

**Matrix Apartments II, Ltd.** David & Kerry Moskowitz

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**RENTAL APPLICATION** for Apartment at Stuyvesant Apartments, 180 Washington Avenue, Albany, New York 12210

**APPLICANT No. 1 (Lessee)**

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle-required) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Driver's License: State \_\_\_\_ License Number \_\_\_\_\_

Phones-Home: \_\_\_\_\_ Cell \_\_\_\_\_ Work: \_\_\_\_\_ EMAIL \_\_\_\_\_

**APPLICANT No. 2:** Co-Lessee Y N *If "YES" write this person's Present Address, Former Address, Present Employer, Previous Employer info with income on the back of this form.*

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle-required) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Driver's License: State \_\_\_\_ License Number \_\_\_\_\_

Phones-Home: \_\_\_\_\_ Cell \_\_\_\_\_ Work: \_\_\_\_\_ EMAIL \_\_\_\_\_

**Other Potential Occupants (even if only temporary or part time):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

**APPL No 1's PRESENT ADDRESS:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Yrs. There: \_\_\_\_ Landlord Name: \_\_\_\_\_ Tele # \_\_\_\_\_

Why are you moving? \_\_\_\_\_ Were you evicted? \_\_\_\_\_

**FORMER ADDRESS:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Yrs. There: \_\_\_\_ Landlord Name: \_\_\_\_\_ Tele #: \_\_\_\_\_

**Have you ever broken a lease on an apartment or been evicted?** \_\_\_\_ If yes explain: \_\_\_\_\_

**PRESENT EMPLOYER** \_\_\_\_\_ Gross Monthly Salary: \$ \_\_\_\_\_ How Long: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ ext \_\_\_\_\_

**Other Income:** \$ \_\_\_\_\_ Source: \_\_\_\_\_ **Total Monthly Expenses Not Including Rent:** \$ \_\_\_\_\_

**PREVIOUS EMPLOYER** \_\_\_\_\_ Gross Monthly Salary: \$ \_\_\_\_\_ How Long: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ ext \_\_\_\_\_

**CO-SIGNER (Guarantor of lease, if applicable):** Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Will need to submit "Cosigner Agreement" form.

**In case of emergency,** notify: \_\_\_\_\_ Phone: \_\_\_\_\_

**NO PETS WILL BE ALLOWED IN THE APARTMENT WITHOUT "PET AGREEMENT" as an addendum to your lease with accompanying pet deposit (\$500.00 per pet).**

**APPLICATION DEPOSIT:** Applicant represents that all the above statements are true and complete, and hereby authorizes the Owner/Manager and its authorized agents permission to make any investigation of my personal history, references, and financial and credit records to approve or disapprove this application for residency. Applicant acknowledges that false information herein may constitute grounds for rejection of this application or termination of the right of occupancy. An application processing fee of \$35.00 which covers the cost of a background search is due upon making application for an apartment. **This fee is not refundable.** Applicant is depositing herewith an application deposit in the sum of \$100.00 as a deposit in consideration for Owner taking the apartment off the market while considering approval of this application. This \$100.00 application deposit will be refunded only if Applicant is not approved or Applicant notified (by telephone) Owner/Manager within forty-eight (48) hours from the date of this application of his/her decision not to take the apartment. If this application is approved by Owner the Applicant will be required to pay an additional deposit of monies to bring the total deposit to equal the first month's rent on or before the Move-In date or three (3) days after Owner's notice of approval of the Application, whichever comes first. If the lease is entered into, the total deposit (which equals the first month's rent) **will be credited** to the monies due as required under the lease. If Applicant is approved but fails to enter into the contemplated lease, the total deposit shall be forfeited to Owner. Applicant hereby waives any claim for damages by reason of non-acceptance of this application. This application is preliminary only and does not obligate Owner or Owner's agent to execute a lease of the apartment. I have read the above terms and conditions and fully understand such.

\_\_\_\_\_  
Applicant's Signature (Lessee) \_\_\_\_\_ Date \_\_\_\_\_ Apt. Number \_\_\_\_\_ 180 or 176 Wash. Ave, Albany, NY 12210  
(circle building street number)

\_\_\_\_\_  
Co-Applicant's Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_ No. Residents \_\_\_\_\_ Move-In Date \_\_\_\_\_ \$ \_\_\_\_\_ / \_\_\_\_/\_\_\_\_ 12 mo \_\_\_\_ 24 mos  
Rent / Month Lease Term

\_\_\_\_\_  
Owner/Manager Signature \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date Notified Applicant \$35 Fee Pd \_\_\_\_\_ \$ \_\_\_\_\_  
1<sup>st</sup> Deposit Pd \_\_\_\_\_  
2<sup>nd</sup> Dep to total 1 mo rent Paid on \_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_  
Total Deposits Paid \$ \_\_\_\_\_