

# THE KAMSON CORPORATION

## COMMUNITIES FOR BETTER LIVING

### New Paltz Gardens

21A Colonial Drive-Rental Office, New Paltz, New York, 12561

Phone Number: (845) 255-6171

Fax: (845) 255-3164

#### Application For Lease Must be completed in its entirety to be processed.

All verification services to be provided to NEW PALTZ GARDENS under terms of this agreement entered into with a licensed contracted consumer credit agency and the accuracy thereof shall be conditioned by the requirement that applicant and customer provide the following information as to the individual applicants below. Where inapplicable information is requested, mark N/A. Applicant and customer shall sign and date this document in appropriate space below prior to its submission to a licensed contracted consumer credit agency. Multiple applicants, including spouse, must complete and sign.

The undersigned hereby agrees to execute a lease, in the event of the approval if the rental application for apartment \_\_\_\_\_ for the term of \_\_\_\_\_ commencing on (approximately) \_\_\_\_\_ at a monthly rate of \$ \_\_\_\_\_ payable monthly in advance on the first day of each month.

Applicant must submit the non-refundable cost of the background & credit check to apply for an apartment. In addition, a security deposit, or a security deposit alternative, must be paid upon signing of lease. All monies are to be paid in the form of a Money Gram only. **Upon signing the lease, the first month's rent and/or prorated rent, security deposit, or security deposit alternative and any other costs must be paid in full in the form of a Money Gram before any apartment keys will be given out.**

The undersigned has read the foregoing and certifies that the facts set forth in the accompanying rental application are true and correct and that the rental application submitted for the purpose of inducing approval of the application in the undersigned's behalf. In the event that this application is not approved, all rights of the undersigned shall thereupon terminate and end absolutely. **The \$16.00 cost per applicant for investigation of the undersigned's application is under no circumstances refundable. Landlord does not provide renter's insurance. It is mandatory that all residents purchase and maintain a tenant or renter's liability insurance policy at the sole expense of the resident for the length of their tenancy. At time of lease signing, new resident must provide a copy of the liability insurance policy.**

**APPLICANT NAME** \_\_\_\_\_ **Date of birth** \_\_\_\_\_ **SS#** \_\_\_\_\_  
First Middle Last

**CO-APPLICANT NAME** \_\_\_\_\_ **Date of birth** \_\_\_\_\_ **SS#** \_\_\_\_\_  
First Middle Last

App. Drivers Lic. No. \_\_\_\_\_ State \_\_\_\_\_ Co-App. Drivers Lic No. \_\_\_\_\_ State \_\_\_\_\_

Other Occupants: \_\_\_\_\_  
Name SS# Age Relationship

\_\_\_\_\_ Name SS# Age Relationship

**APPLICANT** Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ E-mail \_\_\_\_\_

Present Address \_\_\_\_\_  
Street Apt.# City State Zip

From: \_\_\_\_\_

Dates: To: \_\_\_\_\_  
Present Landlord/Resident Mgr. Apt. Name/If Home-Mortgage Co. \$ Loan#

Monthly Payment \_\_\_\_\_ Reason for moving \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, explain \_\_\_\_\_

8-6-19 N/A RLL

**APPLICANT**

Previous Address \_\_\_\_\_  
Street Apt.# City State Zip

Previous Apt. Name or Landlord \_\_\_\_\_  
Address Phone How long?

Monthly Payment \_\_\_\_\_ Reason for moving \_\_\_\_\_

**APPLICANT EMPLOYER** \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip

Supervisor \_\_\_\_\_ Employed since \_\_\_\_\_ Gross weekly salary \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_

Business address \_\_\_\_\_

Supervisor \_\_\_\_\_ Employed since \_\_\_\_\_ Gross weekly salary \_\_\_\_\_

Additional monthly income (if any) \_\_\_\_\_ Source \_\_\_\_\_

**CO-APPLICANT** Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ E-mail \_\_\_\_\_

Present Address \_\_\_\_\_  
Street Apt.# City State Zip

From: \_\_\_\_\_

Dates: To: \_\_\_\_\_  
Present Landlord/Resident Mgr. Apt. Name/If Home-Mortgage Co. \$ Loan#

Monthly Payment \_\_\_\_\_ Reason for moving \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, explain \_\_\_\_\_

**CO-APPLICANT**

Previous Address \_\_\_\_\_  
Street Apt.# City State Zip

Previous Apt. Name or Landlord \_\_\_\_\_  
Address Phone How long?

