

**FLOWER CITY MANAGEMENT**  
Office: 277 Alexander Street, Suite 200  
Rochester, New York 14607  
(585) 647-6116 Fax: (585) 232-3474

Property Address, Apt. # \_\_\_\_\_  
Rent: \$ \_\_\_\_\_ Includes: \_\_\_\_\_ Security deposit payable to: HSBC  
Date apt. viewed \_\_\_\_\_ Apt. viewed with \_\_\_\_\_ MOVE-IN DATE \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_  
Newspaper, Friends, Website, RentRochester.com,

### APPLICATION FOR APARTMENT LEASING

*Notice: Co-applicant must complete a separate Rental Application form.*

**PLEASE TELL US ABOUT YOURSELF-PLEASE TYPE OR PRINT**

FULL NAME \_\_\_\_\_ PHONE-HOME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE-WORK \_\_\_\_\_  
City \_\_\_\_\_ Cell # \_\_\_\_\_  
State, Zip Code \_\_\_\_\_  
Social Security # \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
E-mail Address \_\_\_\_\_ (Please print clearly)

Name of co-applicant \_\_\_\_\_  
Occupants to include: \_\_\_\_\_ # Adults \_\_\_\_\_ # Children

**(Emergency Contact) Family Member Preferred**

Relative \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City and State \_\_\_\_\_

**LANDLORD REFERENCE:**

Landlord \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

Length of Residence \_\_\_\_\_ Lease Expires \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**PLEASE GIVE EMPLOYMENT INFORMATION**

Place of Employment: \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone# \_\_\_\_\_ Ext: \_\_\_\_\_  
Occupation/Title \_\_\_\_\_ Monthly Net Income \_\_\_\_\_  
Length of Employment \_\_\_\_\_ If employed less than 6 months, give  
name,  
Address and phone # of previous employer \_\_\_\_\_

Have you ever:      Filed for bankruptcy? \_\_\_\_\_  
   Been evicted from tenancy? \_\_\_\_\_  
Are there any judgments outstanding on your credit \_\_\_\_\_?  
Have you been convicted of a crime in the past ten years, excluding misdemeanors and  
Summary offences, which have not been annulled, expunged or sealed by a court? \_\_\_\_\_  
\*\*\*\*\*

Vehicle Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Plate # \_\_\_\_\_

(PERMIT STICKER CANNOT BE ISSUED WITHOUT ABOVE INFORMATION)

Please give any additional information, which might help management evaluate this  
application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The acceptance of this application and/or a deposit does not constitute approval of the  
application or an agreement to lease on the part of the landlord. If the application is not  
approved  
the sum deposited shall be returned to the applicant and his/hers rights hereunder shall  
thereupon cease. If the application is approved, the security deposit will "hold"  
the apartment. The apartment will not be advertised or shown to others during this time  
period.  
If the applicant decides not to rent the apartment, after being approved, the deposit will  
not be returned.

**Authorization to Release Information:**

I/We hereby authorize Flower City Management to obtain any information contained in my application  
including rental history, employment history, student status and a credit report from a consumer reporting  
agency. I/We hereby authorize the release of any information pertaining to the above listed items.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Deposit ... Cash \_\_\_\_\_ Check \_\_\_\_\_ M.O. \_\_\_\_\_