

**Landing Heights Apartments LP**  
70 Knollbrook Road  
Rochester, New York 14610  
585-654-9220

**RENTAL  
APPLICATION**

FOR OFFICE USE ONLY  
DATE \_\_\_\_\_ AGENT \_\_\_\_\_  
COMMUNITY \_\_\_\_\_  
APT. NO. \_\_\_\_\_ RENT \$ \_\_\_\_\_

*Notice: Co-Applicant must complete a separate Rental Application Form*

The undersigned hereby makes application to rent unit number \_\_\_\_\_ located at \_\_\_\_\_  
beginning on \_\_\_\_\_, at a monthly rental of \$ \_\_\_\_\_

**PLEASE TELL US ABOUT YOURSELF**

FULL NAME \_\_\_\_\_ Home Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Work Phone \_\_\_\_\_  
Driver's Lic. No./State \_\_\_\_\_ E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_  
CO-APPLICANT \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Driver's Lic. No./State \_\_\_\_\_  
Names of All Other Occupants \_\_\_\_\_ Total Number of Occupants \_\_\_\_\_  
How Many Pets? \_\_\_\_\_ Kind of Pet, Breed, Weight and Age \_\_\_\_\_  
**one cat allowed at \$25.00 mo. with signed consent and \$125.00 non-refundable pet fee**

**PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (Beginning With Most Current)**

CURRENT ADDRESS \_\_\_\_\_  
Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Owner or Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_  
PREVIOUS ADDRESS (If within 3 years) \_\_\_\_\_  
Month & Year Moved In \_\_\_\_\_ Moved Out \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Owner or Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
PREVIOUS ADDRESS (If within 3 years) \_\_\_\_\_  
Month & Year Moved In \_\_\_\_\_ Moved Out \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Owner or Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**PLEASE GIVE YOUR EMPLOYMENT INFORMATION**

YOUR STATUS: ☐ Employed Full-Time ☐ Employed Part-Time ☐ Student ☐ Retired ☐ Not Employed  
CURRENT EMPLOYER (Or Most Recent) \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Date(s) Employed / From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_  
Supervisor \_\_\_\_\_ Your Gross Monthly Salary \$ \_\_\_\_\_ Household Gross Monthly Income \$ \_\_\_\_\_  
PREVIOUS EMPLOYER \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Date(s) Employed / From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.  
Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_ Telephone \_\_\_\_\_

**PLEASE LIST YOUR BANK AND CREDIT REFERENCES**

YOUR BANK(S)	City-State/Branch	Acct. Number & Type	Telephone
1			
2			
YOUR CREDIT REFERENCES	City-State	Acct. Number	Telephone
1			
2			
3			

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) \_\_\_\_\_  
Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_  
Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_  
Other Car, Motorcycle, etc. \_\_\_\_\_

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? ☐ Yes ☐ No  
Been evicted or asked to move out? ☐ Yes ☐ No Broken a Rental Agreement or Lease? ☐ Yes ☐ No  
Been sued for damage to rental property? ☐ Yes ☐ No Declared Bankruptcy? ☐ Yes ☐ No

**CONTINUED OVER**



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If management has any questions about your application, please give Phone Numbers where you can be located:

IN CASE OF PERSONAL EMERGENCY, NOTIFY: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I hereby deposit \$ 500.00 as earnest money to be refunded to me if this application is not accepted within 5 business banking days. Upon acceptance of this application, this deposit shall be retained as part of the security deposit. When so approved and accepted I agree to execute a lease for 12 months before possession is given and to pay the balance of the security deposit within 5 business banking days after being notified of acceptance, or the deposit will be forfeited as liquidated damages in payment for the agent's time and effort in processing my inquiry and application, including making necessary investigation of my credit, character, and reputation. If this application is not approved and accepted by the owner or agent, the deposit will be refunded, the applicant thereby waiving any claim for damages by reason of nonacceptance.

The above information, to the best of my knowledge, is true and correct.

Signature of Co-Applicant \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

PAYMENT OF \$ \_\_\_\_\_ RECEIVED BY (NAME) \_\_\_\_\_ DATE \_\_\_\_\_

THIS APPLICATION FORM RECEIVED BY (NAME) \_\_\_\_\_ DATE \_\_\_\_\_

Comments:

BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

If not approved, specify reason(s) \_\_\_\_\_

Applicant Notified By (Name) \_\_\_\_\_ Date Notified \_\_\_\_\_

Notified by: ☐ LETTER (Attach Copy) ☐ FORM ☐ TELEPHONE ☐ FAX ☐ IN PERSON