Monthly Payment \_\_\_\_\_ Reason for moving \_\_\_\_\_

**CO-APPLICANT EMPLOYER** \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip

Supervisor \_\_\_\_\_ Employed since \_\_\_\_\_ Gross weekly salary \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Employed since \_\_\_\_\_ Gross weekly salary \_\_\_\_\_

Business address \_\_\_\_\_

Additional monthly income (if any) \_\_\_\_\_ Source \_\_\_\_\_

**BANKING INFORMATION**

**APPLICANT**

Bank Name and Branch \_\_\_\_\_  Checking

Bank Name and Branch \_\_\_\_\_  Savings

**CO-APPLICANT**

Bank Name and Branch \_\_\_\_\_  Checking

Bank Name and Branch \_\_\_\_\_  Savings

**CREDIT INFORMATION**

**APPLICANT**

Name \_\_\_\_\_ Type \_\_\_\_\_ Acct. No. \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Open  Closed

Name \_\_\_\_\_ Type \_\_\_\_\_ Acct. No. \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Open  Closed

Name \_\_\_\_\_ Type \_\_\_\_\_ Acct. No. \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Open  Closed

**CREDIT INFORMATION**

**CO-APPLICANT**

Name \_\_\_\_\_ Type \_\_\_\_\_ Acct. No. \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Open  Closed

Name \_\_\_\_\_ Type \_\_\_\_\_ Acct. No. \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Open  Closed

Name \_\_\_\_\_ Type \_\_\_\_\_ Acct. No. \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Open  Closed

**VEHICLE INFORMATION**

Year & Make \_\_\_\_\_ Color \_\_\_\_\_ Tag No. \_\_\_\_\_ State \_\_\_\_\_ Registered to \_\_\_\_\_

Year & Make \_\_\_\_\_ Color \_\_\_\_\_ Tag No. \_\_\_\_\_ State \_\_\_\_\_ Registered to \_\_\_\_\_

I or we proclaim that all of the information provided in this rental application is true and accurate. In the event the information I or we have provided is found to be false, I or we understand that the application will be denied. In the event it is found that information provided in the application is false after I or we take possession of an apartment; I or we acknowledge that eviction proceedings will commence immediately, I or we authorize New Paltz Gardens Apartments to verify all information on the rental application by all available means, including consumer reporting agencies, public records, current and previous rental property owners, employers and personal references. Re-verification of preliminary findings is not required.

APPLICANTS SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

APPLICANTS SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

APPLICATION TAKEN BY \_\_\_\_\_ Date \_\_\_\_\_

APPLICATION DATE \_\_\_\_\_ UNIT TYPE \_\_\_\_\_ MONTHLY RENT\$ \_\_\_\_\_ MOVE IN DATE \_\_\_\_\_ AFTER 2PM \_\_\_\_\_

PET YES  NO  TYPE? \_\_\_\_\_

KIND \_\_\_\_\_ WEIGHT \_\_\_\_\_ NAME \_\_\_\_\_

**OFFICIAL USE: LEASE INFORMATION**

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Move in date \_\_\_\_\_

Size of Apt: \_\_\_\_\_ Monthly Rental \_\_\_\_\_ Yearly Rental \_\_\_\_\_

Pro rate \_\_\_\_\_

BALANCE DUE UPON EXECUTION OF LEASE BY MONEY GRAM \$ \_\_\_\_\_ SECURITY DEPOSIT\$ \_\_\_\_\_

Pricing and terms are subject to change without notice. Contact us for current information.