



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 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, or mailed to our leasing office at 47 Savannah Street, 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, fax to 585-473-4995, or mail a copy to our leasing office at 47 Savannah Street, 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.

#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 47 Savannah Street, 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/ 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

- Checkboxes for residence history options: I've lived at my current address for fewer than three years, at least three years, or with my co-applicant for at least three years.

Previous Address #1

Form fields for Previous Address #1: Street address, Apartment #, City, State, ZIP, Month & year moved in, Monthly payment \$, Reason for leaving, Name of building/community, Name of owner or agent, Phone Number, and three 'Have you ever...' questions.

Previous Address #2

Form fields for Previous Address #2: Street address, Apartment #, City, State, ZIP, Month & year moved in, Monthly payment \$, Reason for leaving, Name of building/community, Name of owner or agent, Phone Number, and three 'Have you ever...' questions.



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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