



420 WESTFALL ROAD | ROCHESTER, NY 14620
(O) 585-272-8204 | (F) 585-272-1529 | (E) info@yorukmgt.com

RENTAL APPLICATION

| APPLICANT INFORMATION | | | page 1 of 2 |
|-----------------------------------------------------------------|-------------------------------|--------------------|-------------|
| Name: | | Drivers License #: | |
| Date of Birth: | SSN: | Phone/Email: | |
| Requested Move-In Date: | | | |
| Current Address: | | | |
| City: | State: | ZIP Code: | |
| Own Rent (Please Circle) | Monthly Payment/Rent: | How long? | |
| Previous Address: | | | |
| City: | State: | ZIP Code: | |
| Own Rent (Please Circle) | Monthly Payment/Rent: | How long? | |
| Reason for Moving: | | | |
| Do you own a pet? (No Dogs Permitted) Yes or No (Please Circle) | | | |
| EMPLOYMENT INFORMATION | | | |
| Current Employer: | | | |
| Employer Address: | | How long? | |
| City: | State: | ZIP Code: | |
| Phone: | Email: | Fax: | |
| Position: | Hourly Salary (Please Circle) | Annual Income: | |
| Previous Employer: | | | |
| Address: | | How long? | |
| City: | State: | ZIP Code: | |
| Phone: | Email: | Fax: | |
| Position: | Hourly Salary (Please Circle) | Annual Income: | |
| Name of a relative not residing with you: | | | |
| Address: | | | |
| City: | State: | ZIP Code: | |
| Relationship: | | | |
| Emergency Contact: | | Phone: | |
| CO-APPLICANT INFORMATION, IF JOINT ACCOUNT | | | |
| Name: | | Drivers License #: | |
| Date of Birth: | SSN: | Phone/Email: | |
| Requested Move-In Date: | | | |
| Current Address: | | | |
| City: | State: | ZIP Code: | |
| Own Rent (Please Circle) | Monthly Payment/Rent: | How long? | |
| Previous Address: | | | |
| City: | State: | ZIP Code: | |
| Own Rent (Please Circle) | Monthly Payment/Rent: | How long? | |
| Reason for Moving: | | | |
| Do you own a pet? (No Dogs Permitted) Yes or No (Please Circle) | | | |

Completed applications may be sent via email to info@yorukmgt.com or fax to 585-272-1529

| EMPLOYMENT INFORMATION | | | page 2 of 2 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------|-------------|
| Current Employer: | | | |
| Employer Address: | | How long? | |
| City: | State: | ZIP Code: | |
| Phone: | Email: | Fax: | |
| Position: | Hourly Salary (Please Circle) | Annual Income: | |
| Previous Employer: | | | |
| Address: | | How long? | |
| City: | State: | ZIP Code: | |
| Phone: | Email: | Fax: | |
| Position: | Hourly Salary (Please Circle) | Annual Income: | |
| VEHICLE INFORMATION | | | |
| Make: | Model: | Year: | |
| Color: | License Plate #: | | |
| Make: | Model: | Year: | |
| Color: | License Plate #: | | |
| CREDIT CARDS | | | |
| Name: | Current Balance: | Monthly Payments: | |
| | | | |
| | | | |
| | | | |
| MORTGAGE | | | |
| Account No. | Address: | | |
| AUTO LOANS | | | |
| Auto Loans: | Balance: | Monthly Payments: | |
| | | | |
| | | | |
| OTHER LOANS, DEBTS, OR OBLIGATIONS | | | |
| Description: | | Amount: | |
| | | | |
| | | | |
| OTHER ASSETS OR SOURCES OF INCOME | | | |
| Description: | | | |
| <small>I/We hereby make this application for an apartment (to be occupied by the above listed persons only) subject to Landlord's approval. Deposit paid is non-refundable if applicant cancels before or after Landlord's approval, but shall be retained as liquidated damages. In addition, I/We understand that the \$40.00 Application Fee is non refundable. I/We certify that the information contained in this application is correct, and authorize verification of any information contained in this application, including credit history from a consumer reporting agency.</small> | | | |
| Signature of Applicant: | | Date: | |
| Signature of Applicant: | | Date: | |

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