		Ren	tal Applicat	ion		
Applicant Information						
Name:		•				
Date of birth:		SSN:			Phone:	
Current address:						
City:		State:			ZIP Code:	
Own Rent (Please circle)	Monthly	payment	or rent:			How long?
Previous address:						
City:	State:				ZIP Code:	
Owned Rented (Please circle)	Monthly	payment	or rent:			How long?
Employment Information						
Current employer:						
Employer address:						How long?
Phone:	E	-mail:			Fax:	
City:	State:				ZIP Code:	
Position:	Hourly	Salary	(Please circle)	Α	Annual income:	
Emergency Contact						
Name of a person not residing with y	ou:					
Address:						
City:	State:			ZIP C	ode:	Phone:
Relationship:	otatei				Joues	THORE
Co-applicant Information, i	if Marri	- d				
	II Maille	eu .				
Name:		CCN			Dhamai	
Date of birth:		SSN:			Phone:	
Current address:		Chahai			71D C- d	
City:	Na. 11.1	State:			ZIP Code:	
Own Rent (Please circle)	Montnly	payment	or rent:			How long?
Previous address:		Lau			770.0.1	
City:		State:			ZIP Code:	
Owned Rented (Please circle)			y payment or rent:			How long?
Co-applicant Employment I	Informa	tion				
Current employer:						
Employer address:						How long?
Phone:	E	-mail:			Fax:	
City:	State:			ı	ZIP Code:	
Position:	Hourly	Salary	(Please circle)	Α	Annual income:	
References						
Name:		Addres	ss:			Phone:
I authorize the verification of the info application.	ormation p	rovided o	n this form as to my cred	dit and en	nployment. I h	ave received a copy of this
Signature of applicant:					Date:	
Signature of co-applicant:					Date:	

Superior Management Services, Inc.

P.O. Box 386 Buffalo, NY 14209 716-432-6990 office 716-882-1227 fax info@smswny.com www.SMSWNY.com

Reservation Deposit Waiver

- I understand that my Reservation Deposit is non-refundable, if I change my mind for any reason prior to moving in and do not want to take the apartment.
- I understand that my Reservation Deposit may be transferred and become my security deposit when I take possession of the apartment.
- I understand that by signing the application I am agreeing to at least a one-year lease, if approved.
- I understand that the security deposit and first month's rent must be paid in full prior to moving in or acquiring the keys to the apartment.
- I understand that my rent is due and payable in full on the first of each month and that by signing a lease I am committing to paying that rent for one year.

Name:	
Signature:	
Date:	
Amount:	
Address Being Leased:	
Lease terms:	