

CHARTWELL TOWNHOUSE ESTATES LLC
ONE CHARTWELL COURT, ROCHESTER, NEW YORK 14618
PHONE (585) 461-0220 FAX (585) 461-0220

RENTAL APPLICATION—AGREEMENT TO LEASE

Any misrepresentation shall be considered a default under the terms and conditions of the Lease Agreement at the option of the Landlord.

I agree to lease _____ for the period of one year at the monthly rental rate of \$ _____ payable in advance of the first day of the month. Rent will begin on _____. The Lease is to contain the usual clauses which the Landlord will prepare and I agree to execute prior to entering into possession of said Premises.

APPLICANT INFORMATION

| | | |
|---------------------------|-------------------------|------------|
| NAME: | S.#: | BIRTHDATE: |
| ADDRESS: | CITY/STATE/ZIP: | |
| PHONE #: | E-MAIL: | |
| LANDLORD: | PHONE #: | YEARS: |
| PREVIOUS LANDLORD: | PHONE #: | YEARS: |
| EMPLOYER: | PHONE #: | |
| ADDRESS: | CITY/STATE/ZIP: | |
| TITLE: | SALARY YR/MO/WK: | YEARS: |
| AUTO YEAR / MAKE / MODEL: | | |
| DESCRIPTION / COLOR: | | |
| PLATE #: | STATE: | |
| VEHICLE ID #: | DRIVERS LICENSE #: | |
| PET? YES / NO | TYPE: CAT / DOG / OTHER | BREED: |

PERSONAL FINANCES

| |
|-----------------------------------|
| CHECKING - BANK NAME & ACCOUNT #: |
| SAVINGS - BANK NAME & ACCOUNT #: |

CREDITORS

| | | |
|-------|------------|-----------------|
| NAME: | ACCOUNT #: | PAYMENT AMOUNT: |
| NAME: | ACCOUNT #: | PAYMENT AMOUNT: |
| NAME: | ACCOUNT #: | PAYMENT AMOUNT: |

FAMILY - DEPENDENTS

| | |
|----------|---------|
| NAME(S): | AGE(S): |
|----------|---------|

REFERENCES

| | | | |
|------------------------------|-------|----------|----------|
| TWO (2) RELATIVES | NAME: | ADDRESS: | PHONE #: |
| | NAME: | ADDRESS: | PHONE #: |
| TWO (2) NON-RELATIVES | NAME: | ADDRESS: | PHONE #: |
| | NAME: | ADDRESS: | PHONE #: |

I hereby deposit \$ _____; with the balance of \$ _____ to be paid **WITHIN THREE (3) DAYS** after acceptance. These monies will be applied as damages if an apartment is held and applicant does not take the apartment as per Agreement or if the applicant fails to acquire a co-signer with good credit, if required by Landlord. These monies to be returned in full if the owner rejects this application. I understand I may be liable for as many months rent as are lost in relevance to this application. By signing the applicant recognizes that the Landlord or his/her agent may investigate the credit background of the applicant and a full disclosure of facts may be made to the Landlord.

APPLICANT'S SIGNATURE: _____ DATE: _____

RENTAL AGENT: _____ DATE: _____

IS THIS APPLICANT THE CO-SIGNER? YES _____ NO _____