


Besyata

29 Hillcrest

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

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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 **29 Hillcrest** 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 st 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 _____