



Syracuse Quality Living



Rental Application

(FOR OFFICE USE ONLY)

Approved _____ Not Approved _____

Amt Deposit Received _____ Date Received _____

Date of Occupancy _____ Date of Lease _____

SQL PROPERTY ADDRESS

APARTMENT NUMBER & BEDROOM #

TENANT INFORMATION (ID COPY REQUIRED)

FULL NAME	SSN OR PASSPORT #	VEHICLE MAKE/MODEL & PLATE #
BIRTH DATE	CELL PHONE	EMAIL ADDRESS
PERMANENT ADDRESS		

COLLEGE INFORMATION

WHAT COLLEGE DO YOU ATTEND	PROGRAM OF STUDY	CURRENTLY ENROLLED? YEAR & STATUS
BEGIN DATE	END DATE	STUDENT ID #

EMPLOYMENT (if any)

ARE YOU CURRENTLY EMPLOYED	NAME OF COMPANY	ADDRESS OF COMPANY
# OF HOURS PER WEEK	RATE OF PAY	LENGTH OF EMPLOYMENT

PARENTS INFORMATION

MOTHER'S NAME	ADDRESS	CELL PHONE
EMERGENCY CONTACT & RELATIONSHIP		CELL PHONE

GUARANTOR INFORMATION (PARENT OR GUARDIAN - ID COPY REQUIRED)

FULL NAME	ADDRESS	
DATE OF BIRTH	SOCIAL SECURITY #	WORK PHONE CELLPHONE
EMAIL ADDRESS :		

TENANT SIGNATURE, NAME & DATE

Guarantor Signature, Name & Date

Application Fee: \$25.00 (Non-Refundable) _____ (INITIAL HERE)

Administrative Fee: \$75.00 (Non-Refundable) _____ (INITIAL HERE)