

# APPLICATION FOR APARTMENT

Steuben Place Apartments  
40 Steuben Place  
Albany, New York 12207  
Tel.: 518-650-4500  
Fax: 518-935-9534

How did you hear about us? \_\_\_\_\_

## Applicant Information

Name of Applicant: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Present Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
How long? \_\_\_\_\_ Lease: \_\_\_\_\_ YES \_\_\_\_\_ NO  
Lease Expiration Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_ Landlord's Phone No.: \_\_\_\_\_  
Previous Address: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

## Employment Information

**Current Employer (Company Name):** \_\_\_\_\_

Employer's Address \_\_\_\_\_

Phone No.: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_

Employment Dates: \_\_\_\_\_ Salary \$ \_\_\_\_\_

**Previous Employer (Company Name):** \_\_\_\_\_

Employer's Address \_\_\_\_\_

Phone No.: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_

Employment Dates: \_\_\_\_\_ Salary \$ \_\_\_\_\_

**Other Income: If yes, Source** \_\_\_\_\_

Amount \$ \_\_\_\_\_ Verification Contact: \_\_\_\_\_

**Motor Vehicles Information**

Make/Model	Year	Color	License Plate #	State
1.				
2.				
3.				

**Pet Information – Certain Restrictions Apply – All Animals Require Manager Consent**

Type: \_\_\_\_\_ Weight \_\_\_\_\_ Description \_\_\_\_\_

Type: \_\_\_\_\_ Weight \_\_\_\_\_ Description \_\_\_\_\_

**Criminal Background Information**

Do you (or any potential occupants in the apartment) have charges pending against you (or them) for any criminal offense?

Applicant: \_\_\_Y \_\_\_N      Occupants: \_\_\_Y \_\_\_N

Have you (or any potential occupants in the apartment) been convicted of any criminal offense; or entered a plea of “guilty” or “no contest” to any criminal offense; or had any criminal matter disposed of in a manner other than acquittal or a finding of “not guilty”?

Applicant: \_\_\_Y \_\_\_N      Occupants: \_\_\_Y \_\_\_N

If “Yes” to any of the above questions, give details and dates, including the county and state in which the incident occurred:

**Student Information (if applicable)**

Institution Enrolled: \_\_\_\_\_ Receiving Financial Aid/Student Loans: \_\_\_Y \_\_\_N

Financial Aid/Student Loan Amount: \$ \_\_\_\_\_      \_\_\_ Semester      \_\_\_ Year

Program: \_\_\_\_\_ Expected Graduation: \_\_\_\_\_

**List of Occupants, including Applicant (All Occupants over 18 of age must complete an application)**

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I certify that all information provided on this application is true and complete. My signature above authorizes permission to verify any of the information contained in this application and verification of credit history from a consumer-reporting agency throughout the duration of the Lease Agreement and subsequent Renewals.

**\*The Security Deposit paid is not refundable if this Application is approved following verification\***

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**FOR PROPERTY USE ONLY**  
*(Applicants do not have to complete this section)*

Account No.: \_\_\_\_\_

**APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Present Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

***\*All fields are required to be completed \****

Application Fee: \$ \_\_\_\_\_ Name of Community: \_\_\_\_\_  
*(nonrefundable)*

Security Deposit: \$ \_\_\_\_\_ Apartment Address: \_\_\_\_\_

Pro-Rated Rent: \$ \_\_\_\_\_ Apt/Unit No.: \_\_\_\_\_

Monthly Apartment Rent: \$ \_\_\_\_\_ Account No.: \_\_\_\_\_

Nonrefundable Fee(s): \$ \_\_\_\_\_ Unit Style: \_\_\_\_\_

Nonrefundable Pet Fee(s): \$ \_\_\_\_\_ Lease Dates: \_\_\_\_\_ - \_\_\_\_\_  
*Start Date End Date*

Monthly Pet Fee: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_ Other Fees: \_\_\_\_\_

**Total Amount Due:** \$ \_\_\_\_\_ Leasing Consultant: \_\_\_\_\_

Amount Received (w/ Application) \$ \_\_\_\_\_ Application Date: \_\_\_\_\_

**Balance Due:** \$ \_\_\_\_\_ Move-In Date: \_\_\_\_\_  
*(at Move-In)*

Application was: \_\_\_\_\_ Approved \_\_\_\_\_ Denied Reason: \_\_\_\_\_

Fair Credit Letter Sent: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Property Manager/Leasing Consultant: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

**On-Site Transfer Information:** Previous Apartment No.: \_\_\_\_\_ Account No.: \_\_\_\_\_