

# Skye View Heights

**SKYE VIEW HEIGHTS  
LEASE RENTAL APPLICATION  
1550 Vestal Parkway East  
Vestal, New York 13850  
Phone: 607-238-4844**

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**APPLICANT (TENANT) NAMES:**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

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**BACKGROUND:**

1. Do you currently OWN? \_\_\_\_\_ or RENT? \_\_\_\_\_ (How long? \_\_\_\_\_ )

If RENT,  
LANDLORD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CURRENT MONTHLY RENT: \$ \_\_\_\_\_

2. Has any applicant been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", explain details: \_\_\_\_\_

3. Do you own a pet? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

4. Vehicle #1: Year \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate#: \_\_\_\_\_

Vehicle #2: Year \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate#: \_\_\_\_\_



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5. Employment:

Tenant Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Annual Income: \$ \_\_\_\_\_

Employment:

Tenant Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Annual Income: \$ \_\_\_\_\_

6. Names of all persons besides tenants who will be occupying the premises:

\_\_\_\_\_

\_\_\_\_\_

***TENANTS ACKNOWLEDGE THAT THE LANDLORD WILL RELY UPON THE INFORMATION PROVIDED IN THIS APPLICATION IN ACCEPTING YOU AS A TENANT. ANY INACCURATE OR FALSE INFORMATION PROVIDED HEREIN SHALL BE DEEMED A DEFAULT UNDER ANY LEASE EXECUTED WITH YOU BY LANDLORD.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rev. 010217



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