



## rental application

### Checklist

Please note that all steps must be completed for an application to be processed.

**#1. Invitation to Complete Application**

We require that a prospective resident be matched to an available unit before an application is accepted. Please make sure to contact VIDA at 585-400-8432 or [info@vidarochester.com](mailto:info@vidarochester.com) to confirm availability of the unit type you desire before completing the application process.

**#2. Completed Application/s (one for each individual 18+ years of age)**

An application is required for every individual (18 and older) who intends to reside at VIDA. This may be faxed to 585-473-4995, emailed to [info@vidarochester.com](mailto:info@vidarochester.com), or mailed to our leasing office at 23-53 S. Union Street, Apt. #2, Rochester, NY 14607. An online version of the application is also available and will be electronically delivered to our leasing office upon submission.

**#3. Proof of Income**

Proof of sufficient lawful income is required and can be in the form of paystubs; a signed letter from an employer; vouchers or other official documentation verifying federal, state, or local housing assistance; official documentation verifying other lawful sources of income such as child support, alimony, foster care subsidies, social security, or Supplement Security Income. Depending on the documentation, additional verification may be required (such as a supervisor’s phone number to verify a job offer, for example). If, for any reason, the applicant is unable to provide proof of sufficient lawful income, a cosigner will be required (see below). Please email to [info@vidarochester.com](mailto:info@vidarochester.com), fax to 585-473-4995, or mail a copy to our leasing office at 23-53 S. Union Street, Apt. #2, Rochester, NY 14607.

**#4. Photo ID**

A driver’s license or other government- or college-issued photo ID must be presented to VIDA’s leasing staff, or emailed to [info@vidarochester.com](mailto:info@vidarochester.com).

**#5. Social Security Number**

For security purposes, please call our leasing office at 585-400-8432 to share your social security number.

**#6. Security Deposit**

A money order or certified bank check payable to VIDA are the only accepted forms of payment. Deposits should be mailed or personally delivered to 23-53 S. Union Street, Apt. #2, Rochester, NY 14607, and received within 48 hours of application submission.

**#7. Cosigner’s Application (if applicable)**

If someone is financially responsible for your lease and not living with you at VIDA, they are a cosigner/guarantor, and are required to complete the following sections: Parts A1, C, G, and H.

### How Did You Hear About Us?

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Apartments.com                | <input type="checkbox"/> ApartmentFinder.com                 | <input type="checkbox"/> ApartmentGuide.com                      | <input type="checkbox"/> RentRochester.com |
| <input type="checkbox"/> FrontierPages.com             | <input type="checkbox"/> Craigslist.org                      | <input type="checkbox"/> General search lead to property website | <input type="checkbox"/> Yellow Pages      |
| <input type="checkbox"/> Other online source           | <input type="checkbox"/> CITY Newspaper/<br>special editions | <input type="checkbox"/> Democrat & Chronicle                    | <input type="checkbox"/> Drove by          |
| <input type="checkbox"/> Other (Please Specify): _____ |  |  |  |



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For Office Use Only

Date: \_\_\_/\_\_\_/\_\_\_
Address: \_\_\_ Unit #: \_\_\_ Tenant #: \_\_\_
Move-in date: \_\_\_/\_\_\_/\_\_\_
Rent: \_\_\_ Pet rent: \_\_\_ Prorate: \_\_\_

Landlord Reference

#1 Sent: \_\_\_ Received: \_\_\_
#2 Sent: \_\_\_ Received: \_\_\_
Payment of \$: \_\_\_ Received by: \_\_\_ Date: \_\_\_/\_\_\_/\_\_\_
Rental Application received by (name): \_\_\_ Date: \_\_\_/\_\_\_/\_\_\_
Comments: \_\_\_\_\_

Rental Application: [ ] Approved [ ] Not approved
By (name): \_\_\_\_\_
If not approved, specify reason(s): \_\_\_\_\_
Applicant notified by (name): \_\_\_\_\_
Method: [ ] Letter (attach copy) [ ] Phone [ ] In person [ ] Email

