



GENESEE VALLEY RURAL PRESERVATION COUNCIL, INC.

5861 Groveland Station Road
Mt. Morris, NY 14510
Phone (585) 658-4870
Fax (585) 658-4874

RENTAL APPLICATION

I want to be considered for a:

3 bedroom half a house (Rent includes water, sewer, lawn care, and trash removal)

- In Dansville
- In Nunda
- In Warsaw

OFFICE USE ONLY:

Date Received _____
 Time Received _____
 Initials _____
 Disp _____

➤ **ONE PET IS ALLOWED** ex: a small dog or a cat (under 30 pounds) which will require a one month's pet deposit and is subject to landlord approval. Do you have a pet? YES___ NO___ Dog___ or Cat___

Please fill in all blanks. If it does not apply to you or anyone in your household, enter "NA".

APPLICANT INFORMATION:

CURRENT Address: If using a P.O. Box number, please include your street address			Phone Numbers:		
_____			Home: _____		
Last	First	Middle Initial	Cell: _____		
Street _____			Work: _____		
City _____ State _____ Zip _____			Message: _____		
Length of Residency: from _____ to _____			Monthly Rent Amount: \$ _____		

CO-APPLICANT INFORMATION:

CURRENT Address: If using a PO Box number, please include your street address			Phone Numbers:		
_____			Home: _____		
Last	First	Middle Initial	Cell: _____		
Street _____			Work: _____		
City _____ State _____ Zip _____			Message: _____		
Length of Residency: from _____ to _____			Monthly Rent Amount: \$ _____		

Name of person to notify in case of emergency: _____	Phone#: _____
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List **ALL** persons who will be living in the apartment. You must use the correct legal name for each household member as it appears on the social security card:

Name	Social Security #	Birthdate	Age
(Applicant) Last, First, Middle Initial			
(Co-Applicant) Last, First, Middle Initial			
(Other) Last, First, Middle Initial			
(Other) Last, First, Middle Initial			
(Other) Last, First, Middle Initial			
(Other) Last, First, Middle Initial			

INCOME: List **ALL** sources of income as requested below:

Applicant Name	Applicant Employer	Employer Address
Position Held		How Long Employed:

Co-Applicant Name	Co-Applicant Employer	Employer Address
Position Held		How Long Employed:

Source of Income per month:	Applicant	Co-Applicant
Wages /month	\$	\$
Public Assistance/DSS	\$	\$
Unemployment	\$	\$
SSD Social Security /month	\$	\$
SSI Supplemental Benefits / month	\$	\$
Alimony / Child Support	\$	\$
Pension	\$	\$
Veterans Benefits	\$	\$
Self Employment (i.e.: Avon, Shaklee, Mary Kay)	\$	\$
Other Income	\$	\$
TOTAL HOUSEHOLD INCOME	\$	\$

REFERENCES: Must be completed entirely or application will be returned.

APPLICANT PERSONAL references must be provided in order to be considered for an apartment. List two (2) personal references with complete addresses. **DO NOT LIST RELATIVES** or present or previous landlords as personal references.

Name of Reference: (Do not list relatives)	Phone Numbers: (required)
Name _____	Home: _____
Street _____	Cell: _____
City _____ State _____ Zip _____	Work: _____

Name of Reference: (Do not list relatives)	Phone Numbers: (required)
Name _____	Home: _____
Street _____	Cell: _____
City _____ State _____ Zip _____	Work: _____

CO-APPLICANT: PERSONAL references must be provided in order to be considered for an apartment if the Co-Applicant has been residing at a different address. List two (2) personal references with complete addresses. **DO NOT LIST RELATIVES** or present or previous landlords as personal references.

Name of Reference: (Do not list relatives)	Phone Numbers: (required)
Name _____	Home: _____
Street _____	Cell: _____
City _____ State _____ Zip _____	Work: _____

Name of Reference: (Do not list relatives)	Phone Numbers: (required)
Name _____	Home: _____
Street _____	Cell: _____
City _____ State _____ Zip _____	Work: _____

When are you looking to move?
Briefly describe your reasons for wanting to move:
How did you hear about this housing?

Has anyone in your household ever been evicted from any housing? From where and when?	Yes	No
Is any household member currently an illegal abuser or addict of a controlled substance?	Yes	No
Have you or any member of your household ever been convicted of the manufacture or distribution of a controlled substance?	Yes	No
Has anyone in your household been charged or convicted of a crime? List offense and year:	Yes	No
Has anyone in your household been subject to a sex offender program in any state? If yes, where?	Yes	No

CERTIFICATION

I/We certify that all information in this application is true to the best of my/our knowledge and that I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We understand that we must pay a security separate deposit for this apartment and sign a one year lease prior to occupancy.

I hereby give permission to Genesee Valley Rural Preservation Council to review and evaluate my application, to verify my income with any employer and any other sources of information given. I permit such verification and whatever inquiries are required in regard to this application, to include proof of utilities and landlord verification. I also give permission for reference checks in relation to this application, as well as a credit & criminal history check and release all parties from all liability for any damage that may result from their furnishing information to you. Signature upon this application is not binding by either party to a rental agreement, nor does it guarantee an apartment.

Applicant Signature Date

Signature of Household member 18 years and older Date

Co-Applicant Signature Date

Signature of Household member 18 years and older Date

Signature of Household member 18 years and older Date

Signature of Household member 18 years and older Date

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Landlord Reference Release Form

Complete the Landlord information below, and sign your name where indicated.

APPLICANT: LANDLORD references must be provided to be considered for an application. List **name** and **address** of **TWO (2) PRIOR** landlords who are **NOT** also listed as personal references. **(DO NOT LIST RELATIVES)**

Current Address of Applicant:		

Street		

City	State	Zip

Current Landlord: (Do not list relatives)	Phone Numbers: (required)	

Landlord Name		

Street		

City	State	Zip

Previous Address: (Required)		

Street		

City	State	Zip
Length of Residency: from _____ to _____		
Monthly Rent Amount: \$ _____		

Previous Landlord: (Do not list relatives)	Phone Numbers: (required)	

Landlord Name		

Street		

City	State	Zip

I (we) authorize and request release of the requested information.	
Applicant Signature _____	Date _____
Co-Applicant Signature _____	Date _____

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Landlord Reference Release Form

CO-APPLICANT: Complete the Landlord information below, and sign your name where indicated. **LANDLORD** references must be provided to be considered for an application if the Co-Applicant has been residing at a different address than the applicant. List **name** and **address** of **TWO (2) PRIOR** landlords who are **NOT** also listed as personal references. **(DO NOT LIST RELATIVES)**

Current Address of Co-Applicant:		

Street		

City	State	Zip

Current Landlord: (Do not list relatives)	Phone Numbers: (required)

Landlord Name	

Street	

City	State Zip

Previous Address: (Required)	

Street	

City	State Zip
Length of Residency: from _____ to _____	Monthly Rent Amount: \$ _____

Previous Landlord: (Do not list relatives)	Phone Numbers: (required)

Landlord Name	

Street	

City	State Zip

I (we) authorize and request release of the requested information.	
Applicant Signature _____	Date _____
Co-Applicant Signature _____	Date _____