Windwood Place Apartments, LLC

40 A Windwood Court
Cheektowaga, NY 14225
P: 716.891.9711 | F: 716.891.9712

APPLICATION OVERVIEW

Application Status:	APPROVED DENIED -
Applicant Name:	
Phone Number:	
Number of Pets:	
Targeted Move-in Date:	
Unit Address:	
Apartment Description:	

		Date Paid
Monthly Rent:	$	
Security Deposit:	$	
Pet Security Deposit:	$	
Monthly Pet Rent:	$	
TOTAL OWED:	$	

Items REQUIRED ON or BEFORE Lease signing **Lease Signing Date:** _____

Applicant Responsibility		**Applicant Responsibility**
☐ Total balance owed:	$ (Money order only)	☐ Pet Photo(s)
☐ National Fuel Acct Number:	#	☐ Proof of vaccinations
☐ National Grid Acct Number:	#	☐ Rabies Certificate
☐ Renter's Insurance Co:	Policy#:	☐ Town of Cheektowaga Dog License
☐ Email address		
☐ Employment verification		

Office Items		Notes
☐ Copies of ID and SS Card		
☐ Buildium Acct & Ledger setup		
☐ Portal welcome email		
☐ Pay Near Me Barcode		
☐ Employment Verification		
☐ Credit/Background check		
☐ Rental History		

_____ _____

Tenant Signature Date Tenant Signature Date

FOR OFFICE USE ONLY

RENTAL HISTORY:

Residence / Length	Rent	Notice given	Condition	Damages	Complaints (noise, etc)	Remarks

EMPLOYMENT:

Company _____ Date Started_____

Salary Quote _____ Satisfactory Employee_____

How many hours per week _____ Bi-weekly _____

Anticipated lay-offs within 90 days _____ Verification _____

Other Source of Income _____Verification_____

( ) APPROVED BY_____DATE _____

Additional Requirements: _____

( ) DISAPPROVED BY _____DATE _____

REASON FOR DISAPPROVAL _____

RENTAL APPLICATION

Applicant Info

Applicant Name: _____
(First Middle Last)

Current Address: _____
#/Street City State Zip code

Phone: _____
Cell Work

Email: _____

Have you been known by any other names? If yes, Please list:

_____

Rental History

Current Landlord Name: _____

Landlord Address: _____
#/Street City State Zip code

Landlord Phone _____
Cell Work

Rental Amount: $ _____

Date Moved-in Reason for leaving:

Previous Address: _____

Previous Landlord Name: _____

Landlord Address: _____
#/Street City State Zip code

Landlord Phone _____
Cell Work

Rental Amount: $ _____

Dates you resided there:

Previous Address: _____

Previous Landlord Name: _____

Landlord Address: _____
#/Street City State Zip code

Landlord Phone _____
Cell Work

Rental Amount: $ _____

Dates you resided there: _____

EMPLOYMENT HISTORY

Employment status ☐ Full time ☐ Part time ☐ Student ☐ Unemployed ☐ Retired

Current/Primary Employer: Phone:

Employer Address:

Job Title: Time in Role: Manager Name:

Current/Secondary Employer: Phone:

Employer Address:

Job Title: Time in Role: Manager Name:

Previous Employer: Phone:

Employer Address:

Job Title: Time in Role: Manager Name:

Reason for leaving:

OTHER INCOME

Rental Assistance: ☐ Belmont $ ☐ RAC $ ☐ BMHA $ ☐ Other:

Rental Relief (if yes please explain):					
NYS Benefits:	☐ HEAP $	☐ SNAP $	☐ SSI $	☐ SSD $	☐ Other:
Additional Income					
Type/Name:			☐ Bank Deposit		☐ Cash
Earnings:	$	Payment Frequency:	☐ Occasionally	☐ Weekly	☐ Monthly
Type/Name:			☐ Bank Deposit		☐ Cash
Earnings:	$	Payment Frequency:	☐ Occasionally		☐ Monthly
Type/Name:			☐ Bank Deposit		☐ Cash
Earnings:	$	Payment Frequency:	☐ Occasionally	☐ Weekly	☐ Monthly

RENTAL APPLICATION

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(First Middle Last)

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#/Street City State Zip code

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Landlord Address: _____
#/Street City State Zip code

Landlord Phone _____
Cell Work

Rental Amount: $ _____

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Previous Address: _____

Previous Landlord Name: _____

Landlord Address: _____
#/Street City State Zip code

Landlord Phone _____
Cell Work

Rental Amount: $ _____

Dates you resided there:

