Superior Land Management, LLC and Colonial Park Enterprises, LLC Rental Application

Note: Hammerstone/Jay Ridge, Meadow Lane, Grandview, Colonial County & Coralline Ridge are all located in Cobles Hammerstone/Jay Ridge Village Meadow Lane Grandview Village Driftwood Apartments Coralline Ridge Mailing address: Superior Rentals Po Box 130 Howes Cave NY 12092 Phone: 518-234-8614 Fax: 518-234-4246 Office Hours Monday-Friday 8:30am-4:00pm Office Location: 2711 State Rt 7 Cobleskill NY 12 Drop Box location: Hammerstone Village: Building 108 Mohawk Drive, I Storage side of Superior Housing outside—Both 24/7 Website: www.superiorhousingllc.com Email: slmapartments Date of Application: Desired Date of Occupancy: Type and size of Apartment wanted (number of bedrooms, etc: Are you a smoker: YES or NO (circle one please) Please complete all requested information on this form. Thank you for you	Colonial Country Estates 2043 Red office door OR Superior access 208@gmail.com
Driftwood Apartments Coralline Ridge Mailing address: Superior Rentals Po Box 130 Howes Cave NY 12092 Phone: 518-234-8614 Fax: 518-234-4246 Office Hours Monday-Friday 8:30am-4:00pm Office Location: 2711 State Rt 7 Cobleskill NY 12 Drop Box location: Hammerstone Village: Building 108 Mohawk Drive, I Storage side of Superior Housing outside—Both 24/7 Website: www.superiorhousingllc.com Email: slmapartments Date of Application: Type and size of Apartment wanted (number of bedrooms, etc: Are you a smoker: YES or NO (circle one please) Please complete all requested information on this form. Thank you for you	2043 Red office door OR Superior access 208@gmail.com
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Please complete all requested information on this form. Thank you for you	un interest in our enertm
	eregi ili olli anariil
pplicant's Full Name: Date of B	Birth:
pplicant's Full Name: Date of B ocial Security No: Driver's License No./State:	_E-mail:
ome Phone: Cell Pho	one:
ailing Address:	
O-Applicant's full name:	Rirth·
D-Applicant's full name: Date of I ocial Security No: Driver's License No/State:	E-mail:
elationship: Home Phone: Cell Phone:	
ailing Address (if not the same as Applicants):	
Full Name of All Other Residents Relationship to You Date of Birth	h
ow many pets do you or other occupants own?	
nd of pet, breed, weight and age	
(Please Attach pet records verifying type, breed, weight and	
ow did you hear about our property?	age)

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Residence History

Present Address:				
Present Telephone:				
Present landlord or mortgage Co:		Telephone	:	
Present landlord Mailing address:				
Monthly Payments: \$	Reason for moving:			
Previous Address:				
Previous Address: TO	:			
Previous landlord or mortgage Co:		Telephone	2:	
Monthly Payments: \$	Reason for moving:			
	Employment inform			
Please include proof of income when	returning application-At l paystubs or bank sta		ost <u>current</u> month in	
Present Employer:	2 0		TO·	
Employer's address:				
Employer's address:Position:	Supervisor:	Net Monthly Sala	rv· \$	
1 05111011.	5upci visoi	110t Monthly Bala	γ. Ψ	
Previous Employer:		Dates From:	TO:	
Employer's address:		Telephone:		
Employer's address:Position:	Superviso	or:		
Co-applicant's Employer:		Dates From:	TO:	
Employer's address:		Telephone:		
Position:	Supervisor:	Net Monthly Sala	rv: \$	
	Personal and Business		· · · · · · · · · · · · · · · · · · ·	
Applicant References:				
	Phone #:			
		Phone #:		
		Phone #:		
Co-Applicant References:				
Personal Reference Name:	F	Phone #:		
Personal Reference Name:		Phone #:		
Business Reference Name:		Phone #:		
	Monthly Expenses In	<u>formation</u>		
Loan Acct info:	Т	Telephone:		
Mailing address:	Moi	nthly Payment \$		
Car Loan Info:				
Mailing Address:		Monthly Paymen	t \$:	
Credit Card Info:				
Mailing address:				
Cell Phone Info:				
Mailing address:				
Car Insurance Info:		Telephone:		
Mailing address:		Monthly Payments\$		

