



**Please submit application to:**  
 Stonewall Property Management  
 9829 Main St  
 Clarence, NY 14021  
 \$20 Application Fee

## LEASE APPLICATION

### Applicant Information:

Main Applicant Full Name:	Soc. Sec. No.	Telephone #:	Email:	Date Of Birth
Present Street Address:		City, State, Zip		
Preferred Move in Date:		Is this Date Flexible?		
		Yes                      No		

### Current Lease Information:

Duration at Address:	Lease? (Yes/No)	Monthly Rent: \$	Lease Expiration Date:	Number of Rooms:
Present Landlords Name:		Reason for Leaving:		
Present Landlords Address:		City, State, Zip	Present Landlords Phone #:	

### Past Lease Information:

Duration at Address:	Lease? (Yes/No)	Monthly Rent: \$	Lease Expiration Date:	Number of Rooms:
Previous Landlords Name:		Reason for Leaving:		
Previous Landlords Address:		City, State, Zip	Present Landlords Phone #:	

**Additional Occupants/Guarantor Information:** All occupants 18 and older must complete and sign an application. Social security numbers are only gathered and securely used to perform applicant screenings. We will never share or publicize your information.

ADD. OCCUPANT (1): FULL NAME	ADD. OCCUPANT (1): DATE OF BIRTH	ADD. OCCUPANT (1): SOC. SEC. NO.
ADD. OCCUPANT (2): FULL NAME	ADD. OCCUPANT (2): DATE OF BIRTH	ADD. OCCUPANT (2): SOC. SEC. NO.
ADD. OCCUPANT (3): FULL NAME	ADD. OCCUPANT (3): DATE OF BIRTH	ADD. OCCUPANT (3): SOC. SEC. NO.

### Applicant Employment Information:

Employer Name:	Employer Address:	City, State, Zip:
Duration of Employment:	Employers Phone #:	Job Title:
Supervisor Name:	Supervisor Phone #:	Salary: \$
Paycheck Frequency: Weekly    Bi-Weekly    Monthly		

### Additional Occupant /Guarantor Employment Information:

Occupant/Guaran Name:	Employer Name:	Employer Address:	City, State, Zip:
Duration of Employment:		Employers Phone #:	Job Title:
Supervisor Name:	Supervisor Phone #:	Salary: \$	Paycheck Frequency:
Weekly    Bi-Weekly    Monthly			

### Pet Information:

<b>Do You Have a Pet?</b>	<b>Dog or Cat?</b>	<b>Breed Type:</b>	<b>Weight:</b>
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**Vehicle/Emergency Contact Information:**

Year, Make, and Model of Vehicle (1):	Vehicle License Plate # (1):	State:
Year, Make, and Model of Vehicle (2):	Vehicle License Plate # (2):	State:
Emergency Contact:	Relationship:	
Address:	Phone #:	

**Confirmation - Please Read Carefully**

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

<b>Date:</b>	<b>Applicants Signature:</b>
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Please Attach a Photo of your government issued ID (Front and Back), and \$20 Check Made out to Stonewall Properties.