

Socha Management I N C

123 Saratoga Road
Glenville, New York 12302
Phone 518-399-0990 Fax 518-399-1272
Web site: www.sochamanagement.com

Shady Lane Apartments ~ Socha Plaza ~ Socha Plaza South ~ Shady Lane Professional Building

Dear Applicant:

We take pride in our management team and the apartment community we represent. We actively seek qualified residents to make their home at Shady Lane Apartments, and we strive to provide the best services possible during their residency.

We verify all information prospective tenants provide us very carefully. The credit / background check process is used for every applicant in the same way--fairly, consistently, and uniformly. We work diligently to observe both the spirit and the letter of the fair housing laws--not just because they are the law of the land, but because we sincerely believe, personally and as a company, in fair housing and equal opportunity housing for everyone.

We along with the resources available to us completely verify all information provided to us on the rental application. We run a credit report / background check, verify employment / income, check previous rental history and criminal background.

By submitting an application for residency at Shady Lane Apartments, you acknowledge that these checks and verifications will be done, and give your permission for us to do so.

Please completely fill in your application. False or Misleading information will disqualify your application. Incomplete applications will also be disqualified until a completed application has been received.

If there are any items on the application that you do not understand, please ask for assistance from our management staff. We are here to be of service to you and others who seek housing.

If there is additional information that you feel might be of assistance to us in processing your application, please let the rental agent know.

Although it is not necessary to have a completed application to view an apartment, it will be necessary to make an appointment with the rental agent for the viewing. Please be advised that it is not always possible for the rental agent to accompany the applicant during the viewing but other arrangements can be made.

We often have more qualified prospective tenants than available apartments. Therefore, we place applicants, who have passed the credit / background check and been approved, on a waiting list and an apartment will be offered as soon as a suitable one becomes available.

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Once a suitable apartment becomes available the successful applicant will be contacted and an appointment will be set to begin the lease process.

Successful applicants may remain on our waiting list for six (6) months without contacting our office. At that time it will be necessary to contact our office to reconfirm your desire to remain on the list and inform us of any changes to the information on the application. In order for anyone to remain on our list beyond one (1) year, it may be necessary to submit a revised application. All information will be re-verified and failure to provide accurate updated information will cause the application to be automatically rejected.

An applicant who does not pass the credit / background check does not qualify as a resident and will not be offered housing.

Thank you for submitting an application for residence at Shady Lane Apartments; we sincerely hope that we will be able to fulfill your housing needs.

Yours truly,

Socha Management
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We are an equal opportunity housing provider. We do not discriminate on the basis of race, creed, color, national origin, sexual orientation, military status, sex, gender identity, age, disability, familial status (having children under age 18), or religion.



RENTAL APPLICATION

Official Use Only

Application Date: _____ Apt: Garage: Approved (Y/N): _____

Building: _____ Unit: _____ Rent: \$ _____ Garage: _____ Unit: _____ Rent: \$ _____

Term: 1 YEAR Lease Start Date: _____ Move in Date: _____

Applicant/Tenant - Co-Aplicant/Tenant Information:

Unit Type:

1st Floor: 2nd Floor: 3rd Floor: No Preference:

Number of Bedrooms: _____ Number of Bathrooms: _____ Den (Y/N) _____

Special Requests: _____

APPLICANT / TENANT'S FULL NAME: _____
(Required)

S.S. #: _____ - _____ - _____ DATE OF BIRTH: _____
(Required) (Required)

Current Address: _____ City/State/Zip: _____
(Required) (Required)

Home Phone: (_____) _____ Work Phone: (_____) _____ Ext: _____ Cell Phone: (_____) _____
(Required) (Required) (Required)

Number of Additional Occupants Who Will Live With You: _____ (¹) Number of Pets: _____ Dogs Cats Other _____
(Required) (Required)

Do You or Anyone Living With You Use Tobacco Products of Any Type (Y/N): _____
(Required)

Have You or Anyone Living With You Been Arrested For A Felony (Y/N): _____ Been Convicted of A Crime (Y/N): _____
(Required) (Required)

EXPLANATION: _____
(Required if applicable)

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¹ New York State Real Property Law permits landlords to restrict occupancy in order to comply with Federal, State, or Local laws, regulations, ordinances or codes in regard to septic systems. Shady Lane Apartments must adhere to permit rules and regulations issued in compliance with Title 8 of Article 17 of the Environmental Conservation Law of New York State.

