

CORNERSTONE
Rental Application

Fax to: 518-266-8706 or
Scan and email to:
info@FinningProperties.com

Instructions: A separate application must be filled out by each applicant (even if married). Completely fill out each blank and sign where indicated.

PERSONAL

APPLICANT _____

MARITAL STATUS: ☐ Single ☐ Married since (date) _____ ☐ Divorced since (date) _____ Former Spouse _____

BIRTH DATE: _____ SS# _____ DRIVERS LICENSE State Issued by _____ # _____

ADDRESSES

Present Address _____ City/State/Zip _____ Since _____ Rent/ Month _____ Present Phone () _____

Present Landlord Address _____ City/State/Zip _____ Phone () _____

Is present rent up to date? ☐ Yes ☐ No Have you given notice? ☐ Yes ☐ No Have you been asked to leave? ☐ Yes ☐ No

Previous Address _____ City/State/Zip _____ Since _____ Rent/ Month _____ Present Phone () _____

Previous Landlord Address _____ City/State/Zip _____ Phone () _____

Was rent up to date? ☐ Yes ☐ No Had you given notice? ☐ Yes ☐ No Had you been asked to leave? ☐ Yes ☐ No

Next Previous Address _____ City/State/Zip _____ Since _____ Rent/ Month _____ Present Phone () _____

Next Previous Landlord Address _____ City/State/Zip _____ Phone () _____

Was rent up to date? ☐ Yes ☐ No Have you given notice? ☐ Yes ☐ No Have you been asked to leave? ☐ Yes ☐ No

OCCUPANTS

Number to occupy _____

NAME	RELATIONSHIP	BIRTH DATE

PETS: ☐ Yes ☐ No If yes, give details (number, type & size)

CARS

Make/Model/color #1 _____ State _____ Lien Holder #1 _____

Make/Model/color #2 _____ State _____ Lien Holder #2 _____

EMPLOYMENT

EMPLOYER _____ Since _____ PREVIOUS EMPLOYER _____ Since _____

Street/City _____ Street/City _____

What do you do? _____ What did you do? _____

Supervisor _____ Wrk Hrs. _____ Phone () _____ Supervisor _____ Wrk Hrs. _____ Phone () _____

INCOME

Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____

Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____

Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____

Bank/Credit Union _____ Acct.# _____ Bank/Credit Union _____ Acct.# _____

REFERENCERelative _____ Relation _____ Non-Relative
Address _____ Phone (____) _____ Reference _____ Phone (____) _____
Address _____Non-Relative
Reference _____ Phone (____) _____ Emergency
Contact _____ Phone (____) _____**CREDIT ACCOUNTS**

Current (open) include Credit Card(s)

CREDITORS NAME	ADDRESS	ACCOUNT #	PAYMENT	CURRENT
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain any "YES" answers on back with names and details.

Has any signer ever been sued for bills? ☐ Yes ☐ No Has any signer ever been sued for eviction? ☐ Yes ☐ NoHas any signer ever been bankrupt? ☐ Yes ☐ No Has any signer ever been guilty of a felony? ☐ Yes ☐ NoHas any signer ever broken a lease? ☐ Yes ☐ No Is the total move-in amount available now (rent and deposit)? ☐ Yes ☐ No

Name in which utilities are now billed and account number _____ # _____

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

All the information is true, accurate and complete to the best of applicant's knowledge. Owner 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 DATE**DO NOT WRITE BELOW THIS LINE
THIS SECTION TO BE COMPLETED BY INTERVIEWER**

Credit Report: (Favorable/Unfavorable) By: _____

Other Comments: _____

Deposit: _____ Option _____ Monthly Rent _____
Unit Applied For: _____Terms of Lease _____ Months _____
Move-in Date _____ Lease Expires _____ Num. Keys _____
Total Number of Occupants _____
Separate Pet Deposit _____
Utilities to be paid by tenants Gas ☐ Electric ☐ Water ☐

If you have a question about the interpretation or legality of this form please consult an attorney or other qualified person.