Apartment Application Form

(INCOMPLETE APPLICATION WILL NOT BE CONSIDERED)

Please FAX To (914) 964-0263 or Give to Super

Size Desired: STD 1BR 2BR 3BR

Building Applied for: _____ Apartment #: _____

Name: _____ Social Security #:_____

Present Address: _____ Date of Birth ____/_____/____

_____ How long lived: _____

_____ Home Phone: _____

How long lived: _____ Mobile Phone: _____

Landlord/Super's Phone #: _____ Current Rent $_____

Have you been to housing court in the last 5 Yrs? Yes _____ NO_____

Household Members

Names	Date of Birth	Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Male/Husband:

Company Name: _____ Work Phone #:_____

Company Address: _____ How long Employed: _____

_____

Income per Year: _____

Female/Wife:

Company Name: _____ Work Phone #:_____

Company Address: _____ How long Employed: _____

_____

Income Per Year: _____

Name Of Bank: _____ Previous Address: _____

Bank Address: _____ _____

Cash Balance: _____ _____

Account#: _____ Landlord/Super's Phone #: _____

Declared Bankruptcy in the last seven years: YES NO

I agree to permit an investigation of my credit, tenant history, banking and employment for the purposes of renting an apartment with this owner/manager.

Signed: _____ Date: _____

Signed: _____ Date: _____

The Following must be attached:

1. **Copy of government issued photo ID (Drivers license, Id card, passport, etc.)**
2. **Copy of latest Pay stub of both Husband & Wife.**
3. **Copy of Social Security Cards.**