



Tenant Landlord Connection Inc.  
209 W. Main St. PO Box 199  
Sackets Harbor, NY 13685

# Apartment Application and Agreement

*\$25.00 non-refundable application fee required per adult (18 years or older)*

## APPLICANT #1

FIRST NAME	MI:	LAST NAME
SSN		
CURRENT ADDRESS	CITY	
STATE	ZIP CODE	
CELL PHONE #	EMAIL ADDRESS	
HOME PHONE #	BEST TIME TO CONTACT: <input type="checkbox"/> AM <input type="checkbox"/> PM	
DRIVERS LICENSE ID #	STATE	
REFERRED BY/SOURCE		
#1 EMERGENCY CONTACT	PHONE #	
#2 EMERGENCY CONTACT	PHONE #	

## PERSONAL REFERENCES

Please list three (3) people who you have known for at least two (2) years and who you are not related to or work with.

FULL NAME	RELATIONSHIP	PHONE #	YEARS KNOWN

## EMPLOYMENT INFORMATION

<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> SELF-EMPLOYED			
CURRENT EMPLOYER		SUPERVISOR	
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE

POSITION		
AVERAGE HOURS PER WEEK WORKED	AVERAGE TIPS	FAX #
CURRENT WAGE PER: <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR <input type="checkbox"/> SALARY		
DO YOU HAVE MORE THAN ONE JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO		ADDITIONAL SOURCE OF INCOME
<b>RESIDENCE HISTORY</b>		
DO YOU CURRENTLY: <input type="checkbox"/> RENT <input type="checkbox"/> OWN?	MONTH/YEAR MOVED IN	MONTHLY RENT
UTILITIES INCLUDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF UTILITIES ARE NOT INCLUDED, WHAT IS YOUR MONTHLY UTILITY COST? \$	
REASON FOR LEAVING		
LANDLORD NAME	LANDLORD ADDRESS	
LANDLORD PHONE NUMBER	CITY	ZIP CODE
PREVIOUS ADDRESS	CITY	ZIP CODE
DID YOU: <input type="checkbox"/> RENT <input type="checkbox"/> OWN	MONTH/YEAR MOVED IN	
MONTHLY RENT	UTILITIES INCLUDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF UTILITIES ARE NOT INCLUDED, WHAT WAS YOUR MONTHLY UTILITY COST?		
MONTH//YEAR MOVED OUT	REASON FOR LEAVING	
LANDLORD NAME	LANDLORD ADDRESS	
LANDLORD PHONE NUMBER	CITY	ZIP CODE
<b>PERSONAL INFORMATION</b>		
BANK NAME	ADDRESS	
PHONE #	CHECKING ACCOUNT #	
SAVINGS ACCOUNT #	ROUTING #	

Have you or anyone in your household been currently engaged in illegal drugs?  YES  NO

Have you or anyone in your household been convicted of violating any drug related laws?  YES  NO

## APPLICANT #2

FIRST NAME	MI:	LAST NAME
SSN		
CURRENT ADDRESS	CITY	
STATE	ZIP CODE	
CELL PHONE #	EMAIL ADDRESS	
HOME PHONE #	BEST TIME TO CONTACT: <input type="checkbox"/> AM <input type="checkbox"/> PM	
DRIVERS LICENSE ID #	STATE	
REFERRED BY/SOURCE		
#1 EMERGENCY CONTACT	PHONE #	
#2 EMERGENCY CONTACT	PHONE #	

## PERSONAL REFERENCES

Please list three (3) people who you have known for at least two (2) years and who you are not related to or work with.

FULL NAME	RELATIONSHIP	PHONE #	YEARS KNOWN

## EMPLOYMENT INFORMATION

FULL-TIME  PART-TIME  UNEMPLOYED  SELF-EMPLOYED

CURRENT EMPLOYER	SUPERVISOR		
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE
POSITION			
AVERAGE HOURS PER WEEK WORKED	AVERAGE TIPS	FAX #	
CURRENT WAGE	PER: <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR <input type="checkbox"/> SALARY		

DO YOU HAVE MORE THAN ONE JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	ADDITIONAL SOURCE OF INCOME
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### RESIDENCE HISTORY

DO YOU CURRENTLY: <input type="checkbox"/> RENT <input type="checkbox"/> OWN	MONTH/YEAR MOVED IN	MONTHLY RENT
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UTILITIES INCLUDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF UTILITIES ARE NOT INCLUDED, WHAT IS YOUR MONTHLY UTILITY COST? \$
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REASON FOR LEAVING
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LANDLORD NAME	LANDLORD ADDRESS
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LANDLORD PHONE NUMBER	CITY	ZIP CODE
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PREVIOUS ADDRESS	CITY	ZIP CODE
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DID YOU: <input type="checkbox"/> RENT <input type="checkbox"/> OWN	MONTH/YEAR MOVED IN
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MONTHLY RENT	UTILITIES INCLUDED: <input type="checkbox"/> YES <input type="checkbox"/> NO
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IF UTILITIES ARE NOT INCLUDED, WHAT WAS YOUR MONTHLY UTILITY COST?
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MONTH//YEAR MOVED OUT	REASON FOR LEAVING
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LANDLORD NAME	LANDLORD ADDRESS
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LANDLORD PHONE NUMBER	CITY	ZIP CODE
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### PERSONAL INFORMATION

BANK NAME	ADDRESS
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PHONE #	CHECKING ACCOUNT #
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SAVINGS ACCOUNT #	ROUTING #
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### PARKING REQUIREMENTS

ONLY VECHILES LISTED BELOW ARE PERMITTED TO PARK IN RESIDENTIAL PARKINF OR ASSIGNED GARAGES

VECHILE MAKE/MODEL	YEAR	LICENSE PLATE #	STATE	COLOR
VECHILE MAKE/MODEL	YEAR	LICENSE PLATE #	STATE	COLOR

### SPECIAL REQUIREMENTS

REQUESTING DISABLED/MEDICAL ACCESSIBLTY  YES  NO

REQUIRMENTS:

ARE THERE ANY SPECIAL NEEDS OR ACCOMODATIONS WE SHOULD KNOW ABOUT?  YES  NO

IF YES, PLEASE EXPLAIN:

DO YOU HAVE A PET(S)?  YES  NO

IF YES, WHAT KIND(S)? \_\_\_\_\_ WEIGHT: \_\_\_\_\_

REFUNDABLE PET FEES TOTAL \$300-\$400 (minus any damages caused by pet)  PAID CHECK #: \_\_\_\_\_

*If a pet is acquired and approved by management after initial move-in, the refundable fee is due upon approval of pet. Please refer to the Pet Association and fee Agreement for details.*

It is also understood that there are **NO PETS ALLOWED ON THE PREMISES WITHOUT THE PERMISSION OF LANDLORD.**

### CONSENT AND ACKNOWLEDGEMENT

I hereby certify that I am at least 18 years of age. Applicant represents that all information given on this application is true and correct. Applicant hereby authorizes verification of all references and facts, including but not limited to current and previous landlords, employers, and personal references. Applicant hereby authorizes owner/agent to obtain all Unlawful Detainer, Credit Reports, Tele checks, and/or Criminal Background Reports. Applicant agrees to furnish additional credit and/or personal references upon request. Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing which may result in denial of tenancy. Applicant hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROPERTY MANAGER/REPRESENTATIVE

\_\_\_\_\_  
DATE