

Date of application: _____

Return to Dina
Fax: 212-628-8194
Tel: 212-734-9500
Email: Info@HarlingtonLLC.com
M-F 9:30am-5pm

Apartment Lease Application

This application must be completed by all adults who will be living in the apartment.

Building: _____ Apt. #: _____ # of Rooms: _____ Rent: \$ _____

Name of Applicant: _____

Present Address: _____

Telephone #: Home: _____ Work: _____

Cell: _____ E-mail: _____

Social Security #: _____ Date of Birth: _____

Present Landlord: _____ Address: _____

Landlord's Tel. #: _____

of Years at Present Address: _____ Rent Per Month: \$ _____

Prior Address (If at present address less than 5 years):

Others Who Will be Occupying Apartment with You:

Name: _____ Age: _____ Relationship: _____

Pets: _____ Musical Instruments: _____

Occupation: _____ Annual Salary: \$ _____ No. of Years: _____

Name of Employer: _____

Address of Employer: _____

Supervisor: _____ Supervisor's Tel. #: _____

Other Income: _____ Bonuses & Commissions: _____

If at Present Job for Less Than Five Years, List Names, Addresses and Phone Numbers of all Employers for Last Five Years:

| Employer's Name: | Address: | Phone #: | Duration: |
|------------------|----------|----------|-----------|
|------------------|----------|----------|-----------|

1. _____

2. _____

3. _____

Do You Presently, or Have You Owned a Condominium, Cooperative, or Private Home(s), in the Last Five Years? Yes:

No: _____

If Yes, list all the addresses: (Indicate the year sold or whether you still own the property).

Address: _____ Year Sold: _____

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Indicate Below the Status of Present Mortgage:

Mortgage Held By: _____ Present Mortgage Balances: _____

Personal Banking Information:

| Bank: | Type of Account: | Acct. # | Balance: |
|-------|------------------|---------|----------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

Bank Information:

Name: _____ Branch: _____

Branch Telephone No.: _____

Charge Accounts or Credit Cards:

Name: _____ Expiration Date: _____

Outstanding Loans: _____ Monthly Payments: _____ Loan No.: _____

Personal References: (People you have known for at least one year)

Name: _____ Address: _____ Tel. No.: _____

Business References: (i.e. Doctors, Attorneys, Accountants, Co-Workers, etc.)

Name & Occupation: _____ Tel. No.: _____

Are You a Citizen of the U.S.A? Yes: ___ No: ___ Other Country? _____

Alien Card or Visa #: _____ Expires: _____

A) How did you know about this apartment? (Please be as specific as possible)

- Broker Internet :
 Newspaper _____ Google ___ Craigslist ___ RentDirect ___
 Other _____ Yahoo! ___ Other Search Enigines _____

B) Did you inspect the apartment indicated? Yes: ___ No: ___ Date: _____

Whom shall we notify in case of emergency? _____

I hereby authorize the landlord and The Credential Researchers Ltd. To obtain a consumer credit report on me and to verify any information on this application with regard to my employment history, current and prior tenancies and all other information which they deem pertinent to obtaining residency and to release such information to the parties set-forth above. Information contained in this report is strictly confidential, may not be divulged to the subject of this report, nor to any other person and is intended for the exclusive use of the inquirer.

THIS APPLICATION MUST BE SIGNED.

Signature: _____ Date: _____



140 West End Ave - Suite 17J - NYC, NY 10023
www.credentialresearchers.com

Tel 212-873-8290 / 866-873-8290 toll free
Fax 212-873-2769 / 917-441-6785

AUTHORIZATION TO RELEASE RECORDS

LANDLORD:

TO: _____
(Company Name) (Contact/Title)

(Phone Number) (Fax Number)

EMPLOYER:

TO: _____
(Company Name) (Contact/Title)

(Phone Number) (Fax Number)

BANK:

TO: _____
(Bank Name) (Contact/Title)

(Phone Number) (Fax Number)

ACCOUNTANT: (if self-employed or have income in addition to your salary, etc.)

TO: _____
(Name) (Phone)

ATTORNEY: (if applicable)

(Name) (Phone)

I authorize the above referenced individuals and/or institutions to verify any and all requested information and, when necessary, to provide written backup to the Credential Researchers, Ltd.

Applicant Name: _____
(Please Print)

Applicant Signature: _____

Please Note: To expedite your application process, please fill in the above information and advise these parties that The Credential Researchers, Ltd. will be contacting them. Please indicate the importance of a prompt response. Thank you.