

RENTAL APPLICATION

SARATOGA EXCELSIOR GROUP, LLC

D/B/A Fairfield Associates
P.O. BOX 1296
SARATOGA SPRINGS, NY 12866
Ph. 518-583-9115
Fax.518-581-8732

Prospective Address: _____ Apt # _____

First Name _____ Middle _____ Last _____

Contact Numbers (H) _____ (C) _____

Email Address _____ S.S. # _____ D/O/B - _____

Rental History

Current Address _____

Landlord/Agent Name & Phone _____

Beginning/End Date _____ Reason for Leaving _____

Previous Address _____

Landlord/Agent Name & Phone _____

Beginning/End Date _____ Reason for Leaving _____

Employment History

Current Employer _____ Position _____

Address _____ Phone _____

Beginning/End Date _____ Reason for Leaving _____

Monthly Income - \$ _____ / Source _____

Other Income - monthly \$ _____ /Source _____

Previous Employer _____ Position _____

Address _____ Phone _____

Beginning/End Date _____ Reason for Leaving _____

Applicant Name _____

Banking References -

Bank Name _____ Checking Account Number _____

Bank Name _____ Savings Account Number _____

Personal References

Name _____ Contact numbers _____

Address _____

Name _____ Contact numbers _____

Address _____

Emergency Contact

Name _____ Contact Numbers _____ Relationship _____

Address _____

Name of nearest relative not living with you _____ Phone _____

Address of Relative _____ Relationship _____

Drivers License # _____ exp _____, State of _____

Vehicles owned or operated by tenant - Make/Model _____ Color _____

License Plate # _____ State of Registration _____

Have you ever been evicted from any tenancy? yes no

Have you ever willfully and intentionally refused to pay rent when due? yes no

Have you ever declared Bankruptcy? yes no

Have you ever been convicted of a crime? yes no

Applicant Name _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT I HAVE FURNISHED SAID INFORMATION VOLUNTARILY, KNOWING THAT MAKING A FALSE WRITTEN STATEMENT IS PUNISHABLE UNDER SECTION 210.45 OF THE NYS PENAL LAW and any false statements made by me could void the lease and be sufficient grounds for eviction and loss of any security deposit. I understand that a credit report and background check will be completed. Subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect to or in connection with, the renting or leasing of any property owned by Fred or Shannon Scheidt or managed by Saratoga Excelsior Group. I agree to hold above named company and individuals and procurer or furnisher of information, harmless from any liability what-so-ever in the use, procurement or furnishing of such information. I FURTHER AUTHORIZE ANY INDIVIDUAL OR COMPANY NOTED ABOVE TO RELEASE ANY AND ALL INFORMATION AS REQUESTED.

Signature

Date

Return completed and signed rental application along with processing fee of \$50.00 to Saratoga Excelsior Group, LLC P.O. Box 1296, Saratoga Springs, NY 12866 or fax to 518-581-8732. Payment can be made by check payable to Saratoga Excelsior Group or via PAYPAL, through the link on our website at www.saratogaexcelsiorgroup.com under the rental category. Incomplete applications will not be processed. Applications received without the processing fee will not be processed. Saratoga Excelsior Group is not liable for any personal information sent to us via internet.