CO-APPLICANT / CO-TENANT'S FULL NAME: _____
(Required – Enter None If No Co-Applicant/Tenant)

SS. #: _____ - _____ - _____ DATE OF BIRTH: _____ RELATIONSHIP: _____
(Required) (Required) (Required)

Current Address: _____ City/State/Zip: _____
(Required) (Required)

Home Phone: (_____) _____ Work Phone: (_____) _____ Ext: _____ Cell Phone: (_____) _____
(Required) (Required) (Required)

ADDITIONAL OCCUPANT INFORMATION: (Required)

_____ Date of Birth: _____ Relationship: _____ SS#: _____
(IF 18 YEARS OR OLDER)

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_____ Date of Birth: _____ Relationship: _____ SS#: _____
(IF 18 YEARS OR OLDER)

RESIDENCE HISTORY

PRESENT ADDRESS: _____
(Required)

City/State/Zip: _____
(Required)

Length OF Time AT Present Address: _____ Years: _____ Months: _____ Current Monthly Rent: \$ _____
(Required) (Required)

Reason for Moving: _____
(Required)

Present Landlord: _____ Phone #: _____
(Required) (Required)

PREVIOUS ADDRESS: _____
(Required – If Less Than 5 Years At Present Address)

City/State/Zip: _____
(Required)

Length OF Time AT Previous Address: _____ Years: _____ Months: _____ Monthly Rent: \$ _____
(Required) (Required)

Reason for Moving: _____
(Required)

Landlord: _____ Phone #: _____
(Required) (Required)

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CO-APPLICANT'S PREVIOUS ADDRESS: _____
(Required – Enter None If No Co-Applicant/Tenant) Do Not Duplicate Information

City/State/Zip: _____
(Required)

Length OF Time AT Previous Address: _____ Years: _____ Months: _____ Monthly Rent: \$ _____
(Required) (Required)

Reason for Moving: _____
(Required)

Landlord: _____ Phone #: _____
(Required) (Required)

EMPLOYMENT INFORMATION

CURRENT EMPLOYER: _____ How Long? _____ Months _____ Years
(Required) (Required)

A CURRENT PAY STUB WILL BE REQUIRED FOR THE VERIFICATION PROCESS

Employer's Address: _____ Current Salary: \$ _____
(Required) (Required)

City/State/Zip: _____ Phone# _____ Ext. _____
(Required) (Required)

Position Held: _____ Supervisor: _____
(Required) (Required)

PREVIOUS EMPLOYER: _____ How Long? _____ Months _____ Years
(Required if less than 1 year at current employer) (Required)

Employer's Address: _____ Salary: \$ _____
(Required if less than 1 year at current employer) (Required)

City/State/Zip: _____ Phone# _____ Ext. _____
(Required if less than 1 year at current employer) (Required)

Position Held: _____ Supervisor: _____
(Required) (Required)

CO-APPLICANT'S EMPLOYER: _____ How Long? _____ Months _____ Years
(Required – Enter None If No Co-Applicant/Tenant) (Required)

A CURRENT PAY STUB WILL BE REQUIRED FOR THE VERIFICATION PROCESS

Employer's Address: _____ Current Salary: \$ _____
(Required) (Required)

City/State/Zip: _____ Phone# _____ Ext. _____
(Required) (Required)

Position Held: _____ Supervisor: _____
(Required) (Required)

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BANKING REFERENCES

Bank: _____ Branch: _____
(Required) (Required)

Phone #: _____ Contact: _____
(Required) (Required)

Address: _____
(Required)

CO-APPLICANT'S BANK REFERENCE (IF APPLICABLE)

(Required — Enter None If No Co-Applicant/Tenant)

Bank: _____ Branch: _____
(Required) (Required)

Phone #: _____ Contact: _____
(Required) (Required)

Address: _____
(Required)

GUARANTOR BANK REFERENCES (if applicable)

(Required If Applicable)

Bank: _____ Branch: _____
(Required) (Required)

Phone #: _____ Contact: _____
(Required) (Required)

