

Oak Mountain Properties, Inc.
20 Baltic Place, Suite 1
Croton on Hudson, NY 10520
Phone: (914) 271-3666 Fax: (914) 271-4743
E-Mail: Oakmountain3666@aol.com

Rental Application Page 1 of 5

It is understood that this is an application for an apartment and is subject to acceptance /rejection by the landlord. Landlord will rely on the information provided within and in the event finds any information to be untrue can reject the application . If the lease has already been signed, the landlord may also terminate the lease. A deposit of \$75.00 is required for administrative fees and to hold the apartment . The deposit is not-refundable if applicant decides not to take the apartment at a later date.

Applicant(s) also authorizes the release of employment, income and any other pertinent information to the landlord or authorized agents.

By execution of this application, I hereby authorize Oak Mountain Properties, Inc. or its agents to make such investigations into my credit, employment, rental and criminal history as they may deem appropriate, and release all parties from liability for any damages that may result from their furnishing information to you.

Applicant : _____

Date : _____

Applicant : _____

Date : _____

-
- | | |
|--|--|
| <input type="checkbox"/> Credit Check Completed | <input type="checkbox"/> Employment Information Verified Applicant 1 |
| <input type="checkbox"/> Current Rent Verified | <input type="checkbox"/> Employment Information Verified Applicant 2 |
| <input type="checkbox"/> Deposit Check Received | <input type="checkbox"/> Financial Information Verified |
| <input type="checkbox"/> 1 st Month Rent Check Received | <input type="checkbox"/> Security Deposit Check Received |

Oak Mountain Properties, Inc.

Rental Application Page 2 of 5

Date of Application: _____/_____/_____

Date of Move In: _____/_____/_____

Size of Apartment:_____

The undersigned hereby makes application to rent at Oak Mountain Properties, Inc. apartment complex for a lease term of one year. In connection with such application, the undersigned provides the following information, which is certified as true and correct as of the date herein.

PLEASE PRINT

APPLICANT 1: Phone #: (_____)_____ - _____ Cell Phone #: (_____)_____ - _____

Name Relationship Social Security # Birth date

APPLICANT 2: Phone #: (_____)_____ - _____ Cell Phone #: (_____)_____ - _____

Name Relationship Social Security # Birth date

OTHER OCCUPANT:

Name Relationship Social Security # Birth date

Name Relationship Social Security # Birth date

RENTAL HISTORY:

Current Address: _____

Monthly Rent: \$_____ own _____ rent

Landlord Name: _____ Landlord Phone:(_____)_____ - _____

How Long: _____ Reason for moving:_____

CREDIT REFERENCES:

Bank Name: _____ Bank Name: _____

Driver's License #: _____ State: _____ Expires: _____

Driver's License #: _____ State: _____ Expires: _____

Rental Application Page 4 of 5

VERIFICATION OF EMPLOYMENT INCOME

Name and Address of Employer: _____

Re: _____ Social Security #: _____
Applicant/Tenant

Applicant/Tenant Address City, State Zip Code

The individual named above is an applicant for, a unit that requires verification of family income and other information related to eligibility. We would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

AUTHORIZATION:

I authorize the release of the information requested on this verification form.

_____ Date _____ Signature (Applicant/Tenant)

TO BE COMPLETED BY EMPLOYER:

1. Date of hire: _____/_____/_____ Position _____
2. If salaried employee, \$_____ per _____ (week, month, year, etc.)
Average regular hours worked weekly: _____ Hourly Rate:\$ _____
Average overtime hours worked weekly: _____ Overtime rate:\$ _____
3. Average total weeks compensated per year: _____
4. Does the employee earn:
Tips? Additional compensation? _____ Yes _____ No If yes, amount: \$ _____
Commissions or bonuses? _____ Yes _____ No If yes, amount: \$ _____
5. Do you anticipate an increase in base pay over the next 12 months? _____ Yes _____ No
If yes, amount: \$ _____ per _____. Effective as of: _____
6. **Total Gross Earnings Anticipated for the next twelve months:** \$ _____
(Including all tips, bonuses, overtime, commissions, anticipated changes)

I certify that the above information is true and correct.

_____ Name/Title of Company Official _____ Signature

_____ Date _____ Telephone Number

Rental Application Page 5 of 5

VERIFICATION OF EMPLOYMENT INCOME

Name and Address of Employer: _____

Re: _____ Social Security #: _____

Applicant/Tenant

Applicant/Tenant Address

City, State

Zip Code

The individual named above is an applicant for, a unit that requires verification of family income and other information related to eligibility. We would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

AUTHORIZATION:

I authorize the release of the information requested on this verification form.

Date

Signature (Applicant/Tenant)

TO BE COMPLETED BY EMPLOYER:

1. Date of hire: _____/_____/_____ Position _____

2. If salaried employee, \$ _____ per _____ (week, month, year, etc.)

Average regular hours worked weekly: _____ Hourly Rate: \$ _____

Average overtime hours worked weekly: _____ Overtime rate: \$ _____

3. Average total weeks compensated per year: _____

4. Does the employee earn:
Tips? Additional compensation? _____ Yes _____ No If yes, amount: \$ _____
Commissions or bonuses? _____ Yes _____ No If yes, amount: \$ _____

5. Do you anticipate an increase in base pay over the next 12 months? _____ Yes _____ No
If yes, amount: \$ _____ per _____. Effective as of: _____

6. **Total Gross Earnings Anticipated for the next twelve months:** \$ _____
(Including all tips, bonuses, overtime, commissions, anticipated changes)

I certify that the above information is true and correct.

Name/Title of Company Official

Signature

Date

Telephone Number