Previous Address: _____

Previous Landlord Name: _____

Landlord Address: _____
#/Street City State Zip code

Landlord Phone _____
Cell Work

Rental Amount: $ _____

Dates you resided there: _____

EMPLOYMENT HISTORY

Employment status ☐ Full time ☐ Part time ☐ Student ☐ Unemployed ☐ Retired

Current/Primary Employer: Phone:

Employer Address:

Job Title: Time in Role: Manager Name:

Current/Secondary Employer: Phone:

Employer Address:

Job Title: Time in Role: Manager Name:

Previous Employer: Phone:

Employer Address:

Job Title: Time in Role: Manager Name:

Reason for leaving:

OTHER INCOME

Rental Assistance: ☐ Belmont $ ☐ RAC $ ☐ BMHA $ ☐ Other:

Rental Relief (if yes please explain):						
NYS Benefits:	☐ HEAP $	☐ SNAP $	☐ SSI $	☐ SSD $	☐ Other:	
Additional Income						
Type/Name:				☐ Bank Deposit		☐ Cash
Earnings:	$	Payment Frequency:		☐ Occasionally	☐ Weekly	☐ Monthly
Type/Name:				☐ Bank Deposit		☐ Cash
Earnings:	$	Payment Frequency:		☐ Occasionally		☐ Monthly
Type/Name:				☐ Bank Deposit		☐ Cash
Earnings:	$	Payment Frequency:		☐ Occasionally	☐ Weekly	☐ Monthly

OCCUPANTS

Please answer the following for all person residing in the unit

By signing, you have given the Landlord or the Agent permission to obtain credit and criminal background reports. Any information received will be used in conjunction with the Applicants information in determining the outcome of this application.

Legal Name (First & Last)	**DOB**	**SS #**	**Relationship to lease holder**	**Full or Part time occupancy?**	**Signature** (if over 18 yrs. old)
			Self		

Do you have a criminal history or any outstanding judgements? (if yes please explain)

Note: Possession of any illegal substances on the property shall constitute default and the lease will immediately be terminated.

Describe the credit history of all persons 18 yrs. and older

1) Have you declared Bankruptcy in the past seven years?
2) Do you have any items out to collections? (if yes please explain)
3) Have you ever been evicted from a rental residence? (if yes please explain)
4) Have you had two or more late rental payments in the past year? (if yes please explain)

VEHICLES

Make/Model	Year	Color	License Plate #

PETS

Type/Description	Breed	Color	Name	Age	Weight

NOTE: For all cats and dogs, proof of vaccination and rabies certificates are required. Dogs, by town law are required to be licensed.

"Windwood Place Apartments, LLC is an equal opportunity housing provider. Any person with questions about his/her rights should contact Housing Opportunities Made Equal at (716) 854-1400."

THIS APPLICATION MUST BE SIGNED BY THE APPLICANT BEFORE IT CAN BE CONSIDERED BY THE LANDLORD. ACCEPTANCE OF THIS APPLICATION, AND ANY MONIES DEPOSITED HEREWITH, IS NOT BINDING UPON LANDLORD UNTIL APPROVED BY LANDLORD. IF APPLICANT WITHDRAWS THE APPLICATION OR HAS BEEN REJECTED, A FEE OF $40.00 WILL BE RETAINED BY THE LANDLORD. IF THE APARTMENT IS HELD FOR APPLICANT FOR MORE THAN 48 HOURS, ALL MONIES DEPOSITED SHALL BE FORFEITED TO THE LANDLORD. ANY DELIBERATE MISSTATEMENT OF PERTINENT FACTS IS CONSIDERED BY THE LANDLORD AS GROUNDS TO REJECT THE APPLICATION.

Deposit with Application _____ (Non-refundable)

BY SIGNING, THE APPLICANT RECOGNIZES THAT THE LANDLORD OR HIS AGENT MAY INVESTIGATE THE INFORMATION SUPPLIED BY THE APPLICANT AND A FULL DISCLOSURE OF PERTINENT FACTS MAY BE MADE TO THE LANDLORD. THE LANDLORD MAY ALSO REQUIRE A CREDIT REPORT FROM A CREDIT REPORTING AGENCY AND BY SIGNING, THE APPLICANT AUTHORIZES SUCH REPORTS.

THE APPLICANT AGREES THAT THEY ARE 18 YEARS OF AGE OR OVER.

_____ _____ _____

APPLICANT FULL LEGAL NAME **APPLICANT SIGNITURE** **DATE**

_____ _____ _____

APPLICANT FULL LEGAL NAME **APPLICANT SIGNITURE** **DATE**