Address: _____
(Required)

AUTOMOBILE INFORMATION

DRIVER'S LICENSE #: _____
(Required)

CO-APPLICANT'S DRIVER'S LICENSE #: _____
(Required — Enter None If No Co-Applicant/Tenant)

NUMBER OF AUTOMOBILES (INCLUDING COMPANY CARS): _____
(Required)

VEHICLES: (Required)

Make: _____ Model: _____ Year: _____ Color: _____ Plate #: _____

Make: _____ Model: _____ Year: _____ Color: _____ Plate #: _____

Make: _____ Model: _____ Year: _____ Color: _____ Plate #: _____

Make: _____ Model: _____ Year: _____ Color: _____ Plate #: _____

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IN CASE OF EMERGENCY NOTIFY

Name: _____ Relationship: _____
(Required) (Required)

Address: _____
(Required)

City/State/Zip: _____
(Required)

Home Phone: _____ Work: _____ Cellular: _____
(Required) (Required) (Required)

Name: _____ Relationship: _____
(Required) (Required)

Address: _____
(Required)

City/State/Zip: _____
(Required)

Home Phone: _____ Work: _____ Cellular: _____
(Required) (Required) (Required)

Name: _____ Relationship: _____
(Required) (Required)

Address: _____
(Required)

City/State/Zip: _____
(Required)

Home Phone: _____ Work: _____ Cellular: _____
(Required) (Required) (Required)

How Did You Hear About Us?

Newspaper: _____

Radio Station: _____

Magazine: _____

Internet: _____

Relative: _____

Friend: _____

Other: _____

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PLEASE MAKE SURE TO PROVIDE ALL OF THE APPLICABLE INFORMATION REQUESTED. IF INFORMATION IS MISSING OR INCORRECT YOUR APPLICATION WILL NOT BE PROCESSED!

PLEASE BE ADVISED THAT BY SIGNING THIS APPLICATION YOU, YOUR CO-APPLICANT (If Applicable), AND YOUR GUARANTOR (If Applicable) DO HERBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND AGREE THAT CONSENT IS GIVEN TO VERIFY THE ABOVE FACTS AS WELL AS PERFORM CREDIT / BACKGROUND CHECKS ON THE APPLICANT, CO-APPLICANT AND GUARANTOR (If Applicable).

THE INFORMATION INCLUDED IN THIS APPLICATION IS TO BE CONSIDERED CONFIDENTIAL AND WILL BE USED BY THE SOCHA MANAGEMENT EMPLOYEES AND CREDIT AGENCIES IN PROCESSING THIS APPLICATION, INCLUDING INFORMATION VERIFICATION AND CREDIT / BACKGROUND CHECKS. YOU ALSO HEREBY AGREE TO SUBMIT A FORTY DOLLAR (\$40.00) NON-REFUNDABLE APPLICATION FEE AT TIME OF SIGNING BEFORE YOUR APPLICATION WILL BE CONSIDERED.

YOU, YOUR CO-APPLICANT (If Applicable), AND YOUR GUARANTOR (If Applicable), MUST SIGN AND AGREE TO THE ABOVE BEFORE YOUR APPLICATION WILL BE PROCESSED!

FURTHER INFORMATION MAY BE REQUIRED INORDER FOR YOUR APPLICATION TO BE ACCEPTED.

PLEASE MAKE CHECK PAYABLE TO SOCHA MANAGEMENT, INC.

APPLICANT SIGNATURE: _____

DATE: _____

CO-APPLICANT SIGNATURE: _____

DATE: _____

GUARANTOR SIGNATURE: _____

(If Applicable)

DATE: _____ Relationship: _____

Guarantor's Full Name: _____
(Required If Applicable)

Address: _____
(Required)

Social Security #: _____ Phone #: _____ Work Phone #: _____
(Required) (Required) (Required)

Date of Birth: _____ Drivers License #: _____
(Required) (Required)

Guarantor's Current Employer: _____ How Long? _____ Months _____ Years
(Required) (Required)

Employer's Address: _____ Current Salary: \$ _____
(Required) (Required)

City/State/Zip: _____ Phone# _____ Ext. _____
(Required) (Required)

Position Held: _____ Supervisor: _____
(Required) (Required)

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