

GLEN STREET ASSOCIATES RENTAL APPLICATION

The Undersigned Hereby Makes Application To Rent:

Today's Date _____ Apartment No. _____ Building No. _____

Effective Date Of Lease _____ Move In Date _____ At \$ _____ per month

Please Tell Us About Yourself:

Full Name _____ Date Of Birth _____ SS# _____

Phone # home _____ Work _____ Cell _____

Driver's License # _____ License Plate # _____ Auto Desc. _____

Co-applicant's Name _____ Date Of Birth _____ SS# _____

Phone # home _____ Work _____ Cell _____

Driver's License # _____ License Plate # _____ Auto Desc. _____

Other Occupants:

Full Name _____ Date Of Birth _____ Relationship _____

Full Name _____ Date Of Birth _____ Relationship _____

Please Give Us Your Residence History:

Current Address _____

Rent/ Mortgage per month _____ How Long? _____ Reason For Leaving _____

Landlord / Mortgage Company _____ Phone _____

Previous Address _____

Rent/Mortgage per month _____ How Long? _____ Reason For Leaving _____

Landlord / Mortgage Company _____ Phone _____

Please Give Us Your Employment Information:

Your Employment Status Full Time Part Time Student Retired Unemployed

Additional Information _____

Phone _____ Supervisor _____ Annual Base Salary _____

How Long At Present Job _____ Position _____

If Less Than One Year At Present Job, Former Employer _____

Please List Bank References:

Bank Name & Address _____ Type _____ Account # _____

Please Read The Following Carefully Before Signing:

I (we) hereby make application for an apartment and hereby certify that the foregoing information is true and accurate to the best of my (our) knowledge. I (we) Hereby authorize Glen Street Associates, any credit bureau or other investigative agency employed by Glen Street Associates To investigate the references, statements, or other data herein listed, obtained from me or from any other person pertaining to my (our) Credit and financial responsibility. I (we) understand that the deposit to hold the apartment is NONREFUNDABLE after ___/___/___ at ___am/pm (3 business days). If this application is not accepted by Glen Street Associates, the deposit shall be refunded, the applicant hereby waiving any claim for damages by reason of nonacceptance which the owner or his agent may reject without stating any reason for doing so.

I (we) understand that if for any reason the apartment is not available at the beginning of the term of this lease, I will be entitled to an Adjustment Of Rent on a per diem basis until the apartment is available. I (we) further understand that Glen Street Associates will not be responsible for any expenses or damages that result from the delay and it will not give me (us) the right to cancel the lease agreement.

Date _____ Applicant _____ Co-applicant _____

ABSOLUTLEY NO PETS ALLOWED!

Deposit Rec'd \$ _____, This _____ day of _____ at _____ am /pm

Glen Street Associates, 100 Glen Street, Glens Falls NY 12801 By _____

Please complete form in its entirety and submit in person or by fax (518-743-8667), or by email. To submit application to the bank for approval, a security deposit equal to one month's rent MUST BE RECEIVED. By accepting this agreement, you agree to allow Glen Street Associates to perform a full credit and criminal check of your record. Your signature above indicates this approval.