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.

## CREDIT CARD / FINANCIAL INFORMATION

| | | | |
|---|---|---|---|
| CAR LOAN<br>LIEN HOLDER | BALANCE<br>OWED | MONTHLY<br>PAYMENT | CREDITOR'S<br>PHONE # – – |
| CREDIT CARD<br>COMPANY | BALANCE<br>OWED | MONTHLY<br>PAYMENT | CREDITOR'S<br>PHONE # – – |
| CREDIT CARD<br>COMPANY | BALANCE<br>OWED | MONTHLY<br>PAYMENT | CREDITOR'S<br>PHONE # – – |
| CREDIT CARD<br>COMPANY | BALANCE<br>OWED | MONTHLY<br>PAYMENT | CREDITOR'S<br>PHONE # – – |
| CHILD SUPPORT/<br>OTHER CREDIT OWED | BALANCE<br>OWED | MONTHLY<br>PAYMENT | CREDITOR'S<br>PHONE # – – |
| BANK ACCOUNT<br>NAME OF BANK | BALANCE | MONTHLY<br>PAYMENT | ACCOUNT<br>NUMBER |

## EMERGENCY / PERSONAL REFERENCE INFORMATION

| | | |
|---|---|---|
| EMERGENCY CONTACT | PHONE – – ❑ CELL ❑ HOME | PHONE – – ❑ HOME ❑ WORK |
| RELATION | ADDRESS | CITY/STATE/ZIP |
| EMERGENCY CONTACT | PHONE – – ❑ CELL ❑ HOME | PHONE – – ❑ HOME ❑ WORK |
| RELATION | ADDRESS | CITY/STATE/ZIP |
| PERSONAL REFERENCE | PHONE – – ❑ CELL ❑ HOME | PHONE – – ❑ HOME ❑ WORK |
| RELATION | ADDRESS | CITY/STATE/ZIP |
| PERSONAL REFERENCE | PHONE – – ❑ CELL ❑ HOME | PHONE – – ❑ HOME ❑ WORK |
| RELATION | ADDRESS | CITY/STATE/ZIP |

## APPLICANT QUESTIONNAIRE / AUTHORIZATION

| | | | |
|---|---|---|---|
| Has applicant ever been sued for bills? | ❑ YES ❑ NO | Has applicant ever been locked out of their apartment by the sheriff? | ❑ YES ❑ NO |
| Has applicant ever been bankrupt? | ❑ YES ❑ NO | Has applicant ever been brought to court by another landlord? | ❑ YES ❑ NO |
| Has applicant ever been guilty of a felony? | ❑ YES ❑ NO | Has applicant ever moved owing rent or damaged an apartment? | ❑ YES ❑ NO |
| Has applicant ever broken a Lease? | ❑ YES ❑ NO | Is the total move-in amount available now (rent and deposit)? | ❑ YES ❑ NO |

Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant.

All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

X _____ _____
APPLICANT SIGNATURE DATE

*If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.*

**NOTES:**