


# Besyata

1140 Dewey/Alameda

Unit Applied For: \_\_\_\_\_ Desired Occupancy Date: \_\_\_\_\_  
 Address

 **We are an equal housing opportunity provider. We do not discriminate on the basis of race, color, religion, sex, family status, national origin or handicap.**

### PRIMARY RESIDENT:

(All Questions Must Be Answered)

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_  
 First Middle Last

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

OWN  RENT  OTHER: \_\_\_\_\_ MONTHLY PMT: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

LANDLORD: \_\_\_\_\_ LANDLORD PHONE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

LANDLORD ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWN  RENT  OTHER: \_\_\_\_\_ MONTHLY PMT: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

LANDLORD: \_\_\_\_\_ LANDLORD PHONE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

SALARY \$ \_\_\_\_\_ weekly / bi-weekly / annual OTHER INCOME \$ \_\_\_\_\_ SOURCE \_\_\_\_\_

Previous EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

SALARY \$ \_\_\_\_\_ weekly / bi-weekly / annual OTHER INCOME \$ \_\_\_\_\_ SOURCE \_\_\_\_\_

### CO-APPLICANT:

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_  
 First Middle Last

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

OWN  RENT  OTHER: \_\_\_\_\_ MONTHLY PMT: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

LANDLORD: \_\_\_\_\_ LANDLORD PHONE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWN  RENT  OTHER: \_\_\_\_\_ MONTHLY PMT: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

LANDLORD: \_\_\_\_\_ LANDLORD PHONE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

SALARY \$ \_\_\_\_\_ weekly / bi-weekly / annual OTHER INCOME \$ \_\_\_\_\_ SOURCE \_\_\_\_\_

### PERSONS WHO WILL OCCUPY APARTMENT

NAME: \_\_\_\_\_ OVER 18? YES  NO  DATE OF BIRTH: \_\_\_\_\_ M  F

NAME: \_\_\_\_\_ OVER 18? YES  NO  DATE OF BIRTH: \_\_\_\_\_ M  F

NAME: \_\_\_\_\_ OVER 18? YES  NO  DATE OF BIRTH: \_\_\_\_\_ M  F

NAME: \_\_\_\_\_ OVER 18? YES  NO  DATE OF BIRTH: \_\_\_\_\_ M  F

Is any occupant on or applying for housing assistance? YES  NO  If yes, agency? \_\_\_\_\_

Does any occupant own a waterbed? ? YES  NO  A pet? ? YES  NO  Type \_\_\_\_\_ Weight \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  If yes, what? \_\_\_\_\_

### TENANT VEHICLE INFORMATION

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ PLATE # \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ PLATE # \_\_\_\_\_

### IN CASE OF EMERGENCY PLEASE NOTIFY

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE# \_\_\_\_\_ CELL # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

**CREDIT INFORMATION (List credit cards, loans, and other monthly payments)**

NAME \_\_\_\_\_ BALANCE \_\_\_\_\_ MONTHLY PMT \_\_\_\_\_  
NAME \_\_\_\_\_ BALANCE \_\_\_\_\_ MONTHLY PMT \_\_\_\_\_

**BANK INFORMATION**

CHECKING YES  NO  BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_  
SAVINGS YES  NO  BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

**PERSONAL REFERENCES**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

**GUARANTOR**

If a guarantor is required, do you have a qualified and willing person residing in the State of New York available to guarantee the lease? YES  NO

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_ SS# \_\_\_\_\_

My signature below serves as permission for **1140 Dewey/Alameda** to verify the accuracy of all statements in this application, and to obtain present and previous landlord references, income and employment verification and credit history for applicant, co-applicant and guarantor. Applicant attests that all information on this application is correct and complete. The undersigned makes the foregoing representation knowing that if any such information proves false, the management may cancel any lease given in reliance upon such information at any time.

**The deposit agreement on the bottom of this form is an integral part of this application and must be signed.**

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
CO-APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**DEPOSIT AGREEMENT**

1. The acceptance of this Application and/or a deposit does not constitute an approval of the application, or an agreement to lease, or a lease on the part of the Landlord. If the Landlord does not approve this application, the sum deposited shall be returned to the applicant, less any application fee paid.
2. Applicant has the right to cancel this application within forty-eight (48) hours of the signing of this application. If Applicant cancels this application within the forty-eight hour period, a handling fee of \$50 will be charged to the Applicant for the paperwork, rental and office expense involved in the processing of the application. If Applicant cancels this application after the forty-eight hour grace period, and prior to the signing of a lease agreement, Applicant agrees that the full deposit received along with this application will be retained for liquidated damages and payment of the cancellation. In consideration for payment of this sum, the Landlord agrees to completely release the Applicant from this application agreement.
3. In the event the Applicant has indicated to the Landlord on this application that the Applicant will provide a guarantor residing in New York State and the Landlord requests the Applicant to provide such guarantor, the Applicant will supply a guarantor within three (3) days of the receipt of such request. The Applicant expressly acknowledges that in the event that the Applicant does not supply a guarantor upon request, the deposit received as part of this application will be retained for liquidated damages and the release from this application.
4. If the Applicant does not return the signed lease within seventy-two (72) hours from written request by the Landlord, this application, at the Landlord's option, may be considered null and void. In such event, the Landlord will retain the deposit as part of liquidated damages.
5. If the Landlord accepts this application to lease, this application shall be deemed a part of the lease.

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**SIGNATURE OF CO-APPLICANT** \_\_\_\_\_

**DATED** \_\_\_\_\_ **AT** \_\_\_\_\_ **am / pm**

For Office Use Only					
Signature of Rental Agent	_____	Date	_____		
Apt #	_____	Size	_____	Carpet Color	_____
		Move In Date	_____		
App Fee	_____	Sec Dep	_____	1 <sup>st</sup> Month Rent	_____
		Pet Deposit	_____	Pet Fee	_____
Lease Term	_____	Commencing	_____	Ending	_____
Application Fee & Deposit Paid:	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	Money Order <input type="checkbox"/>	Bank	_____
				Amount	_____