



APP # _____

BDRMS _____

RENTAL APPLICATION
TRIP, Inc., 415 River Street, Troy, NY 12180
Phone: (518) 272-8289 Fax: (518) 272-1950
Dial (800) 627-3529 for Hearing Impaired Assistance

APPLICANT-HEAD OF HOUSEHOLD

Last Name _____ First _____ Middle Initial _____

Social Security No. _____ D.O.B. ____/____/____

Current Address _____ Phone # () _____
****To reach you a month from now**

City _____ State _____ Zip Code _____ Email Address _____

Current Rent Amount \$ _____ Does Rent Amount Include Utilities? [] Yes [] No

Employer Name _____ Supervisor's Name _____

How Long? _____ Phone #() _____
City _____ State _____ Zip Code _____

Gross Salary/Wages \$ _____ per hour _____ weekly _____ biweekly _____ monthly

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Living Together

Are you student? ___ Yes ___ No

SPOUSE or CO-APPLICANT INFORMATION

Last Name _____ First _____ Middle Initial _____

Social Security No. _____ D.O.B. ____/____/____

Current Address _____ Phone # () _____

City _____ State _____ Zip Code _____ Email Address _____

Current Rent Amount \$ _____ Does Rent Amount Include Utilities? [] Yes [] No

Employer Name _____ Supervisor's Name _____

How Long? _____ Phone #() _____
City _____ State _____ Zip Code _____

Gross Salary/Wages \$ _____ per hour _____ weekly _____ biweekly _____ monthly

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Living Together

Are you student? ___ Yes ___ No



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OTHERS TO RESIDE IN THE APARTMENT

NAME	DOB	SEX	RELATIONSHIP	SOC-SEC-NO	SCHOOL
	___/___/___			- -	
	___/___/___			- -	
	___/___/___			- -	
	___/___/___			- -	
	___/___/___			- -	

DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD RECEIVE ANY OF THE FOLLOWING?

* Please answer yes or no to all questions below and provide \$\$ amounts for those items checked YES. Do not leave any question blank.

Employment Income [] Yes [] No Amount \$ _____

Unemployment [] Yes [] No Amount \$ _____

Other Income not [] Yes [] No Amount \$ _____

LANDLORD INFORMATION

Are you a first-time renter? [] Yes [] No

If you have rented before, we require a minimum one year landlord reference.

Present Address? _____

Date From - Date To

City State Zip Code

_____/_____/_____ ____/____/_____

Present Landlord Name _____

Phone # () _____

Address _____

City State Zip Code

Previous Address? _____

Date From - Date To

City State Zip Code

_____/_____/_____ ____/____/_____

Previous Landlord Name _____

Phone # () _____

Address _____

City State Zip Code



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OTHER INFORMATION

** Please answer all questions below. Do not leave any section blank.*

Do you expect any change in your family size? Yes No

If Yes, Please Explain _____

Has any member of your household been diagnosed with an elevated lead level? Yes No

If Yes, Please Explain _____

Is your home or apartment in good condition? Yes No

Why are you moving?

Have you been asked to move or been evicted from any housing? Yes No

If Yes, Please Explain _____

How did you hear about TRIP's rental opportunities? _____

Description of pets _____

Desired moving date _____

Contact Person for Emergency _____ (Parent or Relative) Phone # () _____

I certify that the information set forth here is complete and correct to the best of my knowledge. I hereby give permission to investigate my credit through services provided by TRIP, Inc. I understand that a credit report will be kept in strictest confidentiality, and that a decision for approval will not be made by the credit reporting agency, nor TRIP, Inc. I additionally give permission for this Landlord to obtain a criminal background check. This background check will be kept in the strictest confidence and a decision for approval will not be made by TRIP, Inc. All Landlord reference requests will be directed to the Landlord and not to TRIP, Inc. If an applicant provides a written reference, it will be verified by TRIP, Inc.

Signature of Applicant _____

Date _____

Signature of Co-Applicant _____

Date _____