

**SheilaLynnK Art Studio**  
345 South Main Street Wellsville NY 14895 [Ph: 585-593-4161]

**ROOMMATE RENTAL APPLICATION**

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Proof of ID must be presented with your application.) DL# \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Residential History**

Address	Dates of Residence	Why did you leave?

**Employment History**

Employer	Dates of Employment	Monthly Income from this Source

**Income History**

Source of Income	Start Date	Monthly Income from this source

***Attach proof of your reliable income  
(i.e. pay stubs, award letter, benefit verification letter, etc.)***

**REFERENCES** (Please provide three local references.)

Name	Address	Current Phone #	Relationship to you

***Your signature below indicates that you understand this rental application is for a room fit for single occupancy only and that you authorize SheilaLynnK Art Studio to contact the above references pertaining to your income, residential, and employment history. This authorization expires thirty days after the date signed.***

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)