



PO Box 4925, Ithaca, NY 14852  
607.279.5609  
office@SDMrents.com

**Application for (property location):**

**Applicant Information**

Name:		
Email:		
Date of birth:	SSN:	Phone:
Driver's License #:		Driver's License State:
Vehicle Year:	Vehicle Make:	Model:
Vehicle Color:	License Plate Number:	License Plate State:

**Address**

**Current address:**

City:	State:	ZIP Code:
Own <input type="checkbox"/> Rent <input type="checkbox"/>	Monthly payment or rent:	How long?
Landlord/Manager Name and Phone Number:		
I give SDM Rentals permission to contact my landlord for rental history and reference. (Sign below.)		

**Previous address:**

City:	State:	ZIP Code:
Own <input type="checkbox"/> Rent <input type="checkbox"/>	Monthly payment or rent:	How long?
Landlord/Manager Name and Phone Number:		

**Employment Information: Please provide copies of last full month pay stubs.**

**Current Employer:**

Employer Address:		How long?
Phone:	E-mail:	
City:	State:	ZIP Code:
Position:	Hourly <input type="checkbox"/> Salary <input type="checkbox"/>	Annual income:

**Previous Employer:**

Employer Address:		
City:	State:	Zip:
Phone:	How long?	Email:
Position:	Hourly <input type="checkbox"/> Salary <input type="checkbox"/>	Annual Income:



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Co-Applicant Information		
Name:		
Email:		
Date of birth:	SSN:	Phone:
Driver's License #:		Driver's License State:
Vehicle Year:	Vehicle Make:	Model:
Vehicle Color:	License Plate Number:	License Plate State:

Address		
<b>Current address:</b>		
City:	State:	ZIP Code:
Own <input type="checkbox"/> Rent <input type="checkbox"/>	Monthly payment or rent:	How long?
Landlord/Manager Name and Phone Number:		
I give SDM Rentals permission to contact my landlord for rental history and reference. (Sign below.)		
<b>Previous address:</b>		
City:	State:	ZIP Code:
Own <input type="checkbox"/> Rent <input type="checkbox"/>	Monthly payment or rent:	How long?
Landlord/Manager Name and Phone Number:		

Employment Information: Please provide copies of last full month pay stubs.		
<b>Current Employer:</b>		
Employer Address:		How long?
Phone:	E-mail:	
City:	State:	ZIP Code:
Position:	Hourly <input type="checkbox"/> Salary <input type="checkbox"/>	Annual income:
<b>Previous Employer:</b>		
Employer Address:		
City:	State:	Zip:
Phone:	How long?	Email:
Position:	Hourly <input type="checkbox"/> Salary <input type="checkbox"/>	Annual Income:



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<b>Additional Occupants: Please list everyone, including children, who will reside with you.</b>	
Full Name	Relationship to Applicant

<b>Miscellaneous – applies to both applicants and any additional residents</b>	
Describe the number and type of pets you want to have in the rental property:	
Do you Smoke? <input type="checkbox"/> yes <input type="checkbox"/> no	Have you ever been evicted? <input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever filed for Bankruptcy? <input type="checkbox"/> yes <input type="checkbox"/> no	If so, how many times?
Been sued? <input type="checkbox"/> yes <input type="checkbox"/> no	Sued someone else? <input type="checkbox"/> yes <input type="checkbox"/> no
Been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no	
If “Yes” to any of the above, please explain:	
<b>I certify that all the information given above is true and correct, and understand that my lease or rental</b>	
Signature of applicant:	Date:
Signature of co-applicant:	Date: