**ROCHESTER SALON SUITES RENTAL APPLICATION**

APPLICATION FEE:\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF APPLICATION:\_\_\_\_\_\_\_\_\_\_\_

SECURITY DEPOSIT AMOUNT:\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF DEPOSIT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUITE APPLYING FOR:\_\_\_\_\_\_\_\_\_ RENTAL AMOUNT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RENTAL CONCESSIONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**-THE ABOVE TO BE FILLED OUT BY LEASING AGENT-**

**\*SECURITY DEPOSIT MUST BE RECEIVED IN CERTIFIED FUNDS (CASHIER’S CHECK, CASH OR MONEY ORDER). INITIAL\_\_\_\_\_**

**\*BE AWARE IF YOU WISH TO APPLY, BUT NOT PUT A HOLD ON A SUITE, THE SUITE WILL BE HELD FOR THE FIRST APPLICANT TO PLACE A SECURITY DEPOSIT ON THE SUITE. IF YOUR APPLICATION IS APPROVED YOUR SECURITY DEPOSIT WILL BE PROCESSED. IF YOUR APPLICATION IS DENIED THE SECURITY DEPOSIT WILL BE RETURNED. IF YOU CANCEL YOUR HOLD WITHIN 72 HOURS OF APPLYING YOUR SECURITY DEPOSIT WILL BE RETURNED. AFTER 72 HOURS, IF YOU SHOULD CANCEL YOUR SUITE RESERVATION YOU WILL FORFEIT YOUR DEPOSIT. INITIAL \_\_\_\_\_**

TYPE OF BUSINESS YOU PLAN TO OPERATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PREFERRED MOVE IN DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1)

APPLICANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSONAL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRIVER’S LICENSE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATEBOARD LICENSE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY YES or NO **(PLEASE CIRCLE)**

EMERGENCY CONTACT AND PHONE#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFERENCE 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFERNCE 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE: **\_\_\_\_\_\_\_\_\_ (INITIAL)**

2)

APPLICANT/OCCUPANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSONAL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRIVER’S LICENSE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATEBOARD LICENSE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY YES or NO **(PLEASE CIRCLE)**

EMERGENCY CONTACT AND PHONE#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFERENCE 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFERNCE 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE: **\_\_\_\_\_\_\_\_\_ (INITIAL)**

**ALL APPLICANTS MUST BE 18 YEARS OF AGE OR OLDER. CREDIT REPORT MUST BE IN ACCEPTABLE STANDING. MEDICAL AND STUDENT DEBT/COLLECTIONS WILL NOT BE TAKEN INTO CONSIDERATION. MAXIMUM OCCUPANCY IS 2 SUITE HOLDERS. SUBLEASING IS NOT PERMITTED. ONLY THOSE APPROVED ON THIS APPLICATION WILL BE ALLOWED TO CONDUCT BUSINESS OUT OF THE SUITE. LEASE GUARANTORS ARE ONLY ALLOWED IN THE CASE OF A SINGLE LEASE HOLDER AND MUST ALSO SUBMIT AN APPLICATION. I GIVE THE LANDLORD PERMISSION TO VERIFY ALL INFORMATION I HAVE PROVIDED.**

1. APPLICANT SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. APPLICANT SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE FOLLOWING TO BE FILLED OUT BY LEASING AGENT**:

DATE APPLICATION PROCESSED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

QUALIFIED OR UNQUALIFIED **(PLEASE CIRCLE)**

LEASING AGENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_