

Lake Shore Park APARTMENTS

Completing this application is the first step to becoming a member of our community. Submission of this application does not reserve or guarantee a unit. We welcome you to call or visit Lake Shore Park Apartments to speak with our leasing consultants to discuss availability and tour the property. If you should decide to take the next step, you will be asked for a \$100 deposit and a non-refundable \$7 application fee, proof of income and two forms of identification. To begin the process, please either fax this application to 518-273-9156 or mail it to Management Office, 587 Broadway, Menands, NY 12204.

PERSONAL INFORMATION:

Last Name _____ First _____ Middle Initial _____

Current Address _____

City _____ State _____ Zip _____

Email _____ Phone# _____

S.S.# _____ - _____ - _____ Date of Birth _____ - _____ - _____ Marital Status _____

Have you ever been convicted of a crime? _____ Have you ever been convicted of a sex crime? _____

Current Landlord _____ Do you have a lease? _____ Monthly Rent \$ _____

Address _____

City _____ State _____ Zip _____ Phone# _____

Previous Landlord Address (if less than 3 years) _____

Address _____

City _____ State _____ Zip _____ Phone# _____

Current Employment _____ How Long? _____

Address _____

City _____ State _____ Zip _____ Phone# _____

Position _____ Supervisor _____

Applicant's Salary \$ _____ Household Income \$ _____

Previous Employment _____ How Long? _____

Address _____

City _____ State _____ Zip _____ Phone# _____

Position _____ Supervisor _____

PERSONAL REFERENCES:

Name_____ Relationship_____

Address _____

City_____ State_____ Zip_____ Phone#_____

Name_____ Relationship_____

Address _____

City_____ State_____ Zip_____ Phone#_____

Emergency Contact_____ Relationship_____

Address _____

City_____ State_____ Zip_____ Phone#_____

TRANSPORTATION:

Do you own a car?_____ Make_____ Model_____

Year_____ Color_____ License Plate#_____

OTHER OCCUPANTS OF THE APARTMENT:

Name_____ Relationship_____ Age_____

Name_____ Relationship_____ Age_____

Name_____ Relationship_____ Age_____

Pets: Name_____ Breed_____

Color_____ Sex_____ Weight (lbs)_____

Please Read Carefully Before Signing

Applicant represents that the information set forth on this application is true and complete. Applicant authorizes verification of any information contained in this application and verification of credit history and criminal history from a consumer reporting agency.

Applicant's Signature

Date