



31-87 Steinway Street, #5, Astoria, NY  
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## APARTMENT APPLICATION

PLEASE PRINT CLEARLY

### APPLICANT INFORMATION

Date of Application: \_\_\_\_\_ Applying for Apartment #: \_\_\_\_\_ Desired Move In Date: \_\_\_\_\_

#### Contact Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Children under age of 10:  Yes  No Enlisted in Military?  Yes  No

#### Current Rental Information:

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone Number: \_\_\_\_\_ Current Rent Amount: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_ Years Lived at Address: \_\_\_\_\_

#### Current Employment Information:

Company Name: \_\_\_\_\_ Company Contact Number: \_\_\_\_\_ Position: \_\_\_\_\_

Annual Income: \$ \_\_\_\_\_ Length of Employment: \_\_\_\_\_

#### Additional Questions For All Applicants:

- |   |   |
|---|---|
| Are you currently enlisted in the military or reserves?<br>(i.e.: Military, Marines, Army, Navy, etc) | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Have you or any roommates ever had bed bugs?  | If yes, please list which you are enlisted for: _____<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been evicted from an apartment?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Have you ever declared bankruptcy?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Do you have a criminal record?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Are you or any other people in your apartment smokers?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Do you have any pets? (We do NOT allow ANY pets)  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |

How Did You Hear About Us? \_\_\_\_\_

### APARTMENT MUST BE VIEWED BEFORE SUBMITTING THIS APPLICATION

- ✓ I certify by my signature below that all the information given above is true and correct and I understand my lease or rental agreement may be terminated if I have made any false or incomplete statement in this application.
- ✓ I authorize verification of the information provided in this application from my credit sources, credit bureaus, current and previous landlords and employers, and personal references.
- ✓ I understand the application fee is non refundable. I understand the lease must be signed within 48 hours of submitting my application. I have viewed the apartment prior to submitting this application.
- ✓ I understand if it is determined I worked with a broker and did not mention it on this application I will be liable to pay the broker's commission.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY:

Application Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lease Sign Date:
Application Fee Received:	/ /2013 \$ _____	Move In Date:
Move In Adjustment Amount: \$		Broker Name:
Move In Funds Received:	<input type="checkbox"/> First Month Rent	<input type="checkbox"/> Security <input type="checkbox"/> Prepaid Last Month Rent
Children under age of 10: <input type="checkbox"/> Yes <input type="checkbox"/> No	Quantity of Window Guards Needed:	
	Window Guard Fee collected: / /2013 \$ _____	
Lease Date:		
<input type="checkbox"/> Stabilized	Last Legal:	New Legal:
<input type="checkbox"/> Non-Stabilized	Vacancy Increase:	Pref Credit:
	New Legal:	New Rent: