



Completing this application is the first step to becoming a member of our community. Submission of this application does not reserve or guarantee a unit. We welcome you to call or visit Valley View Apartments to speak with our leasing consultants to discuss availability and tour the property. If you should decide to take the next step, you will be asked for a \$100 deposit and a non-refundable \$7 application fee, proof of income and two forms of identification. To begin the process, please either fax this application to 518-273-9156 or mail it to Management Office, 587 Broadway, Menands, NY 12204.

**PERSONAL INFORMATION:**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone# \_\_\_\_\_

S.S.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital Status \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Have you ever been convicted of a sex crime? \_\_\_\_\_

Current Landlord \_\_\_\_\_ Do you have a lease? \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Previous Landlord Address (if less than 3 years) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Current Employment \_\_\_\_\_ How Long? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Applicant's Salary \$ \_\_\_\_\_ Household Income \$ \_\_\_\_\_

Previous Employment \_\_\_\_\_ How Long? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

**PERSONAL REFERENCES:**

Name\_\_\_\_\_ Relationship\_\_\_\_\_

Address \_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_ Phone#\_\_\_\_\_

Name\_\_\_\_\_ Relationship\_\_\_\_\_

Address \_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_ Phone#\_\_\_\_\_

Emergency Contact\_\_\_\_\_ Relationship\_\_\_\_\_

Address \_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_ Phone#\_\_\_\_\_

**TRANSPORTATION:**

Do you own a car?\_\_\_\_\_ Make\_\_\_\_\_ Model\_\_\_\_\_

Year\_\_\_\_\_ Color\_\_\_\_\_ License Plate#\_\_\_\_\_

**OTHER OCCUPANTS OF THE APARTMENT:**

Name\_\_\_\_\_ Relationship\_\_\_\_\_ Age\_\_\_\_\_

Name\_\_\_\_\_ Relationship\_\_\_\_\_ Age\_\_\_\_\_

Name\_\_\_\_\_ Relationship\_\_\_\_\_ Age\_\_\_\_\_

Pets: Name\_\_\_\_\_ Breed\_\_\_\_\_

Color\_\_\_\_\_ Sex\_\_\_\_\_ Weight (lbs)\_\_\_\_\_

**Please Read Carefully Before Signing**

Applicant represents that the information set forth on this application is true and complete. Applicant authorizes verification of any information contained in this application and verification of credit history and criminal history from a consumer reporting agency.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date