

# Renaissance Village Suites

201 Renaissance Village Way, Plattsburgh, N.Y 12901 Phone: (800) 897-9887 or (518) 561-0440  
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## Rental/Credit Application

(Please complete this application accurately and legibly. Errors, incompleteness or illegibility will cause delays)

When would you like to live at Renaissance?

From: Dates: \_\_\_\_\_ to \_\_\_\_\_. Check (1): \_\_\_ Year Round \_\_\_ 2 Semester \_\_\_ Summer \_\_\_ Other

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driv. Lic. #: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate # \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cel Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Other Contact: \_\_\_\_\_

How long have you lived at present address? \_\_\_\_\_ How long at previous address? \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ (Please cover two -Year Period.) Attach information if necessary.

Rental History: Dorm: \_\_\_\_\_ RA: Name & Ph. #: \_\_\_\_\_

Current Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other: \_\_\_\_\_ Did you pay the rent? \_\_\_ Yes \_\_\_ No (If no, who paid?) \_\_\_\_\_

Prior Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parents Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Phones: \_\_\_\_\_ or \_\_\_\_\_

If someone other than yourself will be paying your lease payments, Please provide the following information:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phones: \_\_\_\_\_ or \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_

Personnel's Phone #: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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Business, Professor or Character References:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please provide the following to assist you with your apartment placement:

School Attending: \_\_\_\_\_ SUNY \_\_\_\_\_ CCC \_\_\_\_\_ Other: \_\_\_\_\_

Year (as of today's date) \_\_\_\_\_ FRESH \_\_\_\_\_ SOPH \_\_\_\_\_ JR \_\_\_\_\_ SR \_\_\_\_\_ GRAD \_\_\_\_\_

Subject: (Major) \_\_\_\_\_ When you graduate what are your plans and what City and State

Do you hope to relocate to: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

Music Preference: \_\_\_\_\_ Do you play a musical instrument? \_\_\_\_\_ Yes \_\_\_\_\_ No

Instrument Played: \_\_\_\_\_ Other Interest: \_\_\_\_\_

Are there any medical problems we should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes please explain: \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, will you smoke outside only? \_\_\_\_\_ Yes \_\_\_\_\_ No Would you

prefer suitemates to be: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ No Preference Do you prefer Suitemates to be

Sudents? \_\_\_\_\_ No Preference: \_\_\_\_\_ Are you requesting your friends as your suitemates? If so please list their

Names: (1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_

Person to contact in case of emergency: Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phones: \_\_\_\_\_ or \_\_\_\_\_

Secondary emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you Ever: Filed for bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when? \_\_\_\_\_

Had a debt turned over for collection? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, why & when? \_\_\_\_\_

Been served an eviction notice or been asked to vacate a property you were renting? \_\_\_\_\_ Yes \_\_\_\_\_ No

Willfully or intentionally refused to pay rent when due? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when? \_\_\_\_\_

Been arrested or sued for any unlawful action? \_\_\_\_\_ Yes \_\_\_\_\_ No

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How did you hear about Renaissance Village? Please mark all applicable:  Friend  RV Resident  
 Cardinal Points  Off-Campus Housing List  SUNY Calling Guide  Flier at \_\_\_\_\_  
 Press Republican  Bannner or Leasing Sign on Property  Renaissance Employee  
 Referred by: \_\_\_\_\_  I am a returning Tenant  
\_\_\_\_\_ Other

### Applicant's Authorization:

I hereby authorize Renaissance Village to order a consumer credit report, criminal report and verify other credit information; including past and present mortgage, landlord references, and employment history. Applicant hereby acknowledges that credit information will be obtained and fully authorizes the obtaining of such a report as well as the verification of all information concerning applicant. Applicant further understands and agrees that any erroneous information provided, as well as any negative or derogatory information uncovered in either the credit check or verification of applicant's employment or rental history is sufficient grounds for disapproval.

It is understood a photocopy of this form will also serve as authorization.

Signed: \_\_\_\_\_

Your signature on this application acknowledges you are aware that deposits made to reserve an apartment at Renaissance Village are separate from Lease payments and are non-refundable after 3 business days of date entered, should you fail to move-in deposits cannot be transferred from one applicant to another without permission from Renaissance Village.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

If paying Deposit with Credit Card: ( ) Discover ( ) Master card ( ) Visa

Name on Card: \_\_\_\_\_ C/C # \_\_\_\_\_ Exp: \_\_\_\_\_

Address Statement is mailed to: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_