

Please submit application to:

Stonewall Property Management 10151 Main Street Clarence, NY 14031 \$30.00 Application Fee

		LEAS	SE APPL	<b>ICA</b>	ΓΙΟΝ		
FULL NAME		SOC. SEC. NC	. TEL	EPHONE #	CELL	#	DATE OF BIRT
RESENT STREE	T ADDRESS	CITY	( 	) TATE	ZIP EMA	) IL	
HOW LONG A		LEASE?	DATE OF LEASE		MONTHLY RE	NT	# OF ROOMS
PRESENT ADDRESS?			O EXPIRATION				
PRESENT LANDLORD'S NAME		PRESEN	II LANDLORD'S ADDRESS		()	TELEPHONE #	
EASON FOR LEA	AVING						
PREVIOUS ADDRESS		HOW LONG AT				NT	
PREVIOUS LANDLORD'S NAME		PREVIOUS ADDRESS:				ANDLORD'S TELEPHONE	- #
REVIOUS LANDLORD'S NAME		PREVIOUS	LANDLOND 5 ADDRESS		( )	ANDLORD'S TELEPHONE	- #
IPLOYER		HOW LC	NG		EMPLOYER'S	TELEPHONE #	
MFLOTEN		EMPLOY			( )	TEELI HONE #	
ISINESS ADDRI	ESS		JOB TITLE				
LARY	O WEEK	O FULL-TIME	SUPERVISOR'S NAME		SUPERVISOF	'S TELEPHONE #	
	O MONTH O YEAR	O PART-TIME	200		()		
EVIOUS EMPL	OYER	HOW LC EMPLOY				MPLOYER'S TELEPHONE	= #
REVIOUS EMPLO	OYER'S BUSINESS ADDRES	S			,		
LARY	O WEEK	O FULL-TIME	OTHER INC	OME	O WEEK	VERIFICATION CO	ONTACT
	O MONTH O YEAR	O PART-TIME	\$		o MONTH o YEAR		
		PERS	SONS TO OCCUPY	APART	MENT		
		(All occupants	18 and older must compl	ete and sig	n an application.)		
	NAME		DOB		NAME		DOB
	NAME		3.		NAME		DOD
	NAME		ов 4.		NAME		DOB
	JDING APARTMENT PREFER	RENCE AND DATE DESIRED					
O YOU HAVE A F		DESCRIPTION		HOW DID	YOU HEAR ABOUT US?		
	0						
AR AND MAKE	OF VEHICLE				VEHICLE LICENSE #		STATE
YEAR AND MAKE OF SECOND VEHICLE					VEHICLE LICENSE #	:	STATE
MERGENCY CO	NTACT				RELATIONSHIP		
					TELEPHONE #		
DDRESS					( )		
DRESS					( )		



Dated \_

paid are not refundable if this application is approved following verification.