Part A1: Applicant Information

[ ] I am a resident. [ ] I am the cosigner/guarantor (complete this section, as well as Parts C, G and H).
First name: \_\_\_ Middle initial: \_\_\_ Last name: \_\_\_
Date of birth: \_\_\_/\_\_\_/\_\_\_
Last four digits of social security number\*: \_\_\_ \_\_\_ \_\_\_ \_\_\_
\*Please call the leasing office at 585-400-8432 to share your full social security number.
Best daytime phone number: ( \_\_\_ ) \_\_\_ - \_\_\_ [ ] Home [ ] Work [ ] Mobile
Email: \_\_\_\_\_

Current address

Street address: \_\_\_ Apartment #: \_\_\_
City: \_\_\_ State: \_\_\_ ZIP: \_\_\_
Month & year moved in: \_\_\_ Monthly payment: \_\_\_
Reason for leaving: \_\_\_\_\_
Name of building/community (write N/A if not applicable): \_\_\_\_\_
Name of owner or agent: \_\_\_ Phone number: ( \_\_\_ ) \_\_\_ - \_\_\_



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### Part A2: Co-Applicant Information (If Applicable)

Please list any individual 18+ years of age who will live with you at VIDA. These are your co-applicants, and each person listed is required to complete *their own separate application*.

#### Co-Applicant #1

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

#### Co-Applicant #2

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

#### Co-Applicant #3

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### Part A3: Minors (If Applicable)

Please list any individuals under 18 years of age (minors) who will be living with you at VIDA.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Part A4: Cosigner/ Guarantor

If the person financially responsible for rent is different than the applicant or co-applicants, please name a cosigner/guarantor below. Your cosigner/guarantor is required to complete their own separate application.

Either I or my co-applicant/s are financially responsible for my lease.

*Leave this section blank and skip ahead to Part B.*

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_



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### Part B: Residence History

- I've lived at my current address for fewer than three years.
- I've lived at my current address for at least three years.  
*Leave this section blank and skip ahead to Part C.*
- I've lived with my co-applicant (listed in Part A2) for at least three years, and our shared address history is provided on their application.  
*Leave this section blank and skip ahead to Part C.*

#### Previous Address #1

Street address: \_\_\_\_\_ Apartment #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Month & year moved in: \_\_\_\_/\_\_\_\_/\_\_\_\_ Monthly payment \$: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Name of building/community (write N/A if not applicable): \_\_\_\_\_  
 Name of owner or agent: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Have you ever...  
 Been sued for non-payment of rent? \_\_\_\_\_  
 Broken a rental agreement or lease? \_\_\_\_\_  
 Been sued for damage to property? \_\_\_\_\_

#### Previous Address #2

Street address: \_\_\_\_\_ Apartment #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Month & year moved in: \_\_\_\_/\_\_\_\_/\_\_\_\_ Monthly payment \$: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Name of building/community (write N/A if not applicable): \_\_\_\_\_  
 Name of owner or agent: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Have you ever...  
 Been sued for non-payment of rent? \_\_\_\_\_  
 Broken a rental agreement or lease? \_\_\_\_\_  
 Been sued for damage to property? \_\_\_\_\_



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Part C: Employment and Income

- Checkboxes for financial responsibility options: I'm an applicant, I'm a cosigner/guarantor, My co-applicant/s, My cosigner/guarantor.

Employment Status

- Checkboxes for employment status: Employed, Employed part-time, Self-employed, Student, Retired, Not employed.

Current (or most recent) employer: City, State, ZIP, Phone number, Position, Supervisor, Net monthly salary, Household net monthly income.

Previous employer (within the past three years): City, State, ZIP, Phone number, Position, Supervisor, Net monthly salary, Household net monthly income.

Other Income

If there are other sources of income you would like us to consider, please list income, source, and person who we can contact for information.

Form for listing other income sources: Amount, Source, Name of contact, Phone number.



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Part D: Vehicle Information

Vehicle #1

Make: \_\_\_\_\_ Model: \_\_\_\_\_
Year: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle #2

Make: \_\_\_\_\_ Model: \_\_\_\_\_
Year: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle #3

Make: \_\_\_\_\_ Model: \_\_\_\_\_
Year: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Part E: Emergency Contact

In case of an emergency, please contact the individual below.

