

MANAGEMENT OFFICE
P.O. Box 748120
Rego Park, New York 11374-8120

Fax: (718) 897-5417

Location desired _____
 Type and size of apartment wanted _____
 Desired date of occupancy _____

Personal Information

Applicant's Full Name _____ Are you or any of the occupants currently serving in
 Co-Applicant's Full Name _____ the armed forces? Yes [] No []
 If yes, please indicate who: _____

The apartment will be occupied only by the following:

Name of Occupant(s)	Date of Birth	Social Security #	Relationship

Do you own pets? Yes _____ No _____ What kind and how many pounds? _____

Residence History

Applicant:

Current
 from _____ street address _____ apt _____ city _____ state _____ zip _____
 to _____ street address _____ Monthly Rent: \$ _____ telephone number _____
 mo./yr. _____ mo./yr. _____
 Reason for leaving _____

Landlord/mortgage Co.: Full Name _____ Phone () _____
 _____ street address _____ city _____ state _____ zip _____ loan number (if applicable) _____

Prior:
 from _____ street address _____ city _____ state _____ zip _____
 to _____ street address _____ Monthly Rent : \$ _____ reason for leaving _____
 mo./yr. _____ mo./yr. _____

Landlord/mortgage Co.: Full Name _____ Phone () _____
 _____ street address _____ city _____ state _____ zip _____ loan number (if applies) _____

Co-Applicant:

Current
 from _____ street address _____ apt _____ city _____ state _____ zip _____
 to _____ street address _____ Monthly Rent: \$ _____ telephone number _____
 mo./yr. _____ mo./yr. _____
 Reason for leaving _____

Landlord/mortgage Co.: Full Name _____ Phone () _____
 _____ street address _____ city _____ state _____ zip _____ loan number (if applicable) _____

Prior:
 from _____ street address _____ city _____ state _____ zip _____
 to _____ street address _____ Monthly Rent : \$ _____ reason for leaving _____
 mo./yr. _____ mo./yr. _____

Landlord/mortgage Co.: Full Name _____ Phone () _____
 _____ street address _____ city _____ state _____ zip _____ loan number (if applies) _____

Employment Information

Applicant:

Current: Company Name _____ Phone () _____
 _____ street address _____ city _____ state _____ zip _____ Supervisor name and position _____
 from _____ to _____ Gross Monthly Salary: \$ _____ Position _____
 mo./yr. _____ mo./yr. _____

Co-Applicant:

Current: Company Name _____ Phone () _____
 _____ street address _____ city _____ state _____ zip _____ Supervisor name and position _____
 from _____ to _____ Gross Monthly Salary: \$ _____ Position _____
 mo./yr. _____ mo./yr. _____

Banking Information

Checking: Bank _____
street address city state zip

Acct. # _____
Phone () _____

Savings: Bank _____
street address city state zip

Acct# _____
Phone () _____

In Case of Emergency

Family Reference:

Full Name _____
street address city state zip

Phone () _____
Relationship _____

Non Family Reference:

Full Name _____
street address city state zip

Phone () _____
Relationship _____

List all Vehicles owned:

<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>License Number</u>

Applicant: Daytime phone No. _____

E-mail _____

Co-Applicant: Daytime phone No. _____

E-Mail _____

The above information is true and correct and the landlord and/or his agents are authorized to verify the information and to obtain a consumer and/or investigative credit report any time during my/our lease or if in default anytime thereafter. I/we understand that the fee for verifying this application is not a deposit or rent and will not be applied to rent or refunded even if this application is not approved. In addition, I/we authorize the Management Company to conduct an inspection of my/our present residence.

NOTICE UNDER NYCAC SECTION 20-808

The application information provided by you may be used to obtain a tenant screening report; the name and address of the consumer reporting agency or agencies that will be used to obtain such report is:

NATIONAL TENANT NETWORK
P.O. BOX 1023
TURNERSVILLE, NJ 08012

Pursuant to federal, state, and local law:

1. If we take adverse action against you on the basis of information contained in a tenant screening report, we must notify you that such action was taken and supply you with the name and address of the consumer reporting agency that provided the tenant screening report on the basis of which such action was taken;
2. If any adverse action is taken against you based on information contained in a tenant screening report, you have the right to inspect and receive a free copy of that report by contacting the consumer reporting agency;
3. Every tenant or prospective tenant is entitled to one free tenant screening report from each national consumer reporting agency annually, in addition to a credit report that should be obtained from www.annualcreditreport.com; and
4. Every tenant or prospective tenant may dispute inaccurate or incorrect information contained in a tenant screening report directly with the consumer reporting agency.

Date: _____

Applicant Signature _____

Date: _____

Co-Applicant Signature _____

The following page contains information about the documents that must accompany this application. Incomplete applications will not be reviewed by this office.



REFERENCE VERIFICATION

In order for us to consider an application, the application must be completed in its entirety. In addition, the following must be supplied with the application:

- 1) Photocopy of applicant's W-2 and tax return for the previous year
- 2) Copies of applicant's last two pay stubs
- 3) Proof of applicant's current residence (e.g.: copy of lease, rent receipts, utility bills, etc.)
- 4) Proof of additional income such as Social Security, child support, alimony, Armed Forces Reserves, etc.
- 5) Copy of the applicant's driver's license

Credit report fee is a non-refundable \$35.00 check per applicant (which should not be given until asked for).

<p>FOR OFFICE USE ONLY</p> <p>Apt. size.....</p> <p>Apt. # Bldg.</p> <p>Rent \$ Security \$</p> <p>Lease Begins Ends</p>	<p>Credit Check <input type="checkbox"/></p> <p>Job Verification <input type="checkbox"/> Person Spoken to:</p> <p>ID (Driver License) <input type="checkbox"/> SS check <input type="checkbox"/></p> <p>LL Verification <input type="checkbox"/> Person Spoken To:</p>
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