

MANOR PARK APARTMENTS

215 CARLLS PATH

DEER PARK, NY 11729

(631)242-4600

RENTAL APPLICATION

\$25.00 APPLICATION FEE

TODAY'S DATE: ____/____/____ MONTH / YEAR APARTMENT IS NEEDED ____/____

NAME OF APPLICANT: _____ DATE OF BIRTH: ____/____/____

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SOCIAL SECURITY #: _____

HOME TELEPHONE #: _____ CELL PHONE #: _____

NAME OF CO-APPLICANT: _____ DATE OF BIRTH: ____/____/____

SOCIAL SECURITY #: _____

.....
PLEASE SPECIFY APARTMENT PREFERENCE:

____ 1 BEDROOM GROUND FLOOR

____ 1 BEDROOM UPPER UNIT

.....
RENTAL HISTORY:

HOW LONG AT CURRENT ADDRESS: _____

CURRENT MONTHLY RENT: \$ _____

LANDLORD'S NAME & PHONE #: _____

REASON FOR MOVING: _____

ARE YOU IN A LEASE PRESENTLY? _____ IF SO, WHEN DOES IT EXPIRE? _____

.....
PRIOR ADDRESS: _____

HOW LONG AT PRIOR ADDRESS: _____

LANDLORD'S NAME & PHONE #: _____

REASON FOR MOVING: _____

.....
AUTOMOBILE/DRIVER INFO: (ONE VEHICLE PER TENANT)

PLATE #: _____

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

DRIVER LICENSE #: _____ STATE: _____

APPLICANT EMPLOYMENT:

NAME OF EMPLOYER: _____ TELEPHONE #: _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TYPE OF BUSINESS: _____ POSITION: _____
SUPERVISOR: _____ NUMBER OF YEARS EMPLOYED: _____
MONTHLY SALARY: \$ _____

CO-APPLICANT EMPLOYMENT:

NAME OF EMPLOYER: _____ TELEPHONE #: _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TYPE OF BUSINESS: _____ POSITION: _____
SUPERVISOR: _____ NUMBER OF YEARS EMPLOYED: _____
MONTHLY SALARY: \$ _____

DESCRIBE OTHER INCOME OF APPLICANT:

SOCIAL SECURITY: \$ _____ PER MONTH
PENSION: \$ _____ PER MONTH
MISCELLANEOUS: \$ _____ PER MONTH
TOTAL MONTHLY: \$ _____

DESCRIBE OTHER INCOME OF CO-APPLICANT:

SOCIAL SECURITY: \$ _____ PER MONTH
PENSION: \$ _____ PER MONTH
MISCELLANEOUS: \$ _____ PER MONTH
TOTAL MONTHLY: \$ _____

TOTAL VALUE OF ANY STOCKS OR BONDS: \$ _____
VALUE OF ANY REAL ESTATE OWNED: \$ _____
LOCATIONS OF ANY REAL ESTATE OWNED: \$ _____

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR CREDIT CHECK(S):

CHECKING ACCOUNT:

NAME OF BANK: _____ ACCOUNT #: _____
ADDRESS: _____ CURRENT BALANCE: \$ _____

SAVINGS ACCOUNT:

NAME OF BANK: _____ ACCOUNT #: _____
ADDRESS: _____ CURRENT BALANCE: \$ _____

EMERGENCY CONTACT(S):

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
HOME TELEPHONE #: _____ WORK/CELL PHONE #: _____

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
HOME TELEPHONE #: _____ WORK/CELL PHONE #: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE. I AUTHORIZE THE VERIFICATION OF THIS INFORMATION BY CONTACTING ANY OR ALL INDIVIDUALS, FINANCIAL INSTITUTIONS AND CREDIT AGENCIES. I UNDERSTAND THAT THIS IS NOT A LEASE OR AN OFFER TO RENT. NO BINDING OBLIGATIONS OF ANY KIND EXISTS BETWEEN THE OWNER AND MYSELF UNLESS AND UNTIL A LEASE IS SIGNED. THIS APPLICATION SHALL REMAIN THE PROPERTY OF THE OWNER.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

DATE

THIS APPLICATION MUST BE COMPLETED, SIGNED AND DATED

5/2017