

PO Box 134
 540 Main Street
 New York Mills, NY 13417
 315-724-2255

LANDMARK APARTMENTS LLC

Every occupant over the age of 18 MUST fill out a separate application (even if married).
 Please fill out this form COMPLETELY and sign where indicated.

PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST	S.S.#	-	-
DATE OF BIRTH / /	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED Since _____ <input type="checkbox"/> DIVORCED Since _____	DRIVERS LICENSE #		STATE	
PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK	EXT.		EMAIL	
PRESENT HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	PRESENT LANDLORD		LANDLORD PHONE - -		
REASON FOR LEAVING	AMOUNT OF RENT		Is your present rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PREVIOUS HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	PREVIOUS LANDLORD		LANDLORD PHONE - -		
REASON FOR LEAVING	AMOUNT OF RENT		Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NEXT PREVIOUS HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	NEXT PREVIOUS LANDLORD		LANDLORD PHONE - -		
REASON FOR LEAVING	AMOUNT OF RENT		Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PROPOSED OCCUPANT(S)

NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

No Smoking in the Apartments or common areas of Landmark Apartments LLC

NO PETS ALLOWED

VEHICLE(S) INFORMATION

YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

EMPLOYMENT

CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	

INCOME

CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO