

BEHG Properties, Inc Grand Island New York Rental Application

A \$25.00 application fee is required for investigation. This fee is refundable if BEHG declines applicant.

Instructions: A separate application must be filled out by each applicant (even if married). Completely fill out each blank and sign where indicated.

PERSONAL

APPLICANT _____

MARITAL STATUS: Single Married since (date) _____ Divorced since (date) _____ Former Spouse _____
 BIRTH DATE: _____ SS# _____ DRIVERS LICENSE State Issued by _____ # _____

ADDRESSES

Present Address _____ City/State/Zip _____ Rent/ Month _____ Present Phone (____) _____
 Present Landlord _____ Address _____ City/State/Zip _____ Phone (____) _____
 Is present rent up to date? Yes No Have you given notice? Yes No Have you been asked to leave? Yes No

Previous Address _____ City/State/Zip _____ Rent/ Month _____ Present Phone (____) _____
 Previous Landlord _____ Address _____ City/State/Zip _____ Phone (____) _____
 Was rent up to date? Yes No Had you given notice? Yes No Had you been asked to leave? Yes No

Next Previous Address _____ City/State/Zip _____ Rent/ Month _____ Present Phone (____) _____
 Next Previous Landlord _____ Address _____ City/State/Zip _____ Phone (____) _____
 Was rent up to date? Yes No Had you given notice? Yes No Had you been asked to leave? Yes No

OCCUPANTS

Number to occupy _____

NAME	RELATIONSHIP	BIRTHDATE

PETS: Yes No If yes, give details (number, type & size)

CARS

Make/Model/color #1 _____ State _____ License Plate #1 _____ Lien Holder #1 _____
 Make/Model/color #2 _____ State _____ License Plate #2 _____ Lien Holder #2 _____

EMPLOYMENT

EMPLOYER _____ Since _____ PREVIOUS EMPLOYER _____ Since _____
 Street/City _____ Street/City _____
 What do you do? _____ What did you do? _____
 Supervisor _____ Wrk Hrs. _____ Phone (____) _____ Supervisor _____ Wrk Hrs. _____ Phone (____) _____

INCOME

Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____
Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____
Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____
Bank/Credit Union _____ Acct.# _____ Bank/Credit Union _____ Acct.# _____

REFERENCE

Relative _____ Relation _____ Non-Relative
Address _____ Phone (____) _____ Reference _____ Phone (____) _____
Address _____ Phone (____) _____ Address _____
Non-Relative _____ Phone (____) _____ Emergency
Reference _____ Phone (____) _____ Contact _____ Phone (____) _____

CREDIT ACCOUNTS

Current (open) include Credit Card(s)	ADDRESS	ACCOUNT #	PAYMENT	CURRENT
CREDITORS NAME			\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____			\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____			\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____			\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain any "YES" answers on back with names and details.

Has any signer ever been sued for bills? Yes No
Has any signer ever been bankrupt? Yes No
Has any signer ever broken a lease? Yes No
Name in which utilities are now billed and account number _____ # _____
Has any signer ever been sued for eviction? Yes No
Has any signer ever been guilty of a felony? Yes No
Is the total move-in amount available now (rent and deposit)? Yes No

Applicant authorizes the owner to contact past and present landlords, employers, creditors, credit bureau, neighbors and any other sources deemed necessary to investigate applicant.

All the information is true, accurate and complete to the best of applicant's knowledge. Owner reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME

X _____ DATE _____
APPLICANT

DO NOT WRITE BELOW THIS LINE
THIS SECTION TO BE COMPLETED BY INTERVIEWER

Credit Report: (Favorable/Unfavorable) By: _____
Other Comments: _____
Deposit: _____ Option _____ Monthly Rent _____
Unit Applied For: _____
Terms of Lease _____ Months _____
Move-in Date _____ Lease Expires _____ Num. Keys _____
Total Number of Occupants _____
Separate Pet Deposit _____
Utilities to be paid by tenants Gas <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/>

If you have a question about the interpretation or legality of this form please consult an attorney or other qualified person.