



STONEWALL
PROPERTY MANAGEMENT

Please submit application to:
Stonewall Property Management
10151 Main Street
Clarence, NY 14031
\$20.00 Application Fee

LEASE APPLICATION

FULL NAME	SOC. SEC. NO.	TELEPHONE # ()	CELL # ()	DATE OF BIRTH
PRESENT STREET ADDRESS	CITY	STATE	ZIP	EMAIL

HOW LONG AT PRESENT ADDRESS?	LEASE? <input type="radio"/> YES <input type="radio"/> NO	DATE OF LEASE EXPIRATION	MONTHLY RENT \$	# OF ROOMS
PRESENT LANDLORD'S NAME	PRESENT LANDLORD'S ADDRESS		LANDLORD'S TELEPHONE # ()	
REASON FOR LEAVING				
PREVIOUS ADDRESS	HOW LONG AT PREVIOUS ADDRESS:		MONTHLY RENT \$	
PREVIOUS LANDLORD'S NAME	PREVIOUS LANDLORD'S ADDRESS		PREVIOUS LANDLORD'S TELEPHONE # ()	

EMPLOYER	HOW LONG EMPLOYED?	EMPLOYER'S TELEPHONE # ()		
BUSINESS ADDRESS		JOB TITLE		
SALARY \$	<input type="radio"/> WEEK <input type="radio"/> MONTH <input type="radio"/> YEAR	<input type="radio"/> FULL-TIME <input type="radio"/> PART-TIME	SUPERVISOR'S NAME	
PREVIOUS EMPLOYER		HOW LONG EMPLOYED?		SUPERVISOR'S TELEPHONE # ()
PREVIOUS EMPLOYER'S BUSINESS ADDRESS				
SALARY \$	<input type="radio"/> WEEK <input type="radio"/> MONTH <input type="radio"/> YEAR	<input type="radio"/> FULL-TIME <input type="radio"/> PART-TIME	OTHER INCOME \$	<input type="radio"/> WEEK <input type="radio"/> MONTH <input type="radio"/> YEAR
			VERIFICATION CONTACT	

PERSONS TO OCCUPY APARTMENT

(All occupants 18 and older must complete and sign an application.)

1. NAME	DOB	3. NAME	DOB
2. NAME	DOB	4. NAME	DOB

REMARKS (INCLUDING APARTMENT PREFERENCE AND DATE DESIRED)		
DO YOU HAVE A PET? <input type="radio"/> YES <input type="radio"/> NO	DESCRIPTION	HOW DID YOU HEAR ABOUT US?

YEAR AND MAKE OF VEHICLE	VEHICLE LICENSE #	STATE
YEAR AND MAKE OF SECOND VEHICLE	VEHICLE LICENSE #	STATE
EMERGENCY CONTACT	RELATIONSHIP	
ADDRESS	TELEPHONE # ()	

PLEASE READ CAREFULLY BEFORE SIGNING

Applicant represents that the information set forth on this application is true and complete. Applicant authorizes verification of any information contained in this application and verification of credit history and criminal history from a consumer reporting agency. The deposits paid are not refundable if this application is approved following verification.

Dated _____

(Applicant's Signature)