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Other Information

Total Number of vehicles (including	g company):				
Make Model:	Year:	Color:	Tag No.	/State:	_
Make Model:	Year:	Color:	Tag No.	/State:	_
Other Car, motorcycle etc:					_
Total Net Monthly Household Incom	ne: \$				
	Other So	ources of Inco	<u>me</u> :		
If there are other sources of income	you would like us	to consider, please	list income, s	ource and person (E	3anker,
employer, etc) who we could contact			e to reveal alir	nony, child support	or spouse
annual income unless you want us to					
Amount: \$Per:					
Amount: \$ Per:			Telepho	one:	
Comments:					
Have you or co-applicant ever: Been	n sued for non-payr	nents of rent? \Box Y	es □No		
Bee	n evicted or asked t	to move out? \Box Ye	es 🗆 No		
Pro	ken a rental agreem	ont or losse? \(\mathbb{V}_{\text{\tin}}\text{\ti}\}\eta}\text{\texi}\text{\text{\text{\texi}\text{\text{\text{\text{\texics}\text{\texi{\text{\texi}\text{\texi}\text{\texi}\text{\text{\texi}\text{\texi}	ng 🗆 No		
	G				
Bee	n sued for damages	to rental property	? ∐Yes ∐No)	
Dec	lared Bankruptcy?	☐ Yes ☐ No			
			ion Yes	No (if yes please li	ist
crime/conviction:		•			
In case of Emergency Notify:			Telephor	ne:	_
Address:					_
I hereby make application for an					
apartment and certify that this	APPLICANT	'S SIGNATURE:			
information is correct. I authorize	GO I DDY YO				
you to contact any references that	*	ANT'S SIGNATU	RE:		
have listed. I also authorize you to	DATE GIONI	CD.			
obtain my consumer credit report		ED:			
from your credit reporting agency.	A 1º 4	larstands and agra	es to supply of	fice with current pet	t records
Which will appear as an inquiry or				g application. If app	
my file.				with coverage liabili	
				before move in date.	
		•			
FOR OFF	ICE USE ON	LY-DO NOT	WRITE	BELOW	
Date application received:		Received by:			
This application: \square Approved \square No		Reference V		Completed	
Date:		Present land		Completed	
By:		Previous lan			
Assigned to Apt. No:	rent:\$	Employment			
Apartment notified by:		Previous em			
Anticipated move-in date:			s employment		
r		Personal refe			
		Rusiness ref	erences		

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Tenant Release and Consent form

I/we	the undersigned hereby outh	oriza all parsons or companies in the categori	ios listad
	y, information regarding employn	orize all persons or companies in the categori nent, income and/or assets to	es listed
	(Owner or agent) for purpose	of verifying information on my/our apartmen	nt rental
application.			
INFORMATION COVERER	D		
I/we understand that previous omay be requested include, but a allowances. I/We understand th	r current information regarding mere limited to: personal identity; en	e/us may be needed. Verifications and inquiringloyment, income, and assets; medical or ched to obtain any information about me/us that alified Tenant.	ild care
GROUPS OR INDIVIDUALS	S THAT MAY BE ASKED		
		information include, but are not limited to:	
• C		cluding Public Housing Agencies)	
_	Support and Alir		
	• Welfare A	•	
	• State Unemploy	<u> </u>	
	Social Security	•	
	Medical and Child		
	 Veterans Adı 		
	Retirement	Systems	
	 Banks and other Fire 		
CONDITIONS			
authorization is on file and		for the purposes stated above. The original com the date signed. I/We understand I/We have.	
SIGNATURES			
Applicant/Resident	(Print Name)	 Date	

Date

(Print Name)

Co-Application/Resident