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Mobile Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Part F: Pet Information

[ ] I have a pet. Please answer the questions below. [ ] I don't have a pet. Skip ahead to Part G.

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Pet name: \_\_\_\_\_

Is this a therapy, emotional support, or service animal/pet? [ ] No [ ] Yes Please provide supporting documents.

Part G: Signature and Consent to Income & Credit Verification

In considering this application, management will rely heavily on the information which you have supplied. It is important that the information be accurate and complete. By filling out this application, you represent and warrant the accuracy of the information and authorize management to verify any reference that you have listed. In addition, you authorize management to obtain a credit report. A credit check will appear on your consumer credit report as an inquiry.

Our acceptance and review of your Rental Application does not constitute an approval of your Application or an agreement to the lease. If we approve your Application and enter into a Lease Agreement, however, the information and representation on this Application will become part of your lease.

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## deposit agreement

### Part H: Security Deposit Agreement

Part H should only be completed by one individual per lease.

I am the individual financially responsible for the security deposit.

*Complete this section.*

I am not the individual financially responsible for the security deposit.

*Leave this section blank.*

A deposit equal to one month’s rent is due at the time you submit your Application. If we approve your Application and enter into a Lease Agreement, we will keep your deposit and treat it as your security deposit under the Lease. If we do not approve your Application, we will keep \$20 of your deposit, or the cost of your credit report (whichever is less), and return the balance to you.

Once we approve your Application, you still have 48 hours to change your mind and request a return of your deposit. If you notify us within this 48-hour period that you do not want to sign a Lease Agreement, we will retain \$20 of your deposit, or the cost of your credit report (whichever is less), and return the balance of your deposit to you. If you notify us after this 48-hour period has passed that you will not enter into a Lease, we will retain your full deposit received along with this Application and will release you from any further obligation to us. Upon acceptance, you will receive an approval letter with your anticipated move-in date. You must take occupancy of your apartment within 14 days of that anticipated move-in date, or we will revoke your approval, retain your full deposit, and release you from any further obligation to us.

If, after reviewing your Application, we inform you that we cannot approve it unless you provide a guarantor, you may withdraw your application and receive a refund of your deposit less \$20, or the cost of your credit report (whichever is less), which we will keep as an application fee. If you agree to provide a guarantor you must do so within three business days or you will forfeit your entire deposit.

Our acceptance of your deposit under this Deposit Agreement does not constitute our approval of your Application or an agreement to enter into a Lease with you.

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



landlord reference

To be completed by applicant:

If you are the cosigner/guarantor, leave this section blank.

Applicant's name: \_\_\_\_\_

Street address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

I hereby give permission to release any and all information regarding my rental history.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To be completed by landlord:

To Whom It May Concern:

The person named above has applied to rent an apartment at VIDA, and has provided your name as a current or previous landlord. We are asking for your assistance with our approval process. Please fill out the information below at your earliest convenience, and fax or mail the form back to our leasing office. We will keep this information in confidence.

Dates of residency: \_\_\_\_\_ to \_\_\_\_\_

Amount of monthly rent \$: \_\_\_\_\_ Amount of security deposit \$: \_\_\_\_\_

Number of late payments in past 9 months: \_\_\_\_\_

How late? \_\_\_\_\_ late fees paid? \_\_\_\_\_

Were there any lease violations? \_\_\_\_\_

If so, what were the nature of the violations? \_\_\_\_\_

Has the resident been violent or consistently abusive towards other residents, guests, visitors, the Landlord, or the Landlord's employees? \_\_\_\_\_

Has the resident damaged their apartment, common areas, grounds, or the property of the Landlord or other tenants? \_\_\_\_\_

Has the resident consistently disturbed the right to quiet, peaceful enjoyment of other tenants at your community? \_\_\_\_\_

Will you (did you) keep any of the security deposit? \_\_\_\_\_

Would you rent to this applicant in the future? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Name and title of the person supplying the above information (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Thank you! - VIDA