

Remit completed application to Kaidas Properties, LLC

Email: susan@kaidasproperties.com • Fax: (518) 656-9744 • Mail: P.O. Box 268, Cleverdale, NY 12820

Rental Property Location:

Your Information	
Full legal name:	Last Phone number: (Home/Cell/Work) Date of birth: mo day year
Driver's license #:	State issued:
Current Address	Previous Address
Address: Apt. #:	Address: Apt. #:
City: State: ZIP:	City: State: ZIP:
Landlord's Name:	Landlord's Name:
Landlord's Phone:	Landlord's Phone:
Reason For Moving:	Reason For Moving:
Monthly Rent: \$	Monthly Rent: \$
When did you move in? <u>out?</u>	When did you move in? out?
Your Current Employment	
Name of Employer:	Your position:
Address:	Your start date:
City: State: ZIP:	Employer's Phone:
Your supervisor:	Monthly salary:
Personal References	
Name: Years Known:	Relationship: Phone:
Name: Years Known:	Relationship: Phone:
Your Personal History	
Have you ever? been asked to move out or evicted? ☐ Yes ☐ No	broken a rental agreement or lease?
been asked to move out or evicted?	broken a rental agreement or lease? ☐ Yes ☐ No been sued for nonpayment of rent? ☐ Yes ☐ No
been sued for damage to a rental unit?	been convicted of a felony?
Your Vehicle	
Make: Model:	Color:
License Plate number:	State:
Other Residents List the legal names and ages of ALL other people who will occupy this unit	
Names & Ages:	

PLEASE READ CAREFULLY: I hereby state and represent that the information in this application is complete and accurate. I hereby authorize Kaidas Properties to investigate the references, statements, or other data herein listed, obtained from me or from any other person pertaining to my credit and financial responsibility. If this application is not accepted by Kaidas Properties, the applicant waives any claim for damages by reason of non-acceptance which the owner or agent may reject without stating any reason for doing so.