

**Falcon Trace Senior Living**  
1 Sparrowhawk Circle  
Halfmoon, New York 12065  
Phone: (518)664-5464 Fax: (518)664-5412

**Rental Application**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Suf: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work#: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's # \_\_\_\_\_

How long at present job? \_\_\_\_\_ Income: \_\_\_\_\_

Present Landlord: \_\_\_\_\_ Landlord # \_\_\_\_\_

# of Persons in family? Adults: \_\_\_\_\_ Children: \_\_\_\_\_ Pet(s): \_\_\_\_\_ (Cat(s) with restrictions)

**SPOUSE/CO-SIGNER INFORMATION**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Suf: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work#: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's # \_\_\_\_\_

How long at present job? \_\_\_\_\_ Income: \_\_\_\_\_

**PERSONAL REFERENCES**

NAME

RELATIONSHIP

PHONE

NAME	RELATIONSHIP	PHONE

How did you hear of our community? \_\_\_\_\_

Number of vehicles (including company cars) \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_

Have you ever:

Filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, when? \_\_\_\_\_

Been served an eviction notice or been asked to vacate a property? Yes \_\_\_\_\_ No \_\_\_\_\_

Willfully or intentionally refused to pay rent when due? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes when \_\_\_\_\_

Please read the following carefully before signing.

I (we) hereby apply to lease an apartment for the term and upon the conditions set forth. I (we) agree that the rent is payable the first day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application I (we) warrant that all statements set forth are true.

I (we) agree to pay a NON-REFUNDABLE application fee of \$25.00 with this application. I (we) understand the deposit to hold the apartment is NON-REFUNDABLE after three (3) business days from the date the deposit was received.

When the application is approved and accepted, I (we) agree to execute a lease for 12 months before possession of the unit is given and to pay the security deposit in full upon signing the lease. If the application is approved and accepted and I (we) refuse to enter into a lease agreement for the period of time called for in the application, the sum received shall be retained by Falcon Trace Senior Living Apartments as liquidated damages. This agreement shall in no way bind Falcon Trace Senior Living Apartments to accept this application for tenancy as the acceptance or rejection of the application remain with the sole discretion of the owner. I (we) also agree to have all utilities turned on in the apartment prior to taking occupancy after the lease is signed.

I (we) authorize you to contact any references that I have listed. I (we) also authorize you to obtain my consumer credit report from your credit reporting agency and periodically re-run this check at any time in the future to verify the truth and accuracy of any information given on this application.

I (we) authorize the verification of the information provided on this form to credit, employment and background.

I (we) acknowledge this application will become part of the lease agreement when approved. If any information is found to be incorrect, the application will be rejected and any subsequent rental agreement becomes void. False and misleading statements will be sufficient reason for immediate eviction and loss of resident reserve deposit.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co Applicant

\_\_\_\_\_  
Date