

The Meadows at Ithaca Rental Application

100 Graham Road
Ithaca NY 14850-1137

Office: (607) 257-1861 Fax: (607) 257-0182

Email: _____

Type of Apartment Preferred: 1 BR 2 BR 3 BR Other: _____ Date Needed: _____

How Many Occupants? # _____ How did you hear about us? _____

APPLICANT #1:

Name: _____ SS #: _____ DOB: _____
Primary Phone: _____ Email: _____ : DL# _____ / _____ State
Present Address: _____ City: _____ State: _____ Zip: _____
Length of Residency: From: _____ To: _____ Monthly Rent/Mortgage Payment \$ _____ Landlord Name: _____
Previous Address: _____ City: _____ State: _____ Zip: _____
Present Employer: _____ Address: _____ Work Phone: _____
Position: _____ How Long: From: _____ To: _____ Monthly Gross Income: \$ _____ Supervisor: _____
Additional Monthly Income: \$ _____ Source: _____

APPLICANT #2:

Name: _____ SS #: _____ DOB: _____
Primary Phone: _____ Email: _____ DL# _____ / _____ State
Present Address: _____ City: _____ State: _____ Zip: _____
Length of Residency: From: _____ To: _____ Monthly Rent/Mortgage Payment \$ _____ Landlord Name: _____
Previous Address: _____ City: _____ State: _____ Zip: _____
Present Employer: _____ Address: _____ Work Phone: _____
Position: _____ How Long: From: _____ To: _____ Monthly Gross Income: \$ _____ Supervisor: _____
Additional Monthly Income: \$ _____ Source: _____

OTHER OCCUPANTS:

#1 Name: _____ DOB: _____ #3 Name: _____ DOB: _____
#2 Name: _____ DOB: _____ #4 Name: _____ DOB: _____

Emergency Contact:

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

PET(S)

Do you own a pet? No Yes Type: Dog Cat(s) How Many? _____ Breed: _____ / _____ Weight: _____ / _____

Vehicle 1: Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____	Vehicle 2: Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____
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STUDENT STATUS: Are all household members full time students or have been FT students for 5 months in this year? No Yes

ACCESSIBILITY: Would you benefit from special accessibility design features of an apartment? If yes, explain _____

GENERAL:

Have you or anyone in your household ever been convicted of a felony? No Yes
Have you or anyone in your household ever been convicted for illegal use, possession, manufacturing or distribution of a controlled substance? No Yes
Have you or anyone in your household ever been evicted from housing? No Yes

RELEASE:

I hereby authorize the Owner to obtain and verify my consumer credit history, criminal history, sex offender status, employment, income, student status, landlord references and any other necessary information to determine my eligibility to enter a lease agreement. I also affirm that all of the above information that I have provided is true and complete. I make this representation knowing that if any such information is found to be false, the Owner may cancel or decline any lease agreement or renewal in reliance upon such information.

I understand and agree to provide a NON-REFUNDABLE Application Fee in the amount of \$ _____ to be submitted with this application.

I understand if the Owner is unable to deliver possession of proposed apartment on the agreed date for any reason then the Owner shall not be liable as a result. I understand that the Owner of the Community is also under no obligation to deliver possession of another apartment. However, Owner will make every attempt to provide another similar apartment. If after thirty (30) days of the agreed date of possession, Owner does not have an available apartment, Owner will cancel the application and refund the any deposit, in full.

Applicant #1 Signature: _____ Date: _____

Applicant #2 Signature: _____ Date: _____



HANDICAPPED ACCESSIBLE