

<u>Please Complete & Return to</u>: Creekside Commons, c/o LMD Companies

PO Box 1670 Wappingers Falls, NY 12590

Fax: 845-226-2511

Email: jessica@lmdcompanies.com

## **APPLICATION FOR OCCUPANCY**

NOTE: EACH ADULT (18 YEARS OR OLDER) MUST SUBMIT A SEPARATE APPLICATION AND PAY AN APPLICATION PROCESSING FEE OF \$60.00.

This section to be completed by Creekside Commons, LLC - APPLICANT'S PREFERRED UNIT, LEASE TERM, MOVE-IN DATE, ETC.										
Unit #	Model	Monthly Rent	Lease Term	Move-In Date	Storage					
APPLICANT INFO	RMATION									
Last Name First Name MI										
Social Security Number		Visa Type & Visa #		ITIN Number		Expir. Date				
DOB	Mobile	Phone	Work Phone		Primary E-Mail					
How Did You Hear Abo	out Creekside Commons	?								
CURRENT ADDRE	SS									
Street Address			City	State		Zip				
How Long Lived There?		Landlord Name			Landlord Phone #					
Mo. Rent										
PREVIOUS ADDRESS	IF CURRENT & PREVIOUS ADDRESSES ARE LESS THAN THREE (3) YEARS COMBINED, PLEASE ATTACH ADDITIONAL DETAILS THAT SHOW THREE (3) YEARS OF ADDRESS HISTORY									
Street Address			City	State		Zip				
Date In	Date Out	Landlord Name			Landlord Phone #					
Mo. Rent	Reason for Moving									
OTHER OCCURAN	TS TO LIVE IN ADA	DIMENIT								
OTHER OCCUPAN Last Name	ITS TO LIVE IN APA	Adult or Child	DOB							
			First Name							
PETS	*Prior to move-in, a Pet Agreement must be signed by all Tenants with pets.									
Pets? (Y/N)	Dog or Cat?	# of Ea.	Breed	Lbs.	Breed	Lbs.				

EMPLOYMENT & INCOME INFORMA	ATION				
Occupation #1	Employer/Company/Address			Mo. Salary	
Supervisor Name	Supervisor Phone		Start Date	End Date	
Occupation #2 (if more than 1 job)	Employer/Company/Address			Mo. Salary	
Supervisor Name	Supervisor Phone		Start Date	End Date	
Other Source of Income #1	Explain			Mo. Income	
Other Source of Income #2		Explain			Mo. Income
PORTIONS OF INCOME COMMITTEE	D TO OTHER SOURC	CES (BY COURT ORDE	R, CONTRACT, OR OT	HER AGREEMENT)	
Person / Entity Owed Monies to	Type of Obligation (i.e., Alimony, Child Support, Car Loan, etc.)			Owed per Month	
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B. EMERGENCY CONTACT					
Full Name	Address		Phone Number		
Full Name	Address		Phone Number		
VEHICLE INFORMATION					
Make, Model & Color		Year	Year Lic. Plate # & St		
Make, Model & Color		Year Lic. Pla		te # & State	
I agree to authorize Creekside Commons, LLC consent and approval to verify my credit, en application for future tenancy in an apartme will be used soley for the purposes of determined Creekside Commons Statement of Renta	nployment, income, asso ent at Creekside Commo mining eligibility for resi	ets, former tenancies, a	and criminal background	d, if any, in connection	with my n process
Acknowledged & Agreed: Signature of Applicant	Date				
Please print name below					
			1010		
	THIS SECTION IS	FOR CREEKSIDE COMN	MONS' USE ONLY.		
Credit Screening (Pass/Fail; Date)	ng (Pass/Fail; Date) Eviction Screeni		ng (Pass/Fail; Date)	Final Decision (Approved/Declined; Date)	

www.CreeksideCommonsNY.com

LMD