

Brookside Apartments

103-107 Locust Lane, Elbridge NY 13060

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

\$950.00

2 Bedroom

\$1,065.00

Rent includes heat and hot water
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 Yes No If yes, when?

Been served an eviction notice or been asked to vacate a property you were renting? Yes No

Willfully or intentionally refused to pay rent when due? Yes No If yes, when?

How were you referred to us?

Rental Unit applied for _____ Complex Name _____

Commencement date _____ Term _____ Rent/Month _____

DISCLOSURE

I/We, declare the foregoing information is true and correct, and I/We 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 _____		<table border="1"> <tr> <td></td> <td>Monies Received</td> <td></td> </tr> <tr> <td>Date</td> <td>Description</td> <td>Amount</td> </tr> <tr> <td></td> <td>Deposit</td> <td></td> </tr> </table>		Monies Received		Date	Description	Amount		Deposit	
	Monies Received										
Date	Description	Amount									
	Deposit										
Date _____											
Remarks _____											
		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 complete the application to submit for review.