



Date: _____
 How did you hear about us: _____
 Pref'd move-in date: _____
 Applying for Bldg/Unit#: _____

Rental/Lease Application
 Phone: 914-834-8200
 Fax: 914-834-8065

Apartment Rental Application

Applicant Information

Applicant Name(s): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Work Tel.: _____ Cell: _____ Home #: _____
 Soc. Sec#: - - DOB: _____

Tenant History

Reason for move: _____
 Present Landlord: _____ Phone: _____
 Years at present address: _____ Current Rent: _____
 Prior Add: (if less than 2 years): _____
 Previous Landlord: _____ Phone: _____
 Has previous Landlord ever sued for
 non-payment of rent ? : _____ Years at Prior Address: _____

Employment Information

Employer: _____
 Address: _____
 Position: _____ Salary: _____
 How long employed: _____ Supervisor: _____
 Phone: _____ Other source of income: _____

Credit Information

Credit Cards: _____
 Bank Name: _____

Occupancy Details

Names of all persons who will occupy apartment:

 Soc. Security #: _____
 Relationship to Applicant: _____ Age: _____

Auto Information

Auto Make: _____ Model: _____ Year: _____ Plate: _____

Pet

Pet Type: _____

Emergency (in case of emergency contact)

Name: _____ Phone: _____

Guarantor Information

Name of Guarantor: _____

Address: _____ Phone: _____ Soc. Sec#: - - Date of Birth: _____

I hereby authorize Landlord authorizes the Landlord and its associates, credit bureau's, Banks, Financial Institutions, Attorney's, Accountants and other persons or institutions with whom I am acquainted to furnish any information regarding me. I am willing that a photocopy or facsimile of this authorization be accepted with the same authority as the original. Signature of Guarantor X _____

It is hereby agreed that upon execution of this application, said applicant shall deposit with the Landlord, and/or its agent, a non-refundable fee of \$ 40.00 per applicant to pay for the cost of checking the applicant's credit history. Applicant hereby authorizes the Landlord and its associates, credit bureau's, Banks, Financial Institutions, Attorney's, Accountants and other persons or institutions with whom I am acquainted to furnish any information regarding me. I am willing that a photocopy or facsimile of this authorization be accepted with the same authority as the original. It is agreed that this application is subject to acceptance or rejection at any time by the Landlord at its sole discretion. This fee shall be non-refundable if the Applicant withdraws this application for any reason whatsoever.

Applicant Signature X _____ Co-Applicant Signature X _____

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