

# THE KAMSON CORPORATION

## COMMUNITIES FOR BETTER LIVING

### Warren Hills Apartments

2 Gail Drive, Nyack, New York, 10960  
Phone Number: (845) 358-2369  
Fax: (845) 358-3458

#### Application For Lease Must be completed in its entirety to be processed.

All verification services to be provided to WARREN HILLS APARTMENTS under terms of this agreement entered into with a licensed contracted consumer credit agency and the accuracy thereof shall be conditioned by the requirement that applicant and customer provide the following information as to the individual applicants below. Where inapplicable information is requested, mark N/A. Applicant and customer shall sign and date this document in appropriate space below prior to its submission to a licensed contracted consumer credit agency. Multiple applicants, including spouse, must complete and sign.

The undersigned hereby agrees to execute a lease, in the event of the approval if the rental application for apartment \_\_\_\_\_ for the term of \_\_\_\_\_ commencing on (approximately) \_\_\_\_\_ at a monthly rate of \$ \_\_\_\_\_ payable monthly in advance on the first day of each month.

In the event the rental application is approved, the owner or agent may apply the reservation fee of \$ 300.00 towards rent or to become due unless the undersigned cancels the application. **If the application is approved and was not cancelled the undersigned chooses not to enter into the lease, the reservation fee could be forfeited as liquidated damages incurred by the owner as a result of not having been able to rent the apartment to another party during this time.**

The undersigned has read the foregoing and certifies that the facts set forth in the accompanying rental application are true and correct and that the rental application submitted for the purpose of inducing approval of the application in the undersigned's behalf. In the event that this application is not approved, the undersigned shall be entitled to have the return of the reservation fee made and no more, and all rights of the undersigned shall thereupon terminate and end absolutely. **The \$35.00 fee per applicant for investigation of the undersigned's application is under no circumstances refundable.**

APPLICANT NAME \_\_\_\_\_ Date of birth \_\_\_\_\_ SS# \_\_\_\_\_  
First Middle Last

CO-APPLICANT NAME \_\_\_\_\_ Date of birth \_\_\_\_\_ SS# \_\_\_\_\_  
First Middle Last

App. Drivers Lic. No. \_\_\_\_\_ State \_\_\_\_\_ Co-App. Drivers Lic No. \_\_\_\_\_ State \_\_\_\_\_

Other Occupants: \_\_\_\_\_  
Name SS# Age Relationship

\_\_\_\_\_ Name SS# Age Relationship

APPLICANT Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Present Address \_\_\_\_\_  
Street Apt.# City State Zip

From: \_\_\_\_\_

Dates: To: \_\_\_\_\_  
Present Landlord/Resident Mgr. Apt. Name/If Home-Mortgage Co. \$ Loan#

Monthly Payment \_\_\_\_\_ Reason for moving \_\_\_\_\_

Have you ever been evicted from any leased premises? \_\_\_\_\_ If yes, explain \_\_\_\_\_

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