## Apartment Application Form (INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED) Please Fax to (914) 885-1733 Applications can also be given to the Super

How did you hear about	tus? News	spaper	Website	Referral	Broker	Walkup
Size Desired:	STD	1BR	2BR	3BR		
Building Applied For:			Apartment #:			
Name:			Social Security #	#:		
E-mail Address:						
Present Address:				Date of Birth:	//	
				Home Phone#:		
Length of Tenancy:				Current Rent \$		_
Landlord/Super's Phone#	:					
Have you been to housing	g court in the las	t 5 Yrs?	YES	NO		
Household Members						
Names	D	ate of Birth	Relation	nship	Social Security #	
Employment						
Male/Husband				W. I. Di		
Company Name:						
Company Address:					oyment:	
Female/Wife						
Company Name:				Work Phone#:		
Company Address:					yment:	
I J					;	
Name of Bank:			Previou	is Address:		
Account #:			1101100			
Cash Balance: \$			Landlor			
Declared Bankruptcy In I	Last Seven Year	S	YES	NO		
I agree to permit an invo			•			oses of renti

ing an apartment with this owner/manager.

Signed:	Date:
Signed:	Date:

The Following MUST Be Attached:

- (1) Copy of government issued photo ID (Driver's License, ID Card, Passport, Etc.)
- (2) Copy of latest Pay Stub for all working household members.
- (3) Copy of Social Security Cards
- (4) Proof that last 4 months of rent was paid