



RENTAL APPLICATION

Mail or Drop off application with application fee of \$35.00 to New Covenant Christian Fellowship, 365 Clinton Avenue, Albany, NY 12206. Every occupant over the age of 18 **MUST** fill out a separate application (even married). Please fill out this form **COMPLETELY** and sign where indicated.

PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST	SS #
DATE OF BIRTH / /	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED Since _____ <input type="checkbox"/> DIVORCED Since _____	DRIVER'S LICENSE # STATE	
PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	EMAIL	
PRESENT HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PRESENT LANDLORD	LANDLORD PHONE	
REASON FOR LEAVING		AMOUNT OF RENT	
PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PREVIOUS LANDLORD	LANDLORD PHONE	
REASON FOR LEAVING		AMOUNT OF RENT	
NEXT PREVIOUS ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	NEXT PREVIOUS LANDLORD	LANDLORD PHONE	
REASON FOR LEAVING		AMOUNT OF RENT	

PROPOSED OCCUPANTS

NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

PROPOSED PET(S)

NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE

VEHICLES

YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

EMPLOYMENT

CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	



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INCOME (All Sources of Income should be listed)

CURRENT INCOME	<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	<input type="checkbox"/> BIWEEKLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME	<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	<input type="checkbox"/> BIWEEKLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME	<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	<input type="checkbox"/> BIWEEKLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO

CREDIT CARD / FINANCIAL INFORMATION

CAR LOAN LIEN HOLDER	BALANCED OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #
CREDIT CARD COMPANY	BALANCED OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #
CREDIT CARD COMPANY	BALANCED OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #
CREDIT CARD COMPANY	BALANCED OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #
CHILD SUPPORT/ OTHER CREDIT OWED	BALANCED OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #
BANK ACCOUNT NAME OF BANK	BALANCED OWED	MONTHLY PAYMENT	ACCOUNT #

EMERGENCY/PERSONAL REFERENCE INFORMATION

EMERGENCY CONTACT	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME
RELATION	ADDRESS	CITY/STATE/ZIP
EMERGENCY CONTACT	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME
RELATION	ADDRESS	CITY/STATE/ZIP
PERSONAL REFERENCE	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME
RELATION	ADDRESS	CITY/STATE/ZIP
PERSONAL REFERENCE	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME
RELATION	ADDRESS	CITY/STATE/ZIP

APPLICANT QUESTIONNAIRE / AUTHORIZATION

Has applicant ever been sued for bills? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has applicant ever been locked out of apartment by sheriff? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever been bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has applicant ever been bought to court by another landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever been guilty of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has applicant ever moved owing rent or damaged apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever broken a Lease? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the total move in amount available now? (rent and deposit) <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant authorizes the landlord to contact past and present lands, employees, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant. All information is true, accurate, and complete to the best of applicant's knowledge. Landlord serves 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 _____
APPLICANT SIGNATURE

DATE