

Rental Application



Office use only

Date: _____

Property _____

Unit No. _____ Rent \$ _____

Employee: _____

Tel: (585) 672-7053
620 Park Ave, Suite 369
Rochester, NY 14607
www.DaileyMGMT.com

DAILEY MANAGEMENT

Date of Application _____ Desired Occupancy date _____

Type of property wanted (# bedrooms / baths) _____

PERSONAL INFORMATION

Applicant's Full Name _____ Birth Date: _____

Driver License No: _____ Social Security No. _____

Co-Applicant's Name: _____ Birth Date: _____

Driver License No: _____ Social Security No. _____

Names of all other residents	Relationship	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many pets will you be keeping? _____

If permitted, kind of pet, weight, age _____

How did you hear about this property? _____

Residence History

CURRENT Address _____ City, State Zip _____

Dates From: _____ To: _____ Applicant Telephone _____

Current Landlord / Mortgage _____ Landlord Telephone _____

Monthly Payment Amount \$ _____ Reason Moving _____

PREVIOUS Address _____ City, State Zip _____

Dates From: _____ To: _____

Previous Landlord / Mortgage _____ Landlord Telephone _____

Monthly Payment Amount \$ _____ Reason Moving _____



**REFER A FRIEND AND WE'LL
 PAY YOU \$50**

Employment Information

CURRENT Employer _____ Date Employed: _____

Employer Address: _____ Telephone _____

Supervisor _____ Position _____ Gross Monthly \$ _____

PREVIOUS Employer _____ Date Employed: _____

Employer Address: _____ Telephone _____

Supervisor _____ Position _____ Gross Monthly \$ _____

CO-Applicant Employer _____ Date Employed: _____

Employer Address: _____ Telephone _____

Supervisor _____ Position _____ Gross Monthly \$ _____

Banking / Credit Reference

Bank Name _____ Contact _____ Telephone _____

Checking No _____ Savings No _____ Loan Payment \$ _____

Credit Reference _____ Telephone _____

Address _____ Account No. _____

Other Information

Total number of vehicles (including work vehicles) _____

Note: No vehicle repair or immobile vehicles are permitted on the property

Total gross monthly household income \$ _____

If there are other sources of income you want us to consider, please list them below along with the source and person to contact for confirmation. You do not have to reveal alimony, child support or spouse's income unless you want it considered in this application.

Other income \$ _____ /month Source _____ Telephone _____

Other income \$ _____ /month Source _____ Telephone _____

HAS EITHER APPLICANT EVER:

	<input type="checkbox"/>		Been sued for not paying rent?	Yes	No
Been evicted or asked to move out?	Yes	No	Broken a rent agreement?	Yes	No
Been sued for damaging rent property?	Yes	No	Declared bankruptcy?	Yes	No

Emergency contact person: _____ **Relationship** _____

Address _____ **Home ph:** _____ **Work ph:** _____

I hereby make application for a property and certify that this information is correct. I authorize you to contact any references that I have listed. I also authorize you to obtain my consumer credit report or score from your credit reporting agency, which may appear as an inquiry on my file. A \$20 charge applied for the credit report.

Applicant Signature _____

Co-Applicant Signature _____

Date: _____