



111 BROOK STREET • SCARSDALE, NEW YORK 10583 • (914) 472-4900 • FAX (914) 472-2121

Thank you for your interest in renting an apartment with us. The following requirements are **MANDATORY** when submitting your application to the office or the superintendent

PLEASE SUBMIT COPIES ONLY

ALL APPLICANTS **MUST** GO THROUGH THE SAME CREDIT SCREENING, HAVING A VOUCHER IS NOT A GUARANTY FOR AN APARTMENT

1. The \$75.00 application fee, which includes obtaining credit reports, background checks and court records is non-refundable NO PERSONAL CHECKS WILL BE ACCEPTED FOR THIS FEE.
2. Include three current pay stubs from your employer.
3. We need an employer reference letter stating your salary, position and length of employment.
4. You may be asked to provide proof of your identification.
5. We WILL verify your employment.
6. We WILL check your credit. **(All late payments, legal proceedings and judgments are reported to the Credit Bureaus)**
7. We need a copy of your W-2 from last year
8. We WILL speak with your current landlord, or verify tenancy of the current leaseholder. (IF THE INFORMATION SUBMITTED PROVES TO BE FALSE. APPLICATION WILL BE AUTOMATICALLY DENIED.)
9. We will conduct a home interview
10. **NO PETS ALLOWED, UNLESS OWNER/LANDLORD SPECIFIES OTHERWISE**
11. **BASIC INCOME REQUIREMENT OF OWNERS FOR - STUDIO APT. \$500.00 - \$550.00 P/WEEK AFTER TAXES ONE (1) BEDROOM \$600.00 - \$650.00 P/WEEK AFTER TAXES; TWO (2) BEDROOM \$700.00 - \$750.00 P/WEEK AFTER TAXES, AND THREE (3) OR FOUR (4) BEDROOMS \$750.00 OR MORE AFTER TAXES WEEKLY.**
12. **ALL APPLICANTS WITH SECTION 8 VOUCHER MUST PROVIDE PROOF OF ASSISTANCE INCOME – i.e. COPY OF SECTION 8 VOUCHER. PLEASE NOTE THAT ALL APPLICANTS WITH THE SECTION 8 VOUCHER IS SUBJECT TO THE FULL CREDIT APPLICATION AND EVALUATION PROCESS AS ALL OTHER APPLICANTS.**

- Once received in our office, it takes approximately 4-5 working days to complete the process
- Once accepted as an occupant in this building, it should be noted that upon lease signing, one month's rent and one month's security deposit is due. This payment may be made in money order, certified check, or cash.
- Personal checks are not accepted for initial payment when signing lease prior to moving in.
- **WASHING MACHINES ARE PROHIBITED**
- **RENT IS DUE ON THE 1ST DAY OF EACH MONTH**

PLEASE NOTE THAT IF THE OWNERS AND MANAGERS FIND UPON PROCESSING THE APPLICATION THAT ANY OF THE INFORMATION PROVIDED SHOULD PROVE TO BE FALSE, THIS APPLICATION WILL BE AUTOMATICALLY DECLINED.

ALL APPLICANTS MUST SIGN 2ND PAGE OF THE APPLICATION FOR THE APPLICATION TO BE PROCESSED.

Thank you
The Management

(Information Page for Application)



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RENTAL APPLICATION

THERE IS A \$75.00 NON-REFUNDABLE APPLICATION FEE FOR PROCESSING ALL APPLICATION ALL QUESTIONS MUST BE ANSWERED OR THIS APPLICATION WILL BE DENIED

PLEASE MAKE SURE APPLICATION IS SIGNED BY ALL PARTIES APPLYING FOR AN APARTMENT HOW DID YOU HEAR ABOUT OUR AVAILABLE APARTMENT/S? PLEASE CHECK ONE BOX

NY POST ____	DAILY NEWS ____	INTERNET ____	RENT DIRECT ____	BUILDING SIGN ____	OTHER ____
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If other, please check one:- Personal Referral (friend/family) _____ Realty _____ Craigs List _____
If Realty, name of Real Estate Company & Tel. #: _____

ADDRESS OF BUILDING YOU ARE APPLYING FOR :- _____ Apt .No. _____

PRIMARY APPLICANTS INFORMATION

APPLICANTS FULL NAME: _____ WORK# _____

SOCIAL SECURITY No. _____ DATE OF BIRTH _____ CELL # _____

CURRENT ADDRESS _____ APARTMENT # _____ CITY _____

STATE _____ ZIP CODE _____ HOME TEL. # _____

THE FOLLOWING QUESTIONS ARE MANDATORY. IF LEFT BLANK THE APPLICATION WILL BE AUTOMATICALLY DECLINED.

