

Thank you for your interest in our apartments. Please complete all information below in order to expedite the application process.

PLEASE PRINT:

Applicant

Name _____ Date of Birth _____

Have you ever been convicted of a felony ? _____ Yes _____ No

Present Address _____ Apt _____

City _____ State _____ Zip _____

Telephone# _____ Cell Phone # _____

E-mail Address _____

Co-Applicant

Name _____ Date of Birth _____

Have you ever been convicted of a felony ? _____ Yes _____ No

Present Address _____ Apt _____

City _____ State _____ Zip _____

Telephone# _____ Cell Phone # _____

E-mail Address _____

PRESENT HOUSING

_____ OWN _____ RENT How long have you resided there? _____

If renting, present Landlord's Name _____

Present Address _____ Apt _____

City _____ State _____ Zip _____

Telephone# _____ Cell Phone # _____

E-mail Address _____

EMPLOYMENT

Employment by _____ How Long? _____

Employer's Address _____

City _____ State _____ Zip _____

Telephone# _____ Cell Phone # _____

Your Title or Position _____

EMPLOYMENT (Co-Applicant)

Employment by _____ How Long ? _____

Employer's Address _____

City _____ State _____ Zip _____

Telephone# _____ Cell Phone # _____

Your Title or Position _____

Please check one:

Choice of: 1st Floor _____ 2nd Floor _____ No Preference _____

Do you desire a handicapped apartment? _____ Yes _____ No

Do you have any pet(s)? _____ Yes _____ No If Yes, what kind _____ (See Pet Agreement)

Please list all persons to reside in this apartment:

1. _____ Date of Birth _____

2. _____ Date of Birth _____

3. _____ Date of Birth _____

4. _____ Date of Birth _____

THE APPLICANT VERIFIES BY SIGNING THIS APPLICATION THAT THE INFORMATION IS CORRECT AND TRUE TO THE BEST OF HIS/HER KNOWLEDGE.

THE APPLICANT ALSO AGREES THAT BY SIGNING THIS APPLICATION HE/SHE GIVES US PERMISSION TO DO THE FOLLOWING:

- 1. LANDLORD REFERENCE CHECK
- 2. THE APPLICANT ALSO UNDERSTANDS THAT BY SUBMITTING THIS APPLICATION NO WAY GUARANTEES THAT THE APPLICANT WILL RECEIVE AN APPARTMENT

IF YOU ARE ON THE WAITING LIST FOR AN APARTMENT, YOU MUST RENEW YOUR APPLICATION EVERY SIX (6) MONTHS EITHER BY PHONE, IN WRITING OR E-MAIL.

ALL INFORMATION MUST BE COMPLETED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED.

APPLICANT SIGNATURE _____ DATE _____

CO-APPLICANT SIGNATURE _____ DATE _____

Please return completed application to:

Ralph P. Squillace
1044 Trackside Drive Apt. 1
Marcy, NY 13403
Office & Fax 315-736-0841 Cell 315-725-1898
E-mail Address: rsquillace@roadrunner.com

Trackside Crossing Apartments are professionally managed by:
American Properties Exchange
Person to Contact
Ralph P. Squillace
Licensed Real Estate Broker

COMMENTS

Please make a copy for your records

E-MAIL: TRACKSIDE@ROADRUNNER.COM

WEB ADDRESS: TRACKSIDECROSSING.COM