

## *Falcon Trace*

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 ***Falcon Trace*** 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)