

Colonial Gardens Apartments

13-B1 HARTFORD AVENUE
GLENS FALLS, NY 12801
518-792-2980

Colonial Gardens Use Only
Apartment: _____
Rent Quoted: _____

APPLICATION FOR TENANCY

Date: _____ Date Apartment Needed: _____

No. Of Bedrooms Needed: _____ No. Of Persons Occupying Unit: _____

Name: _____
 First Middle Last

Social Security Number: _____

Driver's License Number: _____ State: _____

Home Phone: _____ Cell Phone: _____

Have You Ever Been Evicted (Y/N)? _____

Spouse/ Roommate Name : _____
(A separate application is needed for every adult occupying the apartment)

Present Address: _____

Number of years at that address? _____ Landlord's Name: _____

Landlord's Address: _____ Telephone: _____

Amount of Current Rent: _____

Reason for Leaving: _____

Previous Address _____ Phone _____

Number of years at that address? _____ Landlord's Name: _____

Landlord's Address: _____ Telephone: _____

Reason for Leaving: _____

Current Employer

Name: _____
Address: _____ Telephone: _____
Position: _____ Years Employed: _____
Monthly Income: _____

Persons Occupying Unit:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a pet? _____ What type? _____
Do you have an automobile? _____
Year _____ Make _____ Model _____ Color _____
License Plate Number _____ State _____

Have You Been Convicted of a Felony? Yes _____ No _____

Please list additional cars on the back of this sheet.

Emergency Notification:

Name: _____
Address: _____ Phone: _____ Relationship: _____

References

Bank: _____ Branch: _____

Personal References:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

How Did You Hear About Colonial Gardens? _____

I hereby make application and certify that the above information is correct. I further authorize Colonial Gardens to contact and verify the information with all the references listed, including but not limited to a Credit Report, personal and business references and may include a felony record check.

APPLICANT'S SIGNATURE _____ DATE _____