

101 Columbia St., Ste. 100
Corning, NY 14830
067-937-5361
607-937-5363 fax

EDC Management, Inc
RENTAL APPLICATION
Croft Corner Townhouses

Bedroom Size _____
Occupancy Date _____

GENERAL INFORMATION

Applicant _____ Date of Birth _____

Social Security No. _____ Phone Number _____

Email Address _____ Alt Phone # _____

Co-Applicant _____ Date of Birth _____

Social Security No. _____ Phone Number _____

Email Address _____ Alt Phone # _____

Children's Names & Ages _____

_____ Pets _____

Present Street Address _____ How long _____

City _____ State _____ Zip _____

Present Landlord _____ Phone Number _____

Address _____ City _____ State, Zip _____

Previous Street Address _____ How long _____

City _____ State _____ Zip _____

Previous Landlord _____ Phone Number _____

Address _____ City _____ State, Zip _____

No. of Vehicles _____ Make / Model _____ License Plate _____

Make / Model _____ License Plate _____

Notify in Emergency:

Name _____ Phone Number _____

Address _____ City, St. Zip _____

INCOME

Applicant's Employer _____

Phone No. _____ How long _____ Salary _____

Co-Applicant's Employer _____

Phone No. _____ How long _____ Salary _____

Other Income (include child support, public assistance, alimony, social security, disability, etc.)

Type _____ Amount _____

Type _____ Amount _____

I agree to give the Management Agent the authority to investigate my credit rating and my current and past rental record(s). The information obtained will be used for Management purposes only and will be held in confidence. This application is made subject to the Owners approval and may, without designating cause, be disapproved by the Owner; it being agreed upon that such disapproval shall not be considered a reflection upon the applicant(s). ALL INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I understand, however, that if I knowingly give misinformation or withhold information required for this application that the Owner shall have the right as its option to cancel any rental agreement and repossess the premises.



Applicant Signature Date

Co-Applicant Signature Date

OFFICE USE ONLY

Date Received _____ By _____ Approved _____ Denied _____

Move-In Date _____ Term _____ Rental Rate _____

Security Deposit Received _____ First Month Payment Received (Date) _____

Comments _____