## RENTAL APPLICATION

## SARATOGA EXCELSIOR GROUP, LLC D/B/A Fairfield Associates

D/B/A Fairfield Associates P.O. BOX 1296 SARATOGA SPRINGS, NY 12866 Ph. 518-583-9115 Fax.518-581-8732

Prospective Address:			Apt #	
First Name	Middle	Last		
Contact Numbers (H)	(C)			
Email Address	S.S. #		0/O/B	
Rental History				
Current Address				
Landlord Name, phone & email				
Beginning/End Date	Reason for L	eaving		
Previous Address				
Landlord Name, phone & email				
Beginning/End Date	Reason for L	eaving		
Employment History				
Current Employer		Position		
Address		Phone		
Beginning/End Date	Reason for L	eaving		
Monthly Income - \$	_/ Source			
Other Income - monthly \$	/Source			
Previous Employer			Position	
Address			Phone	
Beginning/End Date	Reason for L	eaving		

Applicant Name				
Banking References -				
Bank Name	Checking Account Nui	mber		
Bank Name	Savings Account Nun	Savings Account Number		
Personal References				
Name	Contact numb	Contact numbers		
Address				
Name	Contact numb	Contact numbers		
Address				
Emergency Contact				
Name	Contact Numbers	Relationship		
Address				
Name of nearest relative not living with you		Phone		
		, State of		
Vehicles owned or operated t	oy tenant - Make/Model	Color		
License Plate #	State of Registration			
Have you ever been evicted f Have you ever willfully and in Have you ever declared Bank Have vou ever been convicte	tentionally refused to pay rent when d cruptcy? yes no	lue? yes no		

Applicant Name	
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND AC SAID INFORMATION VOLUNTARILY, KNOWING THAT MAKING PUNISHABLE UNDER SECTION 210.45 OF THE NYS PENAL L could void the lease and be sufficient grounds for eviction and lost credit report and background check will be completed. Subsequel utilized under this authorization in connection with an update, renor in connection with, the renting or leasing of any property owned Saratoga Excelsior Group. I agree to hold above named company information, harmless from any liability what-so-ever in the use, p I FURTHER AUTHORIZE ANY INDIVIDUAL OR COMPANY NOT INFORMATION AS REQUESTED.	G A FALSE WRITTEN STATEMENT IS AW and any false statements made by me as of any security deposit. I understand that ant consumer reports may be obtained and ewal, extension or collection with respect to d by Fred or Shannon Scheidt or managed by and individuals and procurer or furnisher of rocurement or furnishing of such information
Signature	Date

Return completed and signed rental application along with processing fee of \$20.00 to Saratoga Excelsior Group, LLC P.O. Box 1296, Saratoga Springs, NY 12866 or fax to 518-581-8732. Payment can be made by check payable to Saratoga Excelsior Group or via PAYPAL, through the link on our website at <a href="https://www.saratogaexcelsiorgroup.com">www.saratogaexcelsiorgroup.com</a> under the rental category. Incomplete applications will not be processed. Applications received without the processing fee will not be processed. Saratoga Excelsior Group is not liable for any personal information sent to us via internet.