WE MUST RECEIVE THE CORRECT NAME AND TELEPHONE NUMBER FOR OWNER OF THE PROPERTY WHERE YOU ARE RESIDING. WE WILL VERIFY THE INFORMATION. IF FALSE, APPLICATION IS AUTOMATICALLY DENIED.

WHOSE NAME APPEARS ON THE LEASE? _____ WHAT IS YOUR RELATIONSHIP TO THE LEASE-HOLDER? _____

WHO IS THE CURRENT LANDLORD/OWNER OF BUILDING OR HOUSE? _____ LANDLORD/OWNERS TEL #. _____

REASON FOR MOVE _____

LIST ALL PREVIOUS ADDRESSES FOR THE PAST 6 YEARS

_____ FROM _____ TO _____

_____ FROM _____ TO _____

PRESENT EMPLOYER: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

YOUR POSITION _____ LENGTH OF EMPLOYMENT _____ WEEKLY SALARY _____

SUPERVISOR OR MANAGER'S NAME _____

SUPERVISOR OR MANAGER'S TELEPHONE : _____

For Office Use Only:

CO-APPLICANT'S

FULL NAME : _____

SOCIAL SECURITY No. _____ DATE OF BIRTH _____

CURRENT ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ HOME TEL. NO. _____

WHOSE NAME APPEARS ON THE LEASE? _____ WHAT IS YOUR
RELATIONSHIP TO THE LEASE-HOLDER? _____ WHO IS THE CURRENT LANDLORD/OWNER
OF BUILDING OR HOUSE? _____ LANDLORD/OWNERS TEL#. _____

WE MUST RECEIVE THE CORRECT NAME AND TELEPHONE NUMBER FOR OWNER OF THE PROPERTY WHERE YOU ARE RESIDING. WE WILL VERIFY THE INFORMATION. IF FALSE, APPLICATION IS AUTOMATICALLY DENIED.

LIST ALL PREVIOUS ADDRESS FOR THE PAST 6 YEARS
_____ FROM _____ TO _____
_____ FROM _____ TO _____

PRESENT EMPLOYER: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

YOUR POSITION _____ LENGTH OF EMPLOYMENT _____ WEEKLY SALARY _____

SUPERVISOR OR MANAGER'S NAME _____

SUPERVISOR OR MANAGER'S TELEPHONE # _____

APARTMENT IS FOR HOW MANY PEOPLE ? _____ No. OF ADULTS _____ No. OF CHILDREN _____

LIST THE NAMES OF ALL OTHERS WHO WILL OCCUPY THE APARTMENT

_____ RELATIONSHIP TO OCCUPANT _____

_____ RELATIONSHIP TO OCCUPANT _____

IF THERE ARE OTHER SOURCES OF INCOME, (NOT SUBSIDIZED) YOU WOULD LIKE US TO CONSIDER, PLEASE LIST:

CREDIT REFERENCE _____ TEL. No. _____

ADDRESS _____ ACCT.# _____

HAVE YOU OR CO-APPLICANT EVER:
BEEN SUED FOR NON-PAYMENT OF RENT? YES ___ NO ___
BEEN EVICTED OR ASKED TO MOVE OUT? YES ___ NO ___
BROKEN A RENTAL AGREEMENT OR LEASE? YES ___ NO ___
HAD PREVIOUS CREDIT PROBLEMS? YES ___ NO ___

IF YES, EXPLAIN _____

I hereby apply to lease an apartment with FTRE/MGT and certify that the information given on this application is true. I further authorize FTRE/MGT to contact any if not all references that I have listed. I also recognize that as part of the procedure for processing my application that a consumer credit report will be obtained from a credit reporting agency. I also fully understand that the \$75.00 fee for processing this application is NON-REFUNDABLE.

OMISSION OF ANY INFORMATION REQUESTED WILL VOID THIS APPLICATION

APPLICANTS SIGNATURE _____ DATE _____

CO-APPLICANTS SIGNATURE _____ DATE _____