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AGL Homes of Caledonia 4305 Avon Caledonia Road Caledonia, NY 14423 585-226-2727 Fax 585-226-8909

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AGL Homes Communities 4294 Avon-Caledonia Road Caledonia, NY 14423 585-226-6150 Fax 585-226-6737

AGL Customer Service 4305 Avon Caledonia Road Caledonia, NY 14423 585-226-6150, ext.320 Fax 585-226-6059 Thank you for contacting AGL Homes and your interest in our available properties.

Please find our application attached on the following two pages. Please print it out, complete fill out, physically sign and return it to me with copies of the following:

- 1. Copies of photo I.D.s for anyone 18 or older who will be living there.
- 2. Copies of income verification (pay check stubs, etc.) for anyone 18 or older.

Please make sure to note at the top of the application which home consultant you are working with and which property/unit you are applying for. Failure to include any of the above items will result in your application not being processed.

You can fax, mail, scan/email or drop-off your application along with the above items. If you choose to drop-off your application, we can make copies of the required items right at our office for you.

Once you are approved we can set up a time and date for you the view the unit. Please feel free to give me a call if you have any questions. All of my contact information is below. Thank you.

Sincerely, Ashley O'Neil aoneil@aglhomes.com Office: 585-226-2727 ext. 327

Mobile: 585-303-7703 Fax: 585-226-8909

AFFORDABLE

APPLICATION FOR RESIDENCY

$P_{\underline{\text{ITTSFORD}}} \\ M_{\underline{\text{ANAGEMENT}}}$

 $G_{ ext{REAT}}$

Leasing Agent:

Location(s) applying for: 1		2	3
Down Payment:		Security Deposit:	Lot Rent.
APPLICANT # 1 Name:			SS#
			Date of Birth:
		Zip:	Employer:
		Cell:	Position:
		(please print clearly)	Salary: \$ per
		Phone:	Hire Date:
		How long there?	Supervisor Name:
Reason for leaving:			Employer Phone:
			Other Income:
Previous Address / City / To	wn / State:		
		Reason for leaving:	
How long at previous addres.	s:	Reason for leaving,	
		? Yes or No Describe fully:	
Have you ever been convicte APPLICANT # 2	ed of a crime		
Have you ever been convicte APPLICANT # 2 Name:	ed of a crime	? Yes or No Describe fully:	SS#
Have you ever been convicte APPLICANT # 2 Name: Current Address:	ed of a crime	? Yes or No Describe fully:	SS #
Have you ever been convicte APPLICANT # 2 Name: Current Address: City / Town / State: Phone (Home):	ed of a crime	? Yes or No Describe fully: Zip: Cell:	SS #
Have you ever been convicte APPLICANT # 2 Name: Current Address: City / Town / State: Phone (Home):	ed of a crime	? Yes or No Describe fully: Zip: Cell:	SS # Date of Birth: Employer: Position:
Have you ever been convicte APPLICANT # 2 Name: Current Address: City / Town / State: Phone (Home):	ed of a crime	? Yes or No Describe fully: Zip: Cell:	
Have you ever been convicte APPLICANT # 2 Name: Current Address: City / Town / State: Phone (Home): Email: Current landlord:	ed of a crime	? Yes or No Describe fully:	SS # Date of Birth: Employer: Position: Salary: \$ per
Have you ever been convicte APPLICANT # 2 Name: Current Address: City / Town / State: Phone (Home): Email: Current landlord: Current Rent: \$	ed of a crime Wk:	Yes or No Describe fully: Zip: Cell: (please print clearly) Phone: Phone:	SS # Date of Birth: Employer: Position: Salary: \$ per Hire Date:
Have you ever been convicte APPLICANT # 2 Name: Current Address: City / Town / State: Phone (Home): Email: Current landlord: Current Rent: \$	ed of a crime Wk:	? Yes or No Describe fully: Zip:Cell:(please print clearly) Phone:How long there?	SS # Date of Birth: Employer: Position: Salary: \$ per Hire Date: Supervisor Name: Employer Phone:
Have you ever been convicte APPLICANT # 2 Name: Current Address: City / Town / State: Phone (Home): Email: Current landlord: Current Rent: \$	ed of a crime Wk:	? Yes or No Describe fully: Zip:Cell:(please print clearly) Phone:How long there?	SS # Date of Birth: Employer: Position: Salary: \$ per Hire Date: Supervisor Name: Employer Phone: Other Income:
Have you ever been convicte APPLICANT # 2 Name: Current Address: City / Town / State: Phone (Home): Email: Current landlord: Current Rent: \$	ed of a crime Wk: per wn / State:	Zip:	SS #

sums due to Landlord or to collect on any jud approval of the application. I will not move in By signing this application, I acknowledge red	ipt of the rules and regulations of the community and agree to be bound oval for residency is granted. Applicant 1 and Applicant 2 are jointly and the terms of this application. Date
sums due to Landlord or to collect on any juda approval of the application. I will not move in By signing this application, I acknowledge re- thereby during the term of my residency if ap	oval for residency is granted. Applicant 1 and Applicant 2 are jointly an
sums due to Landlord or to collect on any jud	
application whether or not it is approved. I further incorrect it may constitute disapproval of residupproved. You are authorized to check my or any reason after I have become a tenant, an exand all reasonable attorney's fees, court costs.	her understand that if any information on this application is determined the understand that if any information on this application is determined the understand may be used as a basis for eviction if residency had been previouslit, employment history, and references, and to ask questions about metrion proceeding is commenced, I agree to be responsible for and shall passes to serve legal papers and all reasonable collection costs incurred by the neck my credit and employment if Landlord deems it necessary to collect the community until approved by the Landlord.
Important Notice: This application must be completed and signe processed. Please allow ample time for the in Management will notify applicant(s) of appro	by all adults who will occupy the home. Incomplete applications will normation to be verified and for Management to complete a background soll or denial of application.
Mortgage Co. / Bank Name:	Phone Number:
Serial #: Color: Purchase price of home:	Make:Model:
Year of Home: Size:	Make: Model:
Home Information: Current location of home:	
Home / Wk Phone (with area code):	Relationship:
Emergency Information: Person to contact in emergency (not living in Mailing Address:	ome):
Proof of spay or neuter and current rabies for all cats an	dogs must be supplied prior to final approval of this application.
roam. Pets are only accepted with prior consent of Lan-	t indoors. No doghouses or runs are permitted. Pets may not be tethered outside or allowed. Certain breed restrictions apply including American Bulldog, Cane Corso, Chow, sky, Mastiff/Bullmastiff, Pit Bulls, American Staffordshire Terriers, American Pit Bull weiler and any mixes of all previously listed breeds.
Pets: Number of pets Type & Breed	
Full Name	Age
Full Name	Age
Full Name	
	Age
Full Name	

Date

Applicant 2 -- Signature