

Madison Place, LLC  
604 North Greece Road, Rochester, New York 14468  
Phone: 585-392-2177  
Fax: 585-392-2133  
www.madisonplacecommunity.com

Apartment Address: \_\_\_\_\_ Rental Amount: \_\_\_\_\_ Move-in-Date: \_\_\_\_\_

**RENTAL APPLICATION**  
**This is an Individual Application – Please Complete And Sign**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthday \_\_\_\_\_ Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Work Phone # \_\_\_\_\_

PLEASE LIST ALL OTHERS WHO WILL BE LIVING IN RESIDENCE (Full Name, Age, Relationship)  
\_\_\_\_\_  
\_\_\_\_\_

**RESIDENCE (minimum 2 years)**

Current Address \_\_\_\_\_  
Street Number & Name Apt. # City State Zip code

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Own/Rent \$ \_\_\_\_\_ /month  
Property Manager/Owner \_\_\_\_\_ Phone \_\_\_\_\_

Previous Address \_\_\_\_\_  
Street Number & Name Apt. # City State Zip code

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Own/Rent \$ \_\_\_\_\_ /month  
Property Manager/Owner \_\_\_\_\_ Phone \_\_\_\_\_

Prior Address \_\_\_\_\_  
Street Number & Name Apt. # City State Zip code

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Own/Rent \$ \_\_\_\_\_ /month  
Property Manager/Owner \_\_\_\_\_ Phone \_\_\_\_\_

**EMPLOYMENT (minimum 2 years)**

Current Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ How Long \_\_\_\_\_

Position \_\_\_\_\_ Gross Monthly Salary \$ \_\_\_\_\_ Work Phone \_\_\_\_\_

Previous Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ How Long \_\_\_\_\_

Position \_\_\_\_\_ Gross Monthly Salary \$ \_\_\_\_\_ Work Phone \_\_\_\_\_

**OTHER INCOME (Verifiable only; if self-employed or retired, be prepared to provide personal tax returns, W-2, etc.)**

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_ /month

**BANKING**

Checking Account # \_\_\_\_\_ Bank \_\_\_\_\_ Branch \_\_\_\_\_  
Savings Account # \_\_\_\_\_ Bank \_\_\_\_\_ Branch \_\_\_\_\_  
Loan # \_\_\_\_\_ Loan Type \_\_\_\_\_

**IN CASE OF EMERGENCY**

Name of closest relative \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

Automobile – Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_  
Automobile – Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

HAVE YOU EVER BEEN DELINQUENT IN PAYMENT OF YOUR RENT OR ANY OTHER FINANCIAL OBLIGATION? IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN A DEFENDANT IN AN UNLAWFUL DETAINING (EVICTION), LAWSUIT OR DEFAULTED (FAILED TO PERFORM) ANY OBLIGATION OF A RENTAL AGREEMENT OR LEASE? IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

**APPLICANT'S SIGNATURE**

**I understand I acquire no rights in a specified unit until I sign the lease agreement and submit a damage/rent deposit as described in the lease agreement. I hereby waive all rights to the return of the application fee in the event I do not choose to enter into the lease agreement or do not meet the resident screening criteria.**

**\$25.00 NON-REFUNDABLE APPLICATION FEE**

**THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. AS PART OF THE RESIDENTIAL RENTAL APPLICATION PROCESS, IT IS THE POLICY OF MADISON PLACE, LLC TO OBTAIN INFORMATION ON EACH APPLICANT. I HEREBY AUTHORIZE A BACKGROUND CHECK, A CHARACTER CHECK AND THE ORDER OF A CONSUMER REPORT ON ME TO ENABLE EVALUATION OF MY APPLICATION TO RENT RESIDENTIAL PROPERTY.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE DATE

If adverse action is taken based on the consumer report, you have the rights under the Fair Credit Reports Act, including the right to obtain a free copy of the report and to dispute the accuracy or completeness of any information in such report.

I am aware that an incomplete application causes a delay in pre-screening and may result in denial of tenancy.