

Sunny Olean Property Management
Property Management Main Office: 211 Franklin St., Olean, NY 14760 OFFICE: 716.913.7878 Email: info@sunnyolean.com

Building & Apartme	ent # Interested In: _						
Credit History:							
Full Name :		Home Ph	one: ()				
Date of Birth:		Social Se	Social Security #:				
Email Address:		Other Pho	Other Phone: ()				
Co-Applicant Name		Depender	Dependents:				
Co-Applicant Date of Birth:			Social Security #:				
Dependents Date of Birth	:						
Are you a current smoker	?:						
List All Pets:							
Residential History (Last	3 Years):						
Current Address:		Apt#	City				
State	Zip	Month/Ye	ar Moved In				
Reasons for Leaving:	<u>.</u>			Rent: \$	/mth		
Owner/Agent:			Phone: ()			
Previous Address)last 3	years)		,	Rent: \$	/mth		
Owner/Agent:	,		Phone: ()			
			,	,			
Credit History:							
Have you declared bankr	uptcy in the past seven (7) yea	rs?	Yes	N	lo		
Have you ever been evic	ed from a rental residence?		Yes	N	0		
Have you had two or mor	e late rental payments in the p	ast year?	Yes	N	lo		
Have you ever willfully or	intentionally refused to pay rer	nt when due:	Yes	N	0		
Employment Information	:						
Your Status:	Full Time Part Time		Student	U	nemployed		
Employer:							
Date Employed:		Employed					
Phone ()			come				
If less than 12 months las	st Employer:	Phone (Annual Inco	me		
		(,				
Date Employed:		Employed	i as:				
If you have other sources of etc.) who we may contact if want us to consider it in thi	of income that you would like u for confirmation. You do not ha s application.	s to consider, please eve to reveal alimon	e list income, source a y, child support, or spo	nd person (ouse's annu	banker, employer, al income unless you		
Amount \$	Source/Contact Name		Phone () _				
Your References:							
Bank Accounts:							
Name	Type of Acc	ount	Account N	lumber			
Name			Account Number				
Driver's License #:	State of	Issue:	Expiration Date:				
3 Personal References							
Name	Address		Pho	ne ()			
				,			
Name	Address		Pho	ne ()			
Name	Address		Pho	ne ()			

Important: ***Please include	past two paystubs or for new jobs job o	ffer sheet for potential tenant(s)***
Vehicle Information:		
Make/Model:	Year	Color
License Plate # & State		
Please give any additional in	formation that might help owner/manag	ement evaluate this application:
Where may we reach you to d	discuss this application?	
Mobile Phone# ()	Other Phone ()	
Unit # Re	ental Amount \$ per month	
forth in the lease and agree that of the property and to the agent	at the rental is to be payable the first day of t to accept this application, I warrant that a reserves artation or not a true statement of	months and upon the set conditions above set feach month in advance. As an inducement to the owner all statements above set forth are true; however, should any facts, all of the deposit will be retained to offset the agent's
Credit check fee is \$25.00 and	is non-refundable < Initial	fee acceptance here.
acceptance, this deposit shall be approved and accepted, I agree of the security deposit and 1st noccupancy occurs before the 1st be refunded, the applicant here reject. I recognize that as a par whereby information is obtained	pe retained as part of the security deposit a te to execute a lease formononth's rent prior to the move in date. A pa st of the month. If the application is not app teby waiving any claim for damages by reas t of your procedure for processing my appl	cation is not accepted in 3 business banking days. Upon and this amount is non-refundable otherwise. When so onths and before possession is given to pay the balance ritial month's rent in a pro-rated amount shall be due if proved or accepted by the owner or agent, the deposit will son of non-acceptance which the owner or agent may lication, an investigative consumer report may be prepared with whom I may be acquainted. This inquiry includes and mode of living.
The above information, to the b	pest of my knowledge, is true and correct.	
Signature		Date
I agree to permit an investigation commercial space with this own		
Print Name		
Signature		Date
ESSA TOTAL OPPORTUNITY		
	T WRITE BELOW (FOR OFFICE USE ON	•
Deposit of:		Application Rev: 20211026
Received by:	Date [.]	

	Sunny Olea	ın Pet Appl	ication	
Breed:	Pet's Name:	Weight:	Age:	
Male/Female:	Spayed/Neutered?:	Date:		
Describe pet temperam	ent:			
Does the pet stay in a k	tennel while resident is gone?	Is someone home duri	ng the day to tend to pet?	
Did you have your pet at your previous residence?		How long have you owned the pet?		
Name & address of pre	evious landlord:			
Phone # of previous lan	ndlord:			
	VeterinarianCit	Phone #:		
Complete Current Ph	Office Checklist on fee of \$250.00 Paid (To be refund Vet Records(Must include age, weig noto of pet urrent renter's insurance	ed if pet is not approved)	d/neutered	
signed by an authorized outlined in the pet permany circumstance as state said information will b Olean or its agents to in	d agent of Sunny Olean, the pet appl nission form has been provided. <u>Un</u> ated in the original lease agreement. e relied upon in granting or denying	ication fee & pet deposit is pa less all of the above condition. The undersigned hereby certi- the approval of this application. Formation and hereby authorize	plication is approved, the pet application is aid is full, and proof of renter's insurance as as have been met, a pet in not allowed under fies that the above information is correct & on. The undersigned hereby authorizes Sunny zes the release of the information from previous able to another pet or property.	
Tenant	Date	Landlord	Date	

Date

Address:

Residents Name:

Tenant