



**THE ACADEMY
BUILDING**
13 SOUTH FITZHUGH STREET
ROCHESTER NY 14614

RENTAL RESERVATION FORM

Return to: George@Traikos.US

Fax: 585-527-0066

TODAY'S DATE ____ / ____ / ____

MOVE-IN DATE ____ / ____ / ____

APARTMENT No. _____

Your Full Name _____ Date of Birth: ____ / ____ / ____
Last First Middle Initial

Social Security Number*: ____ - ____ - ____ Driver's License Number*: _____ State: _____

Your Email address: _____ @ _____ PHONE NO. (____) _____

Co-Applicant's full name _____ Date of Birth: ____ / ____ / ____
Last First Middle Initial

Co-Applicant's Social Sec. No.*: ____ - ____ - ____ Driver's License Number*: _____ State: _____

** photocopies of both Driver's Licenses and both Social Security Cards must be attached to this Reservation Form*

RESIDENTIAL HISTORY - For the past two (2) years, beginning with the most current

CURRENT ADDRESS: _____
Number and Street Apt. No. City State Zip

Dates of Residency, ____ / ____ to ____ / ____ Monthly Amount: \$ _____ Reason for
Month Year Month Year Leaving _____

PREVIOUS ADDRESS: _____
Number and Street Apt. No. City State Zip

Dates of Residency, ____ / ____ to ____ / ____ Monthly Amount: \$ _____ Reason for
Month Year Month Year Leaving _____

EMPLOYMENT INFORMATION

Present Status (check one) Employed Full Time Employed Part Time Full Time Student * Retired Unemployed

Present Employer / School _____ Telephone Number: (____) _____

Address: _____
Number and Street City State Zip

Position: _____ Monthly Salary Before Tax: \$ _____ Employee / Student since ____ / ____
Month Year

APPLICATION FEE AND RESERVATION FEE

Applicant must submit the sum of **\$50.00** which is a **non-refundable application fee** for a credit check and processing charge of this Reservation Form. Such sum is not a rental payment or reservation fee. This amount will be retained by management to cover the cost of processing the applicant's credit and background verification. Any false information will constitute grounds for rejection of Rental Application or for Lease Termination.

Applicant must also submit with this Reservation Form the sum of **\$450.00** which is full payment of the reservation fee. The applicant understands that the full reservation fee is refundable within 48 hours of submitting the Rental Application if the applicant submits a written request for cancellation. The full reservation fee is refundable if the Rental Application is rejected. The applicant further understands that after the Rental Application has been approved and applicant has been notified of such approval, cancellation for any reason will result in loss of the full reservation fee. Time is of the essence.

Applicant hereby acknowledges that, if Rental Application is accepted by management, applicant agrees to execute the Lease Agreement in use by **The Academy Building** and pay the security deposit and first month's rent within seven (7) calendar days of such acceptance. Time is of the essence. Acceptance will be communicated in writing by management or its agent. The reservation fee will be applied towards the security deposit. Time is of the essence.

Applicant Agrees and Accepts above, by signing here

CORRECT INFORMATION AND AUTHORIZATION TO RELEASE INFORMATION

The applicant warrants and represents the information on this Reservation Form to be true and correct. False information given above shall entitle the owner to reject this Reservation. If owner discovers after executing the Lease Agreement that false information was supplied, such knowledge will be sufficient grounds for termination of Lease without recourse to applicant.

AUTHORIZATION TO RELEASE INFORMATION: All persons and/or firms named in this Reservarion may freely give any requested information concerning me, the applicant, and I authorize verification of my credit report. I hereby waive all right of action for any consequence resulting from the above-mentioned information. I agree to execute any other authorization forms required by Credit Reporting Agencies.

Date / / .

Date / / .

Applicant Signature _____

Co-Applicant's Signature _____

Applicant's Printed Name _____

Co-Applicant's Printed Name _____

PET INFORMATION

The applicant agrees that no pets will be permitted without express written approval and the execution of the Pet Agreement and receipt of the separate pet deposit.

Applicant acknowledges that only ONE pet, maximum weight of 25 lbs. will be allowed on the premises.

I do not have a pet _____
Initials

My pet is a _____
Kind/race

Weight _____ lbs.