

THE CATT GROUP, LLC
15549 E. Lee Road
Holley NY 14470
(585) 331-8261 ext. 3
Fax - (585) 283-4379

RENTAL APPLICATION

Please note: In order to process your application as quickly/efficiently as possible, please supply all requested information!! Credit information is and will remain confidential and will be used for our internal review only.

Date of Application: _____

Number of Bedrooms Required (circle one): studio one two three four+

Target Move-in Date: _____ Target rent: \$_____ per _____

Address being applied for: _____

Applicant 1:

Name: _____ Age: _____ Home Phone: _____

Cell phone: _____ Email: _____

Current Address: _____ How Long: _____
Street Apt.# City State Zip

Social Security Number: _____ Citizenship: _____

Driver's license #/State _____ / _____ Veteran Y/N

Present Landlord: _____
Name Phone

Previous Landlord: _____
Name Phone

Previous Address: _____ How Long: _____
Street Apt. # City State Zip

Have you ever been evicted? _____ **When?** _____

Reason? _____

Do you receive assistance (Section 8, DSS, etc)? Y/N Amount _____

Case Worker Name _____

Employer: _____ Title: _____ Phone: _____

Employer address: _____ How Long: _____
Street City State Zip

Supervisor: _____ Weekly pay: _____ (excluding seasonal overtime)

Previous Employer: _____ Title: _____ Phone: _____

Previous employer address: _____ How Long: _____
Street City State Zip

Supervisor: _____ Weekly pay: _____ (excluding seasonal overtime)

Closest Relative: _____ Relationship: _____

Address: _____ Phone: _____
Street City State Zip

Bank Name: _____ Branch address: _____

Who else will be living with you? (provide first/last name, age, and relationship)

Applicant 2:

Name: _____ Age: _____ Home Phone: _____

Cell phone: _____ Email: _____

Current Address: _____ How Long: _____
Street Apt.# City State Zip

Social Security Number: _____ Citizenship: _____

Driver's license #/State _____/____ Veteran Y/N

Present Landlord: _____
Name Phone

Previous Address: _____ How Long: _____
Street Apt. # City State Zip

Previous Landlord: _____
Name Phone

Have you ever been evicted? _____ When? _____

Reason? _____

Do you receive assistance (Section 8, DSS, etc) Y/N Amount _____

Case Worker Name _____

Employer: _____ Title: _____ Phone: _____

Employer address: _____ How Long: _____
Street City State Zip

Supervisor: _____ Weekly pay: _____ (excluding seasonal overtime)

Previous Employer: _____ Title: _____ Phone: _____

Previous employer address: _____ How Long: _____
Street City State Zip

Supervisor: _____ Weekly pay: _____ (excluding seasonal overtime)

Closest Relative: _____ Relationship: _____

Address: _____ Phone: _____
Street City State Zip

Bank Name: _____ Branch address: _____

Pets (with written landlord approval only)

Type: _____ Breed: _____ Number: _____

Type: _____ Breed: _____ Number: _____

Vehicle Information

Year: _____ Make: _____ Model: _____ Plate #: _____ State: _____

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I hereby authorize The CATT Group, LLC or any credit bureau or investigative agency employed by The CATT Group, LLC, to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

If approved, applicant shall, within 10 days following notification of approval, sign landlord's

