



1269-2 COFFEEN STREET, WATERTOWN, NY 13601

Tel: (315) 782-0906

Fax : (315) 788-8841

Email: ontariovillage@gmail.com

www.ontariovillageapartments.com

RENTAL APPLICATION

Please Print and Complete All Items.

UNFURNISHED – TWO BEDROOM APARTMENT: (CHECK ONE)

____ ONE YEAR LEASE – RENT \$790* - \$810*

____ SIX MONTH LEASE – RENT \$815* - \$835*

UNFURNISHED – “DELUXE” TWO BEDROOM APARTMENT:

____ ONE YEAR LEASE – RENT \$895*

FURNISHED – TWO BEDROOM APARTMENT: (CHECK ONE)

____ 2 BR/1 BA – RENT \$1095*

____ 2 BR/2 BA – RENT \$1150*

MINIMUM INCOME REQUIREMENT - \$2,500 PER MONTH

APPLICATION CREDIT/BACKGROUND CHECK FEE:

\$20 – PER APPLICANT (18 years of age and older)

I/we, the undersigned, represent and warrant the accuracy of the provided information and authorize Ontario Village Apartments, and its agents to verify all information given and to obtain a consumer credit report including but not limited to credit history, prior residency check and criminal record search. I further authorize the release of information from previous/current landlords. I also authorize Ontario Village and its agents to contact employers and bank representatives needed to verify employment, income and credit references. This is solely for the purpose of resident screening purposes and is strictly confidential.

Applicant Signature_____ **Date**_____

Co-Applicant Signature_____ **Date**_____

***Prices subject to change**

****Pets not allowed**



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Date of Application: _____ Desired Date of Occupancy: _____

Applicant Information			
Name:			
Date of birth:	SSN:	Phone:	
Driver's License No./State		Email address:	
RESIDENCE HISTORY:			
Current address:			
Own	Rent (Please circle)	Monthly payment:	Dates From: To:
Present Landlord/Mortgage Co.:		Telephone No.	
Reason for Moving:			
Previous address:			
Owned	Rented (Please circle)	Monthly payment:	Reason Left?
Landlord/Mortgage Co.:		Dates From:	Dates To:
Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
Position:	Supervisor:	Gross Monthly income:	
Previous employer:			
Employer's address:			Phone:
Co-Applicant Information			
Name:			
Date of birth:	SSN:	Phone:	
Driver's License No./State		Email address:	
RESIDENCE HISTORY:			
Current address:			
Own	Rent (Please circle)	Monthly payment:	Dates From: To:
Present Landlord/Mortgage Co.:		Telephone No.	
Reason for Moving:			
Previous address:			
Owned	Rented (Please circle)	Monthly payment:	Reason Left?
Landlord/Mortgage Co.:		Dates From:	Dates To:
Co-Applicant Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
Position:	Supervisor:	Gross Monthly income:	
Previous employer:			
Employer's address:			Phone:

Other Sources of Income:		
Source of Income:		
Phone:	Amount: \$	Per:
Source of Income:		
Phone:	Amount: \$	Per:
Total Gross Monthly Household Income:		\$
Full Names of All other Residents: Relationship to You: Date of Birth:		
Banking & Credit References		
Bank Name:	Address:	Phone:
Business Name:	Acct. No.	Phone:
Business Name:	Acct. No.	Phone:
Vehicle Information:		
Make/Model & Color:	Year	Tag No./State:
Make/Model & Color:	Year	Tag No./State:
Total Number of Vehicles:		
Other Information		
How did you hear about this property?		
Have you or Co-Applicant ever been:		
Sued for non-payment of Rent? Yes or No	Been Evicted or asked to Move Out? Yes or No	Yes or No
Sued for damage to rental property? Yes or No	Declared Bankruptcy? Yes or No	Yes or No
Been convicted of a crime? Yes or No		
If yes, provide type of offense, County & State:		
Emergency Contact		
Name:	Relationship	Home Phone:
Address:	City:	Work Phone:
State:	Zip:	Cell Phone:
I hereby make application for an apartment and certify that the information on this application is correct. I authorize you to obtain my credit report from your credit reporting agency and understand that this will show as an inquiry on my file. I also authorize the verification of the information provided on this form with respect to my credit, rental history, employment or other source of income. I further authorize you to contact any references that I have listed.		
Signature of Applicant:		Date:
Signature of Co-Applicant:		Date: