

TOTALPROPERTY MANAGEMENT
210 FRANKLIN STREET
WATERTOWN, NEW YORK 13601
(315)788-2488
Fax#315-788-3670

Applicant's Name: _____
Phone where you can be reached: _____

Personal Information: _____
Applicant's date of Birth: _____ Social Security# _____
Driver's License# _____ State _____ Exp. Date _____

Co-Applicants Name: _____
Date of Birth _____ Social Security # _____
Driver Lic # _____ State _____ Exp. Date _____

Have you or your spouse ever been convicted of a crime? If yes:
When _____ What _____

Rental History:
Please fill in the information for the past 5 years. Beginning with the most recent one you've had.

1. Present Address: _____
Move in Date: _____ Move out Date _____
Reason for Move: _____
Owner/Manager's Name: _____ Phone# _____
Owner/Manager's Address: _____

2. Address: _____
Move in Date: _____ Move out Date: _____
Reason for Move: _____
Owner/Manager's Name: _____ Phone# _____
Owner/Manager's Address: _____

3. Address: _____
Move in Date: _____ Move out Date: _____
Reason for Move: _____
Owner/Manager's Name: _____ Phone# _____
Owner/Manager's Address: _____

Income Information: Please fill in the information for you and your spouse.
Name of Employer: _____
Employer's Address: _____
Employer's Phone# _____ How long employed _____

Co- Applicants Employer: _____
Employer's Address: _____
Employer's Phone# _____ How long employed _____

If in the Armed Forces:
Which Branch? _____ Rank: _____
Immediate Supervisor: _____ Phone# _____
Commanding Officer: _____ Phone# _____

If not employed--What is your source of income? _____
Social Services--Case Worker _____ Phone# _____
Social Security benefits--SS\$ _____ SSI\$ _____ SSD\$ _____
Name of Payee _____ Phone# _____

Personal References: NOT RELATED and have known for more than 1 year.

1. Name: _____ Phone# _____
Address: _____ Years Known _____
2. Name: _____ Phone# _____
Address: _____ Years Known _____
3. Name: _____ Phone# _____
Address: _____ Years Known _____

Credit References:

Name of Creditor: _____ Phone# _____
Name of Creditor: _____ Phone# _____

Do you have a checking or savings account? Yes/No

Name of Bank: _____ Phone# _____

List all persons who will be residing with you:

Name: _____	S.S. _____	D.O.B. _____
Name: _____	S.S. _____	D.O.B. _____
Name: _____	S.S. _____	D.O.B. _____
Name: _____	S.S. _____	D.O.B. _____

In Case Of Emergency:

Name: _____ Phone# _____
Address: _____
Relationship: _____

Nearest Relative: If not the emergency contact person:

Name: _____ Phone# _____
Address: _____
Relationship: _____

All the information stated on this application is accurate and true to the best of my knowledge:

Signed: _____ Date: _____
Co-Applicant: _____ Date: _____

I, _____ give Total Property Management
Permission to contact all references, landlords, employers, and or any other sources necessary for them to
process my application, including and not limited to any and all legal authorities, credit reporting
agencies, banks, or loan companies.

SIGNED: _____

SIGNED: _____

DATED: _____