

# Matrix Apartments, Ltd.

C/O Platform Management Group, LLC 14 Corporate Woods Blvd, Suite 100, Albany, NY 12211 (888) 247-7917 – Fax (518) 465-1441

**RENTAL APPLICATION** for Apartment at Hillcrest Gardens Apartments, 2331 - 2333 Niskayuna Dr. Schenectady, NY 12309

## APPLICANT No. 1 (Lessee)

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle-required) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Driver's License: State \_\_\_\_ License Number \_\_\_\_\_

Phones-Home: \_\_\_\_\_ Cell \_\_\_\_\_ Work: \_\_\_\_\_ EMAIL \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ Apt \_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Yrs. There: \_\_\_\_ Landlord Name: \_\_\_\_\_ Tele # \_\_\_\_\_

Why are you moving? \_\_\_\_\_ Were you evicted? \_\_\_\_\_

FORMER ADDRESS: \_\_\_\_\_ Apt \_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Yrs. There: \_\_\_\_ Landlord Name: \_\_\_\_\_ Tele #: \_\_\_\_\_

Have you ever broken a lease on an apartment or been evicted? \_\_\_\_\_ If yes explain: \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_ Gross Monthly Salary: \$ \_\_\_\_\_ How Long: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ ext \_\_\_\_\_

OTHER INCOME: \$ \_\_\_\_\_ Source: \_\_\_\_\_ TOTAL MONTHLY EXPENSES *Not Including Rent:* \$ \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ Gross Monthly Salary: \$ \_\_\_\_\_ How Long: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ ext \_\_\_\_\_

## APPLICANT No. 2: Co-Lessee? (means you want this person's name on the lease also) Yes No *If "Yes" write this person's Present*

*Address, Former Address, Present Employer, and Previous Employer info with income (all details as above for Applicant No.1) on the back of this form.*

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle-required) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Driver's License: State \_\_\_\_ License Number \_\_\_\_\_

Phones-Home: \_\_\_\_\_ Cell \_\_\_\_\_ Work: \_\_\_\_\_ EMAIL \_\_\_\_\_

CO-SIGNER (Guarantor of lease, if applicable): Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

*This person, who will not live in the apartment, will need to submit "Cosigner Agreement" form which initiates credit & background check. Please request this form.*

## OTHER POTENTIAL OCCUPANTS (even if only temporary or part time):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_

In case of emergency notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Do You Have a Pet? No \_\_\_\_ Yes \_\_\_\_ Cat(s) number \_\_\_\_ Dog(s) number \_\_\_\_

### **NO PETS WILL BE ALLOWED IN THE APARTMENT WITHOUT "PET AGREEMENT"**

**as an addendum to your lease with accompanying pet deposit (\$500.00 per dog, \$300.00 per cat).**

**APPLICATION TERMS AND DEPOSITS:** Applicant represents that all the above statements are true and complete, and hereby authorizes the Owner/Manager and its authorized agent's permission to make any investigation of my personal history, references, and financial and credit records to approve or disapprove this application for residency. Applicant acknowledges that false information herein may constitute grounds for rejection of this application or termination of the right of occupancy. An application processing fee of **\$35.00** which covers the cost of a background search is due upon making application for an apartment. **This \$35 fee is not refundable.** Applicant is depositing herewith an application deposit in the sum of **\$100.00 as a deposit** in consideration for Owner processing this application. **This \$100.00 application deposit will be refunded** if Applicant is not approved or Applicant notified (by telephone) Owner/Manager within **forty-eight (48) hours** from the date of this application of his/her decision not to take the apartment. If this **application is approved** by Owner the Applicant will be required to pay an **additional deposit** of monies to bring the total deposit to **equal the first month's rent on or before the Move-In date or three (3) days after Owner's notice of approval of the Application**, whichever comes first. If the lease is entered into, the total deposit (which equals the first month's rent) **will be credited** to the monies due as required under the lease. If Applicant is approved but fails to enter into the contemplated lease, the total deposit shall be forfeited to Owner. Applicant hereby waives any claim for damages by reason of non-acceptance of this application. This application is preliminary only and does not obligate Owner or Owner's agent to execute a lease of the apartment. I have read the above terms and conditions and fully understand such. **MOVE-IN DATE:** If it is impossible for Applicant to be flexible with the move-in date Applicant must let the Landlord know as soon as possible as this may affect the availability of said apartment.

Applicant's Signature (Lessee) \_\_\_\_\_ Date \_\_\_\_\_ Apt. Number \_\_\_\_\_ 2331 or 2333 Niskayuna Dr, Schen, NY 12309  
(Circle Building's Number)

Co-Applicant's Signature (or CoLessee's if applicable) \_\_\_\_\_ Date \_\_\_\_\_ No. Residents \_\_\_\_\_ Move-In Date \_\_\_\_\_ Monthly Rent \_\_\_\_\_ Lease Term \_\_\_\_\_

Owner/Manager Signature \_\_\_\_\_ Date \_\_\_\_\_ Approve/Deny \_\_\_\_\_ Date Notified Applicant \_\_\_\_\_ \$35 Fee Paid \_\_\_\_\_ **DEPOSITS** Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_

*Note: 2<sup>nd</sup> Deposit needs to bring total deposits to equal one month's rent.* 2<sup>nd</sup> Deposit \$ \_\_\_\_\_ /\_\_\_\_/\_\_\_\_

Total Deposits Paid \$ \_\_\_\_\_