## Fairbank Properties LLC

## PO Box 6515

## Albany, New York 12206

Ph: (518) 512-3693 Fax: (518) 512-3694

Application for Lease of Apartment: Albany, NY

Building Address:			Apt:		
Name:					
Date of Birth:		Social Security #:			
Phone Number:			-		
Email Address:					
Current Address:		City:	State:	Zip:	
Driver License #:		State Issue	ed:	-	
Employer:					
Employer Address:					
Employer Phone #:					
Who Will Be Paying R	Rent?				
Previous Landlord	Name:				
	Address:				
	Phone:				
<b>Emergency Contact</b>	Name:				
	Relationship:				
	Address:				
	Phone #:				
	Email:				
Please Note: No Dogs A	Are Allowed				
of this information by c	ontacting any of all individual		. I understand th	out me. I authorize the verification at this is not a lease or an offer to e is signed.	
Applicant Signature				Date	