



Please Mail Completed Application and Check to: 18 Division Street, Suite 401 Saratoga Springs, NY 12866

Rental Application

This application and the contents thereof are considered as part of my lease, and are represented to be

You must be 18 years or older to submit a rental application.

www.marketcentersaratoga.com Please make checks payable to: Saratoga Market Center, LLC

P: (518) 669-7733 F: (518) 584.0496 E: Evelync@westsidepm.com

Type and Size of Apartment Wanted: Referred By: Desired Date of Occupancy: Apt.#: Rental Rate:

Pet Policy—Small pets will be permitted on a case by case exception and depending on breed and pet interview.

Do you own any pets? If yes, how many and what kind

PERSONAL INFORMATION

APPLICANT'S FULL NAME: Phone Number: Date of Birth: Marital Status: Social Security Number: E-mail:

CO-APPLICANT'S FULL NAME: Date of Birth: Marital Status: Social Security Number: E-mail:

Table with 3 columns: OTHER RESIDENTS, Relationship, Date of Birth

RESIDENCE HISTORY

PRESENT ADDRESS: City State Zip Length of Time at Present Address: Month - Year to Month - Year Present Landlord or Mortgage Holder: Phone #: Amount of Rent \$: Reason for Moving:

PREVIOUS ADDRESS: City State Zip Length of Time at Previous Address: Month - Year to Month - Year Previous Landlord or Mortgage Holder: Phone #: Amount of Rent \$: Reason for Moving:

EMPLOYMENT INFORMATION

EMPLOYED BY: How Long?: Employer's Address: Telephone: Position Held: Salary: Social Security No.: Supervisor: Phone #:

CO-RESIDENT'S EMPLOYER: How Long?: Employer's Address: Telephone: Position Held: Salary: Social Security No.: Supervisor: Phone #:

*Large Commercial Vehicles & Trailers are prohibited !



BANKING AND CREDIT REFERENCES

BANK: _____ Branch: _____
 Checking Account Number: _____ Savings Account Number: _____
 CREDIT REFERENCE: _____ Account Number: _____
 Address: _____
 CREDIT REFERENCE: _____ Account Number: _____
 Address: _____

PERSONAL REFERENCE

NAME: _____ Address: _____
 Phone Number: _____
 Relationship: _____

OTHER INFORMATION

Number of Automobiles (Including Company Cars): _____ Driver's License No.: _____
 Make: _____ Model: _____ Year: _____ Color: _____ Plate No.: _____ State: _____

*** Note there is only ONE parking spot per apartment.**

In Case of Personal Emergency, Notify: _____ Relationship: _____
 Telephone: _____ Address: _____

Have you ever filed bankruptcy? ____ Yes ____ No
 Have you ever been evicted or asked to move? ____ Yes ____ No
 Have you been convicted of, pleaded guilty (no contest), received a deferred sentence, deferred prosecution, or continued petition for a felony in the past 10 years? ____ Yes ____ No
 Have you been convicted of, pleaded guilty (no contest), received a deferred sentence, deferred prosecution, or continued petition for a misdemeanor in the past 7 years? ____ Yes ____ No
 Any subsequent convictions of a felony or misdemeanor after approval of the application or move-in will be grounds for an eviction.

ACKNOWLEDGEMENT AND AGREEMENT

I understand that the Reservation Deposit will be refunded to me if this Application is not approved. If this Application is approved, the Reservation Deposit shall become part of the Security Deposit and may be forfeited in accordance with applicable law if move-in does not occur. It is understood that the application processing fee is not refundable, except as provided by applicable law.

I hereby authorize Saratoga Market Center, LLC/West Side Management of Saratoga, LLC and it's employees or agents, to verify all of the information in this application, including specifically to obtain public and on-public references and credit reports or records and criminal (including sex offender) background records, if applicable. I also expressly authorize Saratoga Market Center, LLC/West Side Management of Saratoga, LLC, and it's employees or agents (including a third party collection agency), to obtain such references and reports at any time during the term of my tenancy and after termination of my lease, if such reports are needed in attempting to review my continuing eligibility to be a resident, collect any defaulted payments or charges, or for any other permissible purpose. I understand I acquire no rights to an apartment until I sign a lease, and that the security deposit and application fee will be retained for lease preparation if the apartment is not taken.

Applicant represents that all the statements herein are true, and if they change during the term of the tenancy, I will immediately notify the management staff.

Applicant Signature:		Date:	Applicant Signature:		Date:
Management Representative Signature:				Date:	
<i>FOR OFFICE USE ONLY</i>					
References Checked	____ Y ____ N	Applicant Approved	____ Y ____ N	Apartment Rented	_____
Employment Checked	____ Y ____ N	Background Checked	____ Y ____ N	Deposit Taken	\$ _____