



419 Lafayette Street. 4th FL New York. NY 10003 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. _____

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 _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name: _____ Address: _____

Telephone Number _____ Relationship to you: _____

Number of occupant's _____ **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. I agree to pay a termination fee of \$250 for expenses due to lease assignments if backing out after getting approved. 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:** _____