



7 Court Street, Binghamton New York 13901
Office: 607-723-1415 Fax: 607-723-3063 Email: info@chenangoplace.com

RESIDENT SELECTION CRITERIA STUDENT HOUSING

In an effort to achieve our goal of providing the housing environment you desire, all prospective applicants are required to meet established criteria to be considered for residency. Landlord shall abide by Federal, State and Local Fair Housing Laws when processing all potential resident applications.

- A valid state or federally issued photo I.D. is required from all applicants 18 years of age or older prior to showing any rental home.
- Occupancy standards are one (1) person per bedroom unless stated otherwise.
- Each applicant must be of legal age to enter into a binding contract based on prevailing state law.
- A guarantor is required on student housing properties. If a guarantor is not available, resident must pay the entire lease amount in full prior to taking possession of the property.
- Incomplete or falsified documentation will result in denial of the application.

The Rental Application Fee is Non-Refundable, regardless of the circumstances. Please review these policies carefully before submitting an application. We will consider all applications.

Applicant

Date



LEASE APPLICATION

Application is for information only and does not obligate landlord to execute a lease or deliver possession to proposed resident(s).

Non-Refundable Fee: \$100.00
Check, Money Order or Credit Card (via online payment)
Payable to: Chenango Place, LLC

Name: Mr. or Miss (circle one)

Permanent Address: _____

City: _____ State _____ : Zip Code: _____ Home Phone: (____) _____

Local Address: _____

City: _____ State _____ : Zip Code: _____ Cell Phone: (____) _____

Driver's License Number: _____ State: _____

Social Security Number: _____ - _____ - _____ Student ID #: _____

Date of Birth: ____/____/____ (month/day/year)

Current Class Standing (circle one): **Graduate Senior Junior Sophomore Freshman**

Anticipated Graduation Date: _____ Email: _____

Anticipated Move-In Date: _____

Parent or Guardian for Emergency Contact: (Circle one)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Email: _____ Employer: _____