



CRYSTAL TREE APARTMENTS

5490 Duguid Road #1C, Fayetteville, NY 13066



Phone (315) 637-4434

Fax (315) 637-4067

Cell Phone (315) 243-7323

RENTAL APPLICATION

(This application is not considered complete until payment of application fee is tendered)

CURRENT INFORMATION

TYPE/SIZE OF APARTMENT WANTED _____ DATE WANTED _____

APPLICANT'S FULL NAME _____

DATE OF BIRTH _____ MARITAL STATUS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (HM) _____ (WK) _____ (CELL) _____

PRESENT LANDLORD _____ TELEPHONE _____

AMOUNT OF RENT _____ REASON FOR MOVING _____

HOW LONG HAVE YOU LIVED AT PRESENT ADDRESS _____

PREVIOUS INFORMATION

PREVIOUS ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOW LONG DID YOU LIVE AT PREVIOUS ADDRESS _____ AMOUNT OF RENT _____

EMPLOYMENT INFORMATION

EMPLOYED BY _____ HOW LONG _____

EMPLOYER'S ADDRESS _____

TELEPHONE _____ YOUR POSITION _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

PERSONAL INFORMATION

OTHER APPLICANTS

RELATIONSHIP

AGE

CO-APPLICANT'S EMPLOYER _____

APPLICANTS ANNUAL INCOME _____ CO - APPLICANT'S ANNUAL INCOME _____

WE DO NOT ALLOW PETS OR WATERBEDS!

MAKE OF CAR _____ YEAR _____ COLOR _____ PLATE # _____ STATE _____

MAKE OF CAR _____ YEAR _____ COLOR _____ PLATE # _____ STATE _____

DRIVER'S LICENSE NUMBER _____ STATE _____

IN CASE OF AN EMERGENCY, NOTIFY: _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE (HM) _____ (WK) _____ (CELL) _____

CREDIT REFERENCES

YOUR BANK _____ BRANCH _____

BRANCH ADDRESS _____

BRANCH CONTACT NAME _____ CHECKING ACCOUNT NUMBER _____

MAJOR CREDIT CARDS:

NAME OF CREDIT CARD _____ ACCOUNT NUMBER _____

VISA MC AMEX OTHER _____

NAME OF CREDIT CARD _____ ACCOUNT NUMBER _____

VISA MC AMEX OTHER _____

TELEPHONE/UTILITY REFERENCES:

NAME _____ ACCOUNT NUMBER _____

NAME _____ ACCOUNT NUMBER _____

I hereby make application for an apartment and certify that the above information is correct. I authorize you to contact any references that I have listed.

I also understand that signing below will also authorize **Accurate Background Investigations, Inc.** to perform a background check and/or credit report.

Signature of Applicant

____/____/____
Date

Signature of Applicant

____/____/____
Date

Notice: A consumer report may be requested in connection with this application and updated reports may be obtained from time to time if the account is opened. You have the right, upon request, to be informed whether a report was obtained and the address of the consumer reporting agency furnishing it.

Application Processing Fee \$ 45.00 Single/ 70.00 Joint _____ CHECK _____ CASH (NON-REFUNDABLE)

Please Initial
Rev 02/07