Rustic Village Apartments

999 East Henrietta Road, Rochester, NY 14623 Phone (585) 424-4380 Fax (585) 272-7073

Phone (585) 424-4380 Fax (585) 272-7073 M. I. Date: Lease Term: Apartment Occupant's Name: _____ App. # _____ Cosigner Application Last Name: ______ First: _____ MI: ____ SS # _____ Address: _____ City: ____ State: ___ Zip: ___ How Long? Home Phone #: (_____) _____ Alternate Phone # (_____) ____ E-Mail Contact Address: Previous Address: _____ City: ____ State: ____ Zip: ____ Employer Name: _____ City/State: _____ Phone # (____)__ Job Description: _____ Years Employed? ____ Annual Income \$____ Other Income \$ Source? Previous Employer: _____ City/State: ____ How Long? _____ (If Present Employment is Less Than 2 Years) Co-Cosigner Application (must be cosigner's spouse) Last Name: ______ First: _____ MI: ____ SS # _____ City: State: Zip: How Long? Home Phone #: () Alternate Phone # () E-Mail Contact Address: Previous Address: _____ City: _____ State: ____ Zip: _____ Job Description: _____ Years Employed? ____ Annual Income \$____ Other Income \$ Source? Previous Employer: _____ City/State: _____ How Long? _____ (If Present Employment is Less Than 2 Years) I/We hereby make this application as cosigner, subject to the Landlord's approval. Deposit paid is non-refundable if applicant cancels before or after Landlord's approval, but shall be retained as liquidated damages. In addition, I/We understand that the \$35 Application Fee for each Applicant/Cosigner is non-refundable. I/We certify that the information contained in this application is correct, and authorize verification of any information contained in this application, including a credit history from a consumer credit reporting agency. Signature of Cosigner _____ Date: _____ Date:____ Signature of Co-Cosigner FOR OFFICE USE ONLY (Application Fee) Received Date: _____ Agents Initials: _____ Deposit:_____ Credit Verified □ By Whom: ____ Employment Verified □ By: _____

FOR OFFICE USE ONLY

Address: Apt.