Cuba New York Chamber of Commerce, Inc.

Apartment Tenant Application Form

(Anyone 18 years old & older must complete the application)

Name: _____ Phone: _____

Current Address: _____

How long at current address? _____ Own/Rent? _____ Landlord & Phone Number: _____

Previous Address: _____

How long at previous address? _____ Own/Rent? _____ Landlord & Phone Number: _____

Income Information:

Current employment: _____

How long at current employment? _____

Supervisor's Name & Phone Number: _____

Monthly Income: Gross _____ Net: _____

If current employment has been less than 1-year, previous employer: _____

_____ Length of employment: _____

List other individuals who will be living in the apartment & their relationship to you: _____

_____

Pets? _____Yes _____No List all pets & breeds: _____
(Pets are not allowed unless approved by the Board of Directors and require an additional pet deposit)

Personal/Housing/Employment references and contact information:

_____

_____

_____

Submit the completed application to the Cuba NY Chamber of Commerce, 5 West Main Street, Cuba, NY 14727, or email cubachamberofcommerce@gmail.com.