number _____

Personal Reference (Optional)

Name _____

Phone Number _____

Other Questions

Do you or any of the other proposed occupants smoke? _____

Are any member in the family in the military? _____

Do you have a legal right to be in the United States? _____

Non-US citizen applicants must provide a current passport, INS identification card or work/student visa

Have you or any proposed occupant ever had any judgements? _____

Have you ever filed for bankruptcy? _____

Have you ever willfully refused to pay rent when it was due? _____

Have you ever broken a lease or been evicted for any type of housing? _____

Have you ever been convicted of a crime? _____

I/We certify that all information given in this application is true, complete, and accurate.

I/We understand that if any of this information is false, misleading, or incomplete, management may decline our application or terminate this lease agreement at any time.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanges, now or later, with rental, criminal, and credit screening services.

I/We authorize management to contact any previous and current landlord(s) or other sources from credit and/or rental history verification information.

If my/our application is approved and move-in occurs, I/We certify that only those persons listed in this application will occupy the unit.

I/We understand that this application is subject to credit and criminal background checks and landlord verifications.

I/We grant permission to run a credit check: YES NO

A credit check will appear on your credit report as an inquiry.

Applicant: _____ **Date:** _____

Applicant: _____ **Date:** _____