

2012-13 APPLICATION

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1. Please submit your application with the \$75 non-refundable application fee.
2. Checks and money orders should be made payable to WILSU, LLC.
3. Applications can be dropped off in person or mailed to:
 Park Point Syracuse c/o WILSU, LLC
 417 Comstock Ave.
 Syracuse, NY 13210

Tenant Information

Name: _____
(FIRST) (MIDDLE) (LAST)

Mobile Phone: (____) _____ Home Phone: (____) _____

Current Local Address: _____
(STREET) (CITY) (STATE) (ZIP)

Permanent Address: _____
(STREET) (CITY) (STATE) (ZIP)

Please provide one of the items below:

Driver's License Passport State ID Number: _____ State: _____

School Email: _____ Other Email: _____

Date of Birth: ____/____/____ Male Female

2012-13 Standing: Junior Senior Graduate Student Other _____

Have you ever been convicted of a felony? Yes No Reason: _____

Have you ever been evicted from any residence? Yes No Reason: _____

Have you ever filed for bankruptcy? Yes No When: _____

Guarantor Information

Authorization is hereby granted to Landlord to verify all information I have provided and to obtain a consumer credit report through a credit reporting agency chosen by Landlord. I understand and agree that Landlord intends to use the consumer credit report for the purpose of evaluating my financial readiness to lease an apartment.

Name: _____
(FIRST) (MIDDLE) (LAST)

Home Phone: (____) _____ Work Phone: (____) _____

Guarantor Address: _____
(STREET) (CITY) (STATE) (ZIP)

Email Address: _____ Date of Birth: ____/____/____

Have you ever filed for bankruptcy? Yes No If yes, when: _____

Home Phone: (____) _____ Cell Phone: (____) _____

 Print Name

 Guarantor Signature

 Date



Roommate & Housing Request

Please select which apartment type you are interested in. If space is available, it will be filled on a first-come, first-serve basis.

- 2 bedroom/1 bath 4 bedroom/2 bath

Preferred Move-In Date: _____

Requested apartment roommates (*optional*):

Name: _____ Name: _____

Name: _____

How did you hear about Park Point Syracuse?

- The Daily Orange Our Website Radio Facebook SU staff referral
 From a Current Resident: _____ Other: _____

Personal Profile

Please circle the number that best corresponds to you for each of the following categories.

- | | | | | | | | |
|-------------------------|-------------|---|---|---|---|---|--------------|
| Work Habits: | serious | 1 | 2 | 3 | 4 | 5 | carefree |
| Neatness: | neat | 1 | 2 | 3 | 4 | 5 | messy |
| Personality: | quiet | 1 | 2 | 3 | 4 | 5 | outgoing |
| Social Habits: | light | 1 | 2 | 3 | 4 | 5 | frequent |
| Sleeping Habits: | early riser | 1 | 2 | 3 | 4 | 5 | stay up late |

Describe your hobbies, personality, etc. _____

Do you smoke? Yes No *(please note Park Point is a non-smoking facility)*

Do you mind if your roommate smokes? Yes No

What is your major/program of study? _____

What characteristics do you look for in a roommate? _____

Do you have any special requests? _____

To be eligible for Park Point residency, each applicant must comply with the following requirements to be verified by Syracuse University:

- I am currently an active student
- For students who started as a freshman in University housing, I have fulfilled the two (2) year requirement of living in University housing
- I am in good residential standing

- Upon signing the lease, a one-time non-refundable service fee of \$100 is due.
- By my signature I attest that the information herein is correct. Authorization is hereby granted to Landlord to verify all information that I have provided and to obtain a consumer credit report through a credit reporting agency chosen by Landlord. I understand and agree that Landlord intends to use the consumer credit report for the purpose of evaluating my financial readiness to lease an apartment.
- I also understand that this form is only an application for residency and that the submission of this application does not reserve nor in any way guarantee an apartment or bedroom.

Print Name _____

Applicant Signature _____

Date _____