

Halfmoon Court

Completing this application is the first step to becoming a member of our community. Submission of this application does not reserve or guarantee a unit. We welcome you to call or visit ***Halfmoon Court*** to talk with our leasing consultants to discuss availability and see our property. If you should decide to take the next step, you will be asked for a deposit proof of income and two forms of identification. Please fax or mail this application to begin the process of becoming a member of the most sought after community in the capital district!

PERSONAL INFORMATION:

Last Name _____ First _____ Middle Initial _____

Current Address _____

City _____ State _____ Zip _____

Email _____

Current Landlord _____ Monthly Rent \$ _____

Address _____ Phone# _____

Do you have a lease? _____ Marital Status _____

Previous Landlord Address (if less than 3 years) _____

City _____ State _____ Zip _____ Phone# _____

S.S.# _____ - _____ - _____ **Date of Birth** ____ / ____ / ____ **Phone#** _____

Employment _____ Address _____

City _____ State _____ Zip _____ Phone# _____

Position _____ Supervisor _____

Applicants Salary \$ _____ Household Income \$ _____

How Long? _____

Previous Employment _____ Phone# _____

Address _____

Position _____ How Long? _____

PERSONAL REFERENCES:

Name _____ Relationship _____

Address _____ Phone# _____

Name _____ Relationship _____

Address _____ Phone# _____

Do you own a car? _____ Make _____ Model _____ Year _____

Color _____ License Plate# _____

Emergency Contact _____

Address _____ City _____ State _____ Zip _____

Relationship _____ Phone# _____

OTHER OCCUPANTS OF THE APARTMENT:

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

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.

(Applicant's signature)

___/___/___

(Date)