



## RENTAL APPLICATION

This is an Equal Housing Opportunity Community

Please complete the information below. Thank you for your consideration.

**Primary Applicant** \_\_\_\_\_ Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Present Employer \_\_\_\_\_ Position \_\_\_\_\_ Phone # \_\_\_\_\_

Employers Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ How long at this job? \_\_\_\_\_ Monthly Income \_\_\_\_\_

Other Income Sources (Monthly Pension and or Monthly SSI) \_\_\_\_\_

Auto Yr. \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License plate # \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Present Employer \_\_\_\_\_ Position \_\_\_\_\_ Phone # \_\_\_\_\_

Employers Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ How long at this job? \_\_\_\_\_ Monthly Income \_\_\_\_\_

Other Income Sources (Monthly Pension and or Monthly SSI) \_\_\_\_\_



Auto Yr. \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License plate # \_\_\_\_\_

Checking Account Bank \_\_\_\_\_ Account # \_\_\_\_\_

Savings Account Bank \_\_\_\_\_ Account # \_\_\_\_\_

Creditors \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Creditors \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Do you have pets? \_\_\_\_\_ How many \_\_\_\_\_ What kind of pet? \_\_\_\_\_

Have either of you had credit problems (past due accounts or Judgments) or ever been party to an eviction or filed Bankruptcy? [ ] Yes [ ] No Please give details: \_\_\_\_\_

Total number of adults \_\_\_\_\_ (One adult must be age 55 or older)

*I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening as may be necessary in arriving at a tenant decision. I authorize Whitney Housing I, L.L.C. to obtain my credit report.*

**I UNDERSTAND**

*That the landlord may terminate any rental agreement entered into for any misrepresentation made above. Tenant acknowledges that all of Tenant's personal property located at the Premises shall be at Tenant's sole risk.*

**SECURITY DEPOSIT**

*I agree to make a refundable deposit of \$500 to reserve a \_\_\_\_\_ Bedroom \_\_\_\_\_ Bathroom Apartment, Building number \_\_\_\_\_, Unit Number \_\_\_\_\_ at The Legends at Whitney Town Center, 100 Clear Spring Trail.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Agents Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please email completed application to [application@legendsatwhitney.com](mailto:application@legendsatwhitney.com) or mail to:

The Legends at Whitney  
100 Clear Spring Trail  
Fairport, NY 14450