

GLOBAL CHOICE MANAGEMENT
717 PINE AVENUE
NIAGARA FALLS NY 14301
716-754-3886 PHONE
716-754-3566 FAX
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FOR OFFICE USE ONLY

Date: _____

Property _____

Rent \$ _____

Please complete all information on this application.

Date of Application _____ Desired Date of Occupancy _____

Type of housing unit (house, apartment, number of bedrooms) _____

How Did you Hear about our property? _____

PERSONAL INFORMATION

Applicants Full Name: _____

Present Address: _____

Telephone Number _____ Alternate Number _____

_____ Drivers License Number _____

Co-Applicant Full Name _____

Present Address: _____

Telephone Number _____ Alternate Number _____

_____ Drivers License Number _____

Name of All Other Residents

Relationship to you

Date of Birth

How many pets do you have? _____

What kind? (breed weight age) _____

RESIDENCE HISTORY

Present Address: _____

Present Landlord: _____

Length at current residence: _____ Monthly Rent: \$ _____

Reason for Leaving _____

Previous Address: _____

Previous Landlord: _____

Length at residence: _____ Monthly Rent: \$ _____

Reason for Leaving _____

EMPLOYMENT INFORMATION

Present Employer: _____

Employer Address: _____ Telephone _____

Length of Time at Job: From _____ TO _____

Position: _____ Supervisor _____

Monthly Gross Salary \$ _____

Previous Employer: _____

Employer Address: _____ Telephone _____

Length of Time at Job: From _____ TO _____

Position: _____ Supervisor _____

Monthly Gross Salary \$ _____

Co Applicants Present Employer: _____

Employer Address: _____ Telephone _____

Length of Time at Job: From _____ TO _____

Position: _____ Supervisor _____

Monthly Gross Salary \$ _____

BANKING INFORMATION

Bank Name and Branch _____ Telephone _____

Checking Account # _____

Savings Account # _____

REFERENCES

Name _____ Telephone Number _____

Relationship to you _____

How Long have you known this person _____

Name _____ Telephone Number _____

Relationship to you _____

How Long have you known this person _____

Name _____ Telephone Number _____

Relationship to you _____

How Long have you known this person _____

OTHER INFORMATION

Total Number of Vehicles: _____

Make/Model _____ Year _____ Color _____ Lic. Plate _____

Make/Model _____ Year _____ Color _____ Lic. Plate _____

Make/Model _____ Year _____ Color _____ Lic. Plate _____

Make/Model _____ Year _____ Color _____ Lic. Plate _____

Total Monthly Income: _____

(If there are other sources of income that you would like to have considered income, please list income, source and who we would contact for confirmation. You do NOT have to list alimony, support, maintenance unless you want it consider for this application.)

Amount \$ _____ Source _____ Telephone _____

Amount \$ _____ Source _____ Telephone _____

Amount \$ _____ Source _____ Telephone _____

Are you or your co-applicant on Lease Housing? Social Services? _____

Have you or your co-applicant ever been evicted? _____

Why and When? _____

Have you or your co-applicant ever been sued for non-payment of rent? _____

Why and When? _____

Have you or your co-applicant ever broken a rental agreement or lease? _____

Why and When? _____

Have you or your co-applicant ever been sued for damage to rental property? _____

Why and When? _____

Have you or your co-applicant ever filed bankruptcy? _____ When? _____

In case of personal emergency Notify_____ Relationship_____

Telephone Number_____

The deposit in the amount of \$_____ is non refundable unless landlord/management notify the following occupant they are not approved.

Initials_____

I hereby make this application for a housing unit and certify that this information is correct. I authorize you to contact any reference, whether personal, business or employer that I have listed. I also authorize you to obtain my consumer credit report from your credit reporting agency which will appear as an inquiry on my file.

Applicant Date

Co-Applicant Date

Examiners Notes:
