

Apt. No: _____

Occupancy Date: _____

Rent: _____

APPLICATION FOR OCCUPANCY
(PLEASE PRINT)

NAME _____

ADDRESS _____

TELEPHONE HOME _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

BUSINESS _____

CO-TENANT'S NAME _____

ADDRESS _____ TELEPHONE HOME _____

BUSINESS _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

IN CASE OF EMERGENCY NOTIFY: _____

NAME

ADDRESS

PHONE

CREDIT HISTORY REPORT

EXPERIAN - 701 Experian Prkwy, Allen, TX 75013 (888) 397-3742 www.experian.com/reportaccess

TRANS UNION - PO Box 1000, Chester, PA 19022 (800) 888-4213 www.transunion.com

CRIMINAL HISTORY REPORT

TENANT DATA VERIFICATION -344 Portion RD, Lake Ronkonkoma, NY 11779 (631) 615-2415

INCOME INFORMATION

APPLICANT'S CURRENT EMPLOYER:

NAME _____

ADDRESS _____

CONTACT PERSON _____

TELEPHONE NO. FOR CONTACT PERSON _____

LENGTH OF EMPLOYMENT _____

ANTICIPATED ANNUAL INCOME _____

PREVIOUS EMPLOYER'S NAME _____

PREVIOUS EMPLOYER'S ADDRESS _____

CONTACT PERSON _____ TELEPHONE NO. _____

ANNUAL SALARY _____ LENGTH OF EMPLOYMENT _____

CO-TENANT'S CURRENT EMPLOYER

NAME _____

ADDRESS _____

CONTACT PERSON _____

TELEPHONE NO. FOR CONTACT PERSON _____
 LENGTH OF EMPLOYMENT _____
 ANTICIPATED ANNUAL INCOME _____
 PREVIOUS EMPLOYER'S NAME _____
 PREVIOUS EMPLOYER'S ADDRESS _____
 CONTACT PERSON _____ TELEPHONE NO. _____
 ANNUAL SALARY _____ LENGTH OF EMPLOYMENT _____

REFERENCES

PERSONAL REFERENCES (DO NOT INCLUDE RELATIVES)

1. NAME _____
 ADDRESS _____ PHONE _____
 2. NAME _____
 ADDRESS _____ PHONE _____

BUSINESS REFERENCES:

1. NAME OF CPA _____
 ADDRESS _____ PHONE _____
 2. NAME OF ATTORNEY _____
 ADDRESS _____ PHONE _____

ADDITIONAL INFORMATION

	<u>OTHER RESIDENTS TO OCCUPY APT</u>	<u>SOCIAL SECURITY NO.</u>	<u>RELATIONSHIP TO HEAD*</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

***Optional**

BANK REFERENCES:

Checking _____ Branch# _____ Acct. # _____
 () _____ Branch# _____ Acct. # _____
 () _____ Branch# _____ Acct. # _____

DRIVER'S LIC. NO. _____ STATE _____
 MAKE _____ YEAR _____ LICENSE PLATE #: _____
 MAKE _____ YEAR _____ LICENSE PLATE #: _____

OCCUPANCY INFORMATION:

1. NAME OF DESIGNATED OCCUPANT: _____
 IF A CORPORATION NAME, NAME THE INDIVIDUAL DESIGNATED TO BE THE
 OCCUPANT OF THE APARTMENT UNIT AND STATE FOR HOW LONG A TERM:

(Note: When and if the designated occupant vacates the unit, another application must be filed and references submitted before occupancy can be allowed to a successor designated occupant).

2. NAME OF ALL PERSONS WHO WILL RESIDE IN THE APARTMENT INCLUDING CHILDREN: _____
3. WILL THERE BE ANY BUSINESS OR PROFESSION CONDUCTED AT THIS APARTMENT? _____ IF SO, WHAT IS THE NATURE OF THE BUSINESS OR PROFESSION? (DESCRIBE IN DETAIL) _____
4. WILL THERE BE ANY EMPLOYEES WORKING IN THE APARTMENT? _____ IF SO, HOW MANY? _____
5. WILL THERE BE ANY BUSINESS OR PROFESSIONAL VISITORS TO THE APARTMENT? _____ IF SO, ESTIMATED NUMBER PER DAY? _____
6. DOES OCCUPANT WISH TO MAINTAIN ANY PETS? IF SO, PLEASE SPECIFY _____

Background/Credit Check Processing Fee \$ _____
(Non-Refundable)

SIGNATURE _____

SIGNATURE _____

DATE _____