



45 West 21<sup>st</sup> Street, Suite 5A, New York, NY 10010, Tel: 212-300-3901, Fax: 212-412-9077

**APARTMENT LEASE APPLICATION**

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ Rent \_\_\_\_\_ Security \_\_\_\_\_

Lease Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Lease Term \_\_\_\_\_

.....  
Name of Applicant \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Tel No. \_\_\_\_\_ Work Tel No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Mobile No. \_\_\_\_\_

Present Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Length of Tenancy \_\_\_\_\_

Rent Paid \$ \_\_\_\_\_ Landlord's Name \_\_\_\_\_ Address \_\_\_\_\_

Landlord's Tel No. \_\_\_\_\_

Previous Address if less than 2 years \_\_\_\_\_ Length of Tenancy \_\_\_\_\_

Rent Paid \$ \_\_\_\_\_ Landlord's Name and Address \_\_\_\_\_

Tel No. \_\_\_\_\_

**Bank Information:**

Checking Acct. Bank \_\_\_\_\_ Account No. \_\_\_\_\_

Saving Acct. Bank \_\_\_\_\_ Account No. \_\_\_\_\_

Other Acct. \_\_\_\_\_ Account No. \_\_\_\_\_

**Credit Card Accounts:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Annual Salary** \_\_\_\_\_

Company and Address \_\_\_\_\_

Length of Employment \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Tel No. \_\_\_\_\_

Previous Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_ Salary \_\_\_\_\_

Source of income other than Employment \_\_\_\_\_

**References:** CPA: \_\_\_\_\_ Tel. \_\_\_\_\_

Attorney's Name and Tel. \_\_\_\_\_ Banker: \_\_\_\_\_

Tel. \_\_\_\_\_ Other \_\_\_\_\_ Tel. \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE NOTIFY:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Number of occupants** \_\_\_\_\_ **Children** \_\_\_\_\_ **Pets** \_\_\_\_\_

**Authorization to Release Information:**

I the applicant, give full authorization for an investigative report whereby third parties may be contacted to report on my character, general reputation, personal characteristics and mode of living including salary-income, consumer credit, court and criminal history and banking-financial practices. I have the right to make a written request for disclosure of the nature, results and scope of this investigation. I may not however receive or view my consumer credit file. I agree to hold N2K Reporting harmless for any claims that may arise as a result of this investigation. I further authorize Banks, Financial Institutions, Landlords, Civil and Criminal Courts, Motor Vehicles Bureaus, Business Associates, Credit Bureaus, Attorneys, Accountants and other persons or institutions with whom I am acquainted to furnish any and all information regarding me. This authorization also applies to any update reports, which may be ordered as needed. I am willing that a photocopy or fax of this authorization be accepted with the same authority as this original.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_