

PRINT & SUBMIT ALL DOCUMENTS TO THE BOARD OF MANAGERS.

Cobblersidge Condominium

Board of Managers
PO BOX 794
Manorville, NY 11949
Board@cobnews.com

CONDOMINIUM UNIT RENTAL APPLICATION FOR BOARD OF MANAGERS APPROVAL

APPLICANT: We sincerely thank you for your application. Please help us to promptly process this application by clearly completing ALL of the required information. You must obtain from the unit owner, read and understand, the House Rules, regulations, and by-laws of the Condominium, and you shall be held accountable for any violation thereto by you, your family, and guests, during the term of your lease. Failure to comply will result in fines applied to the Homeowners Account.

CONDOMINIUM UNIT INFORMATION

Date of this application ____ / ____ / ____ Address of Unit _____
Type of Unit: (____) Ranch Model (____) Townhouse Model
Desired Move-in Date : ____ / ____ / ____

PERSONAL INFORMATION

Applicant's Full Name as it shall appear on Lease: _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____

Names of ALL other proposed residents of the unit:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

RESIDENT HISTORY

PRESENT ADDRESS: _____

PRESENT TELEPHONE: _____ LENGTH OF OCCUPANCY _____

EMAIL ADDRESS: _____

LANDLORD OR MORTGAGE HOLDER: _____

AMOUNT OF RENT: \$ _____ REASON FOR LEAVING: _____

PREVIOUS ADDRESS: _____

PREVIOUS LANDLORD OR MORTGAGE HOLDER: _____

AMOUNT OF RENT: \$_____ REASON FOR LEAVING: _____

EMPLOYMENT VERIFICATION

PRESENT STATUS: () full time employee () part-time () retired () unemployed

EMPLOYED BY: _____ HOW LONG? _____

EMPLOYER'S ADDRESS: _____

_____ TELEPHONE: _____

POSITION HELD: _____ DEPARTMENT: _____

SOCIAL SECURITY NO: _____ PRESENT INCOME: \$_____ PER _____

IF STUDENT, PROVIDE SCHOOL ADDRESS, EXPECTED DATE OF GRADUATION: _____

BANKING AND CREDIT INFORMATION

BANK AND ADDRESS: _____

CONTACT NAME AND TELEPHONE: _____

ACCOUNT NUMBERS AND TYPE: _____

BANK AND ADDRESS: _____

CONTACT NAME AND TELEPHONE: _____

ACCOUNT NUMBERS AND TYPE: _____

CREDIT REFERENCE: _____ ACCOUNT NUMBER: _____

ADDRESS: _____

ADDITIONAL INFORMATION

SECOND ADULT TENANT'S EMPLOYMENT

PRESENT STATUS: () full time employee () part-time () retired () unemployed

EMPLOYED BY: _____ HOW LONG? _____

EMPLOYER'S ADDRESS: _____

_____ TELEPHONE: _____

POSITION HELD: _____ DEPARTMENT: _____

SOCIAL SECURITY NO.: _____ PRESENT INCOME: \$ _____ PER _____

IF STUDENT, PROVIDE SCHOOL ADDRESS, EXPECTED DATE OF GRADUATION: _____

NUMBER OF VEHICLES (Including Company Cars) _____

Make/Model _____ Year _____ Color _____ Tag _____

Make/Model _____ Year _____ Color _____ Tag _____

Make/Model _____ Year _____ Color _____ Tag _____

APPLICANT'S DRIVER'S LICENSE NUMBER AND STATE: _____

SECOND ADULT DRIVER'S LICENSE NUMBER AND STATE: _____

IN CASE OF EMERGENCY, NOTIFY: _____

RELATIONSHIP: _____ TELEPHONE: _____

ADDRESS: _____

AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING!

In considering this application from you, The Board shall rely heavily on the information that you have supplied. It is important that the information be complete and accurate. By signing this application: (1) you represent and warrant the accuracy of the information, (2) you authorize The Board to verify any or all information provided in this application, (3) you authorize The Board to order a credit report for each applicant social security number provided in this application, and (4) you acknowledge that you have read and agree to be bound by the rules, regulations, and by-laws, of the Condominium.

SIGNED _____

PRINT NAME _____

SIGNED _____

PRINT NAME _____