

1. Download/Print Application,
2. Fill-In Application,
3. Attach to Email,
4. Send to sthompson@sicklescorp.com



218 Hardwood Avenue
Caledonia, New York 14423

Office (585) 538-2117
Fax (585) 538-4034

Application

(Please print or type completely)

There must be a separate application for each person and all information must be completed.

Rental Property Address: _____

Applicant's Name: _____
Last
First
Middle

Email Address: _____

Present Address: # _____ Street: _____

City: _____ State: _____ Zip: _____

Present Phone No.: _____ # of year at this address: _____

Landlord: _____ Tel. #: _____

Former Address: # _____ Street: _____

City: _____ State: _____ Zip: _____

Number of years at this address: _____

Landlord: _____ Tel. #: _____

Present Employer: _____ # of years there: _____

Position: _____ Tel. #: _____

Current Salary: _____ Weekly Biweekly Monthly

Other Income: _____ Weekly Biweekly Monthly

Source: _____

Position: _____ Tel. #: _____

Social Security Number: /_/_/_/_/_ - /_/_/_/_ - /_/_/_/_/_/_/_

Date of Birth: _____ / _____ / _____ Number of dependents: _____

Have you ever been charged with any criminal violation? No Yes

If Yes, Explain Fully: _____

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Personal Reference (non-relative): Name: _____ Tel. #: _____

#: _____ Street: _____ City: _____ State: _____ Zip: _____

In Emergency Notify: Name: _____ Tel. #: _____

#: _____ Street: _____ City: _____ State: _____ Zip: _____

Occupants:

Adults: Name _____ Age: _____ Soc. Sec. #: _____

Name _____ Age: _____ Soc. Sec. #: _____

Children: Name _____ Age: _____ Soc. Sec. #: _____

Name _____ Age: _____ Soc. Sec. #: _____

Pets: No pets are allowed – without written “Pet Lease Addendum” (see attached)

Person Responsible for Rent / Co-Signer (other than applicant)

Name: _____

Address: # _____ Street: _____ City: _____

State: _____ Zip: _____ Tel.# _____

Present Employer: _____ # of years there: _____

Position: _____ Tel. #: _____

Current Salary: _____ Weekly Biweekly Monthly

Other Income: _____ Weekly Biweekly Monthly

Source: _____

Position: _____ Tel. #: _____

Social Security Number: /___/___/___ - /___/___ - /___/___/___/___

Co-Signer

Date

Everything that I have written in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. I further understand that if any information on this application is determined to be incorrect it may constitute disapproval of residency and may be used as a basis for eviction if residency had been previously approved. You are authorized to check my credit, employment history, and references and to ask questions about me. If, FOR ANY REASON after I have become a tenant, an eviction proceeding is commenced, I agree to be responsible for and shall pay any and all attorneys fees, all court costs, all fees to serve legal papers and all reasonable collection costs incurred by the Landlord. I further authorize the Landlord to check my credit if Landlord deems it necessary to collect any sums due to Landlord or to collect on any judgment obtained against me. Submittal of this application does not constitute approval of this application. I will not move into the community/apartment until approved by the Landlord.

Signed: _____

Dated: _____

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