

Property Location (circle one):
| Gouverneur | Richville |

Unit #: _____

Rental Application

BUTTERNUT-HILL.COM

V: 315-262-0822 * F: 480-247-4164

admin@butternut-hill.com

Water/Sewer/Trash = \$71/month
Electric (Est.) = \$40-\$150/month
Gas (Est.) = \$40-\$150/month
(Heating Season Only)

Allotment? YES NO

Military? YES NO

Student? YES NO

Please fill out the entire application, any omissions may disqualify you as a potential tenant.

Applicant Information

1 Name:		1a Proposed (approx) Move Date:		1b # of Bedrooms:		
2 Date of birth:		3 SSN:		4 Email:		
5 Mobile Phone#:		6 Home Phone #:		7 Work Phone#:		
8 Current address:						
9 City:		10 State:		11 ZIP Code:		
12 Current Landlord Name & Phone#						
13 City:		14 State:		15 ZIP Code:		
16 Own Rent		17 Monthly payment or rent:		18 How long?		
19 Reason For Leaving:						
20 Previous address:						
21 City:		22 State:		23 ZIP Code:		
24 Previous Landlord Name & Phone#						
25 Owned Rented		26 Monthly payment or rent:		27 How long?		
28 Reason For Leaving:						
29 Next of Kin's Name & Relationship (not co-tenant):		30 Next of Kin's Address:		31 Work Phone#:	32 Home Phone #:	33 Mobile Phone #:
34 Do you have a driver's License?		35a License#:		35b State:		
36 Do you own a pet?		37 If yes, how many and what species?				

Employment Information

38 Current employer:		Supv. name & phone #:			
39 Employer address:		40 How long?			
41 Phone:		42 Email:		43 Fax:	
44 City:		45 State:		46 ZIP Code:	
47 Position/Rank/Unit:			48 Annual income:		

Credit/Financial Information

49 Bank Name & Branch:			50 Acct#		
51 Address:			52 Savings Checking (Please circle)		
53 Bank Name & Branch:			54 Acct#		
55 Address:			56 Savings Checking (Please circle)		
57 Credit Reference: Give Name, Address & Phone#					
58 1. Issuer:					
59 2. Issuer:					

List all vehicles to be parked on the premises (cars & motorcycles)

60 Driver's Name	61 Make	62 Model	63 Color	64 Year	65 License Plate#	66 State

Co-applicant Information

67 Co-applicant Name:				
68 Date of birth:		69 SSN:		70 Email:
71 Mobile Phone#:		72 Home Phone#:		73 Work Phone#:
74 Current address:				
75 City:		76 State:		77 ZIP Code:
78 Own Rent	79 Monthly payment or rent:		80 How long?	
81 Previous address:			82 City:	
83 State:		85 Zip Code:		85 Owned Rented
86 Monthly payment or rent:		87 How long?		
88 Next of Kin's Name & Relationship (not co-tenant):		89 Next of Kin's Address:		90 Work Phone#:
				91 Home Phone #:
				92 Mobile Phone#:

Co-applicant Employment Information

93 Current employer:		Supv. name & phone #:		
94 Employer address:			95 How long?	
96 Phone:	97 E-mail:		98 Fax:	
99 City:	100 State:		101 ZIP Code:	
102 Position/Rank/Unit:			103 Annual income:	

Other Occupant Information (all persons excluding applicant who will be occupying premises):

104 First Name	105 Last Name	106 M.	107 Social Security#	108 Date of Birth (mm/dd/yy)	109 Relationship

110 Have any of the occupants ever been arrested or convicted of a crime? If yes, whom? _____

111 Any smokers? If yes, whom? _____

112 Have any of the occupants ever had eviction papers served on them, been evicted, denied a lease renewal, been a party to a lawsuit or filed bankruptcy? If yes, who, when & details: _____

References

Name:	Address:	Phone:	Relationship:
113	114	115	116
117	118	119	120

Applicant represents that all of the above statements are true and correct and hereby authorizes YNGH, LLC the authority to authenticate all above information, references, credit records and criminal records. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy, and, or forfeiture of all payments tendered if occupancy has taken place. This application shall become part of the Lease Agreement upon acceptance by Lessor.

In the event this application is disapproved for any reason, or should Applicant(s) fail to enter into the contemplated Lease Agreement through no fault of Lessor, Applicant(s) shall forfeit all payments made.

Should this application be approved, the Security Deposit must be remitted to Lessor within 3 calendar days after notification of acceptance by Lessor. Failure to remit said balance will result in a rejection of the application.

[Please type your name & initials where it asks for a signature and initials if you are unable to scan a signed copy of the application.]
Applicant(s) acknowledge(s) and agree(s) that all monies tendered in connection with, or after this application is submitted are nonrefundable. Please initial next to the "X" X_____ X_____

Signature of applicant:	Date:
Signature of co-applicant:	Date:

Application Accepted:	Application Rejected:	Deposit Received:
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BUTTERNUT HILL

154 Hailesboro Street
Gouverneur, NY 13642

Phone: 315-262-0822
Fax: 480-247-4164
Email: admin@butternut-hill.com

LANDLORD REFERENCE

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APPLICANT: Please complete section 1 of this form so that your current landlord may release the requested information.

Applicant Name: _____ Date: _____

Former Landlord Name: _____

Former Landlord's Info: _____

_____	Phone	_____	Fax	_____
_____	Street	_____	City	_____
_____	State	_____	Zip	_____

Applicant's Signature: _____ Date: _____

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FORMER LANDLORD:

Your former tenant has applied for rental of an apartment at Butternut Hill. As part of the qualification process, we require a reference from the applicant's current landlord and basic information requested below. Any information released will be kept in the strictest confidence. Please return this form via facsimile at the number noted above.

Thank you for your cooperation.

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Are you related to this applicant? Y N If yes, how? _____

Is applicant party to a lease/rental agreement? Y N Start/End date: _____ / _____

Is the applicant's rental account current? _____ Monthly rent: _____

Rent is generally paid: _____ On-Time _____ Occasionally Late _____ Often Late

If late, please explain how often and the reason(s) given, if any: _____

Did this household create disturbances that interfered with other tenants or neighbors (noise, apartment or housing cleanliness, etc.) Y N

If yes, please explain _____

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Were there any disturbances that required police response? Y N

If yes, explain _____

Did this household take care of your property in a decent, safe and sanitary manner? Y N

If not, please explain _____

Would you rent to this person again? _____ Yes _____ No _____ Not Sure

Name, Signature & Title of Authorized Person Date Phone (H) and/or (W) and/or (M)