|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RENTAL APPLICATION**  495 Amherst Street Buffalo, New York 14207  Office: # (716) 874-4000Fax: # (716) 874-0676  [*mikem@maywalt.com*](mailto:mikem@maywalt.com)[*www.maywalt.com*](http://www.maywalt.com)  Rent amount (Max): $\_\_\_\_\_\_\_\_\_\_ Num. of Bedrooms: \_\_\_\_\_\_\_\_\_\_\_  Number of People: Adults\_\_\_\_\_\_\_\_\_\_\_ Children \_\_\_\_\_\_\_\_  Address applying for (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Applicant Information | | | | | | | | | |
| **Name:** | | | | | | | | | |
| **Date of birth:** | | **SSN:** | | | | **Phone:** | | | |
| **E-Mail: Drivers License Num.:** | | | | | | | | | |
| **Pets: 🞎Yes 🞎No If yes, what kind and how many: 🞎 Dog(s) 🞎 Cat(s)** | | | | | | | | | |
| ***Current address:*** | | | | | | | | | |
| **City:** | | | | **State:** | | | **ZIP Code:** | | |
| **Landlord Name: Landlord Phone:** | | | | | | | | | |
| **How Long? Current monthly rent or payment:**  **How long?** | | | | | | | | | |
| **Reason for Move:** | | | | | | | | | |
| ***Previous address:*** | | | | | | | | | |
| **City:** | | | | **State:** | | **ZIP Code:** | | | |
| **Landlord Name: Landlord Phone:** | | | | | | | | | |
| **How Long? Monthly rent or payment:** | | | | | | | | | |
| **Reason for Move:** | | | | | | | | | |
| Employment Information | | | | | | | | | |
| **Current employer:** | | | | | | | | | |
| **Employer address:** | | | | | | | **How long?** | | |
| **Phone:** | **E-mail:** | | | | | **Fax:** | | | |
| **City:** | | | | **State:** | | **ZIP Code:** | | | |
| **Position:** | | | | **Hourly Salary (Please circle)** | | | | **Annual income:** | |
| **\*\*\*Additional Income (Example: Spouse, Public assistance, housing assistance, child support, etc): Y/N**  **Source:**  **Amount:** | | | | | | | | | |
| References | | | | | | | | | |
| **Name:** | | **Address:** | | | | | **Phone:** | | |
|  | |  | | | | |  | | |
|  | |  | | | | |  | | |
| Emergency Contact (Name of person NOT residing with you) | | | | | | | | | |
| **Name: Relationship:** | | | | | | | | | |
| **Email:** | | | **Phone:** | | | | | | |
| **Address:** | | | | | **City:** | | **State:** | | **Zip:** |

I swear, to the best of my knowledge, that the information provided above is true, and give my permission to verify any/all information contained herein this application.

**Applicant Signature: Date:**

A picture containing icon

Description automatically generated ***Referred By:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_**