The Frizlen Group Property Management



Property Management Main Office: 257 Lafayette Avenue, Suite 102, Buffalo, NY 14213
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Building & Apartn	nent # Inter	ested In:		 				
Credit History:								
Full Name :			Home Pho	ne: ()			
Date of Birth:			Social Sec	urity #:				
Email Address:			Other Phor	ne: ()				
Co-Applicant Name			Dependent	s:				
Co-Applicant Date of Birth:			Social Security #:					
Dependents Date of Bir								
List All Pets:								
Residential History (Las	st 3 Years):							
Current Address:			Apt#		City			
State	Zip		Month/Yea	r Moved	l In			
Reasons for Leaving:	•					Rent: \$	/mth	
Owner/Agent:					Phone: ()		
Previous Address)last 3	3 years)				,	Rent: \$	/mth	
Owner/Agent:					Phone: ()		
Credit History:								
Have you declared bank	kruptcy in the pas	st seven (7) years?			Yes	N	0	
Have you ever been evi			Yes	Ne	0			
Have you had two or mo	r?		Yes	N)			
Have you ever willfully of					Yes	No)	
	•	· •						
Employment Information Your Status:	Full Time	Part Time		St.	udent	Hr	employed	
Employer:	T dil Tillic	T dit Time		- 01	ducin		спроуса	
Date Employed:			Employed	oo:				
Phone ()			Annual Inc					
If less than 12 months la	ast Employer:		Phone (1		Annual Incor	<u></u>	
11 1033 (11411 12 111011(113 16	ast Employer.		T HOHC (<i>)</i>		Allitual IIICOI	nc .	
Date Employed:			Employed	as:				
If you have other sources etc.) who we may contac want us to consider it in t	t for confirmation	ou would like us to cor . You do not have to r	nsider, please eveal alimony	list inco , child s	me, source a upport, or sp	and person (b ouse's annu	panker, employer, al income unless you	
Amount \$	_ Source/Conta	act Name		Pho	one () _			
Your References:								
Bank Accounts:								
Name		Type of Account			Account I	Number		
Name		Type of Account			Account I	Number		
Driver's License #:		State of Issue:		Ехр	iration Date:			
Personal References		Addross			Dhone (`		
Name		Address			Phone ()		
APPLICANT: PLEASE D	O NOT WRITE F	BELOW (FOR OFFICE	USE ONLY)					
Deposit of \$		Cash or Check #:						
Received by		Date						

Important: ***Please include past	two paystubs or for new jobs job offe	er sheet for potential tenant(s)***
Vehicle Information:		
Make/Model:	Year	Color
License Plate # & State		
Please give any additional inform	nation that might help owner/managen	nent evaluate this application:
Where may we reach you to disc	uss this application?	
Day Phone# ()	Evening Phone ()	
Unit # Renta	I Amount \$ per month.	
forth in the lease and agree that the of the property and to the agent to a	erental is to be payable the first day of ea accept this application, I warrant that all s resentation or not a true statement of fac	months and upon the set conditions above set ach month in advance. As an inducement to the owner statements above set forth are true; however, should a cts, all of the deposit will be retained to offset the agen
Credit check fee is \$25.00 and is no	on-refundable < Initial fe	e acceptance here.
days. Upon acceptance, this depos When so approved and accepted, I balance of the security deposit and if occupancy occurs before the 1st obe refunded, the application hereby reject. I recognize that as a part of ywhereby information is obtained thr	it shall be retained as part of the security agree to execute a lease for	his application is not accepted in 3 business banking of deposit and this amount is non-refundable otherwise. months and before possession is given to pay the e. A partial month rent in a pro-rated amount shall be droved or accepted by the owner or agent, the deposit won of non-acceptance which the owner or agent may ation, an investigative consumer report may be prepared whom I may be acquainted. This inquiry includes and mode of lining.
The above information, to the best of	of my knowledge, is true and correct.	
Signature	Dat	te
I agree to permit an investigation of commercial space with this owner/r		
Print Name		

Date



Signature