



APP # \_\_\_\_\_ #BDRMS \_\_\_\_\_

**RENTAL APPLICATION- MARKET RENT**  
**TRIP, Inc., 415 River Street, Troy, NY 12180**  
**Phone: (518) 272-8289 Fax: (518) 272-1950**  
**Dial (800) 627-3529 for Hearing Impaired Assistance**

\*Photocopy of Driver's License or State ID is required to accept your application for rental with us

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security No. \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_

Current Rent Amount \$ \_\_\_\_\_ Does Rent Amount Include Utilities? [ ] Yes [ ] No

Employer Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

\_\_\_\_\_ How Long? \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Gross Salary/Wages \$ \_\_\_\_\_ per hour \_\_\_\_\_ weekly \_\_\_\_\_ biweekly \_\_\_\_\_ monthly

**CO-APPLICANT INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security No. \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

\_\_\_\_\_ Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Rent Amount \$ \_\_\_\_\_ Does Rent Amount Include Utilities? [ ] Yes [ ] No

Employer Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

\_\_\_\_\_ How Long? \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Gross Salary/Wages \$ \_\_\_\_\_ per hour \_\_\_\_\_ weekly \_\_\_\_\_ biweekly \_\_\_\_\_ monthly

**OTHERS TO RESIDE IN THE APARTMENT**

NAME	DOB	SEX	RELATIONSHIP	SOC-SEC-NO	SCHOOL
	____/____/____			- -	
	____/____/____			- -	
	____/____/____			- -	
	____/____/____			- -	





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**OTHER INFORMATION**

*\* Please answer all questions below. Do not leave any section blank.*

Do you have a Section 8 voucher?  Yes  No

Do you expect any change in your family size?  Yes  No

If Yes, Please Explain \_\_\_\_\_

Has any member of your household been diagnosed with an elevated lead level?  Yes  No

If Yes, Please Explain \_\_\_\_\_

Is your home or apartment in good condition?  Yes  No

Why are you moving? \_\_\_\_\_

Have you been asked to move or been evicted from any housing?  Yes  No

If Yes, Please Explain \_\_\_\_\_

How did you hear about TRIP's rental opportunities? \_\_\_\_\_

Description of pets \_\_\_\_\_

Desired moving date \_\_\_\_\_

**Alternate contact Phone number:** \_\_\_\_\_

**Contact Person for Emergency** \_\_\_\_\_ (Friend or Relative) Phone # ( ) \_\_\_\_\_

*I certify that the information set forth here is complete and correct to the best of my knowledge. I hereby give permission to investigate my credit and to verify all information necessary to process this application including a criminal background check.*

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature of Co-Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_