CONTINENTAL APARTMENTS RENTAL APPLICATION CROFTON PERDUE ASSOCIATES, INC. 585-248-3840 Dylan Krall, PROPERTY MANAGER

Apt. #

FOR OFFICE USE ONLY

| Name: | | | Occupancy Date: | | |
|--|----------------------------|--------------|-----------------|----------------|----------------------|
| Address: | | | | | |
| City: | State: | Zip: | | Birth da | ate: |
| Social Security # | Phone: | | | | |
| Email Address (Required): | | | | | |
| Landlord Name: | | | | | |
| Phone: | Lease?: Yes / No | Lease e | nd date: | | |
| Previous Address: | City: | | State: | | Zip: |
| Previous Landlord: | | Phone | # | | |
| Employer: | | Α | | | |
| Employer Address: | | | | | |
| Occupation: | | | | | : |
| Weekly Salary: | Phone Number: | | | | |
| Previous Employer: | | | | | |
| Address: | | | | | |
| How long employed? | | | | y stub with | Application) |
| Name: | Relationship | p: | | | |
| In case of Emergency, who shou | ld be notified? Name: | | | Phone: | |
| Auto License Plate: | Year: | | Make: | | Color: |
| I/We hereby authorize the landlor check applicant's rental history w | | | uthorize the | landlord to v | erify employment and |
| I/We hereby submit a \$25.00 app (An application may be denied | | | | | |
| Also – one (1) weeks gross pay | / must equal one (1) month | s rent to q | ualify.) Plea | ase Initial He | ere |
| No Dogs Allowed | Additional Charges: Car | Port - \$20. | 00/Month | Cat - \$20.00/ | Month - \$100 Fee |
| Application Fee Paid: [] Mone | y Order [] Check (payable | e to Crofton | Perdue Ass | ociates, Inc.) | |
| Date: | Applicant's Signatu | ıre: | | | |