

Creekwalk Apartments

60 North Street, Marcellus NY 13108

Mailing: 4801 West Genesee St, Suite 2, Syracuse, NY 13219

Toll Free: 1-877-NICE-APT

Fax: 315-488-3600



Apartments

Monthly Rent

1 Bedroom

\$955.00

2 Bedroom

\$1,135.00

Plus utilities of gas and electric (NYSEG 1-800-572-1111)

Rent includes water, sewer, and trash removal
Security Deposit equal to one month's rent



RENTAL/CREDIT APPLICATION

PERSONAL INFORMATION

Date	Interviewed By			
Name of Applicant	Contact Telephone #			
Social Sec. No.	Driver's License No.			
Present Address	Email Address:			
City, State, Zip Code				
Prior Address				
City, State, Zip Code				
How long have you lived at present address?	How long have you lived at prior address?			
Name of Landlord	Telephone			
Prior Landlord	Telephone			
Birth Date	How many will occupy apt.?	Adults	Children	Pets
Employer	Position			
How long?	Telephone			

SPOUSE INFORMATION

Name	Birth Date
Social Security No.	Driver's License No.
Employer	Position
How long?	Telephone

BANK INFORMATION

Bank Name	Telephone
Address	
Checking Account No.	Savings Account No.

ADDITIONAL PERSONAL REFERENCES

NAME	RELATIONSHIP	TELEPHONE

Mail to:
4801 West Genesee St, Suite 2
Syracuse, NY 13219
Toll Free: 1-877-NICE-APT
Fax: 315-488-3600

OTHER INFORMATION				
Number of vehicles (including company cars)				
Make/Model	Year	Color	Tag No.	State
Make/Model	Year	Color	Tag No.	State
Make/Model	Year	Color	Tag No.	State
HAVE YOU EVER				
Filed for bankruptcy <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?				
Been served an eviction notice or been asked to vacate a property you were renting? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Willfully or intentionally refused to pay rent when due? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?				
How were you referred to us?				
Rental Unit applied for		Complex Name		
Commencement date		Term	Rent/Month	

DISCLOSURE			
<i>I/We</i> , declare the foregoing information is true and correct, and <i>I/We</i> hereby authorize you to conduct an employment and credit check and to verify our references.			
Applicant's signature	Date	Co-Applicant's signature	Date

FOR OFFICE USE ONLY – DO NOT WRITE BELOW			
APPLICATION VERIFICATION	PERSON CONTACTED	REMARKS	
<input type="checkbox"/> Present Landlord			
<input type="checkbox"/> Previous Landlord			
<input type="checkbox"/> Applicant's Employment			
<input type="checkbox"/> Co-Applicant's Employment			
<input type="checkbox"/> Bank			
<input type="checkbox"/> Reference (1)			
<input type="checkbox"/> Reference (2)			
<input type="checkbox"/> Reference (3)			
<input type="checkbox"/> Other			
<input type="checkbox"/> Driver's License/ID	<input type="checkbox"/> Credit Bureau		
Verification completed by	Date	Monies Received	Amount
Date	Remarks	Description	Amount
Remarks		Deposit	
		THIS APPLICATION <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	

All applicants must include a copy of their valid Driver's License and a copy of their last two pay stubs and/or most recent bank statement for proof of income in order to complete the application to submit for review.