

# 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 \_\_\_\_\_ License Plate #1 \_\_\_\_\_ Lien Holder #1 \_\_\_\_\_  
Make/Model/color #2 \_\_\_\_\_ State \_\_\_\_\_ License Plate #2 \_\_\_\_\_ 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.# \_\_\_\_\_

**REFERENCE**

Relative \_\_\_\_\_ Relation \_\_\_\_\_ Non-Relative  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Reference \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ 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  No  
Has any signer ever been bankrupt?  Yes  No Has any signer ever been guilty of a felony?  Yes  No  
Has 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 \_\_\_\_\_ DATE \_\_\_\_\_  
APPLICANT

**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.