

**APARTMENTS @ LEGACY**

**RENTAL APPLICATION**

*Notice: All persons 18 and over must fill out a rental application*

A \$25.00 non-refundable fee per U.S. applicant and \$45.00 fee for Canadian Resident (U.S. Funds) must be submitted with your application. Please make checks payable to **Apartments at Legacy, LLC**, and mail to 920 Mohawk Street, Lewiston, NY 14092 (Attention: Office)

**PLEASE TELL US ABOUT YOURSELF**

**TENANT #1:**

FULL NAME \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Driver's License No. & State \_\_\_\_\_

Email address: \_\_\_\_\_

**TENANT #2:**

FULL NAME \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Driver's Lic. No. & State \_\_\_\_\_

Email address: \_\_\_\_\_

Please list everyone, including yourself who will be occupying the apartment:

\_\_\_\_\_

Have you or co-applicant ever been known as another name? If yes please list names

**YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (Beginning With Most Current)**

**TENANT #1**

CURRENT ADDRESS \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_

Landlord's Phone Number ( ) \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

**PREVIOUS ADDRESS (If within 3 years)**

\_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Moved Out \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_

Landlord's Phone Number ( ) \_\_\_\_\_

**TENANT #2:**

CURRENT ADDRESS \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_

Landlord's Phone Number ( ) \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

**PREVIOUS ADDRESS (If within 3 years)**

Month & Year Moved In \_\_\_\_\_ Moved Out \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_

Landlord's Phone Number ( ) \_\_\_\_\_

**YOUR EMPLOYMENT INFORMATION**

**TENANT #1**

YOUR STATUS: Employed Full-Time   Employed Part-Time   Student   Retired   Not Employed

**CURRENT EMPLOYER** (Or Most Recent) \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Date(s) Employed / From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Your Gross Annual Salary \$ \_\_\_\_\_

Additional Monthly Income \$ \_\_\_\_\_

**PREVIOUS EMPLOYER** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_

**TENANT #2:**

YOUR STATUS: Employed Full-Time   Employed Part-Time   Student   Retired   Not Employed

**CURRENT EMPLOYER** (Or Most Recent) \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Date(s) Employed / From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Your Gross Annual Salary \$ \_\_\_\_\_

Additional Monthly Income \$ \_\_\_\_\_

**PREVIOUS EMPLOYER** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

Income Verification Required

**PLEASE LIST YOUR BANK AND CREDIT REFERENCES**

| YOUR BANK(S) | City-State/Branch | Telephone |
|--------------|-------------------|-----------|
| 1            |                   |           |
| 2            |                   |           |

**TOTAL NUMBER OF VEHICLES (Including Company Vehicles) Maximum of 1 vehicle per driver**

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Plate No./State \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Plate No./State \_\_\_\_\_

**HAVE YOU OR CO-APPLICANT EVER IN ANY STATE IN THE UNITED STATES:**

Been sued for non-payment of rent? Yes No

Been evicted or asked to move out? Yes No Broken a Rental Agreement or Lease? Yes No

Been sued for damage to property? Yes No Declared Bankruptcy? Yes No

Ever been convicted of a felony? Yes No If yes please provide conviction information and date of conviction.

Ever been convicted of any drug related crime? Yes No If yes please provide conviction information and date of conviction. \_\_\_\_\_

**EMERGENCY CONTACTS:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Upon acceptance of this application, I will have five (5) business days to submit a NON-REFUNDABLE Security Deposit in the form of a check or money order, equal to one month's rent. If I fail to execute a 12 month lease for the above described premises, within five business days after approval of Lease by Apartments @ Legacy, the Security Deposit will be forfeited as liquidated damages in payment for the Agent's time and effort in processing my inquiry and application as well as lost marketing time.

I hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rental is to be payable the 1st day of each month. As an inducement to the owner of the property or his agent to accept this application, I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of fact the owner or his agent may reject, without stating any reason for so doing, the applicant, thereby waiving any claim for damages by reason of non-acceptance. I hereby deposit a NON-REFUNDABLE application fee in the amount of \$25.00 per U.S. applicant and \$45.00 per Canadian resident.

I consent to allow Apartments @ Legacy through its agents and employees to obtain and verify my credit information, criminal history, investigate consumer report, employment, income and landlord references, for the sole purpose of determining whether or not to lease me an apartment. I understand that should I lease an apartment, Apartments @ Legacy shall have a continuing right to review those items in addition to my residency information from any source and may exchange credit information with consumer reporting agencies. I also affirm that this application is true and accurate. I understand that if the above information provided proves false, it will be deemed an event of default under any such lease, or renewal and Apartments @ Legacy may cancel and annul any lease given in reliance upon such information.

**TENANT #1 SIGNATURE:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**TENANT #2 SIGNATURE:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**MANAGER/AGENT SIGNATURE:**

\_\_\_\_\_

**OFFICE USE ONLY**

APPROVED: \_\_\_\_\_ APPROVED, ONLY WITH A GUARANTOR: \_\_\_\_\_

DATE: \_\_\_\_\_

DECLINED: \_\_\_\_\_

APT./BLDG: \_\_\_\_\_ MONTHLY RENT: \_\_\_\_\_ ADDED FEES: \_\_\_\_\_

TERM OF LEASE: \_\_\_\_\_ MOVE IN DATE: \_\_\_\_\_



## APARTMENTS AT LEGACY

Legacy Drive, Lewiston, NY 14092  
Phone: (716) 405-7180 Fax: (716) 754-8159

To Whom It May Concern:

The undersigned applicant(s) has applied to lease an apartment at our complex. You are hereby authorized to release any information regarding his/her current or previous tenancy with you. A prompt response to this request is needed to complete the application process and is greatly appreciated.

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Applicant #1 (Please print name, sign and date)

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Applicant #2 (Please print name, sign and date)

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\*This portion to be completed by landlord

Address \_\_\_\_\_

Length of residency (term of lease) \_\_\_\_\_

Amount of rent paid \_\_\_\_\_

No. of late payments \_\_\_\_\_

No. of NSF checks \_\_\_\_\_

Would you re-rent to tenant \_\_\_\_\_

Were there any problems \_\_\_\_\_

Any additional helpful comments \_\_\_\_\_

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Landlord/Representative (Please print name, title, sign and date)

Please fax back to (716) 754-8159

THANK YOU