



INVESTMENTS • PROPERTY MANAGEMENT • RENTALS

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RENTAL APPLICATION

Leasing Manager: Regina Frankel | Arlene Gonzalez | Phone (212) 420-1246 Fax: (212) 420-1231
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Property Address: _____ Apt: _____ Rent: \$ _____ Security Deposit: \$ _____

Applicant Information

Name:		
Date of Birth:	SSN:	Phone:
Email Address:		
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Current Landlord's Name:		Landlord's Tel:
Do you engage in a Home Occupation?	(Circle One) YES / NO If yes, please explain:	

Employment Information

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:
Are you currently a Student (Circle One) YES / NO If yes, please explain:		School Attending:

Name All Other Persons who will Occupy the Apartment

Name:	Relationship	Age	Phone:

I authorize the verification of the information provided on this form as to my credit and employment.

Signature of applicant:

Date: