

Building Address:
Apt #

Insignia Realty Associates
631.361.2110
Hauppauge, NY 11788

RENTAL APPLICATION FORM

SEPARATE APPLICATION REQUIRED FROM EACH APPLICANT AGE 18 OR OLDER INCLUDING SPOUSE AND CHILDREN THIS APPLICATION AND ITS CONTENTS ARE CONSIDERED PART OF THE LEASE. PLEASE FILL OUT ALL THE QUESTIONS BELOW

Applicant Information

Last Name:		First Name:		MI:	
Sex:	Home Phone Number:		Work Phone Number:		Cell. Phone Number:
Social Security Number:		Driver's License Number:		State:	Date of Birth:
Marital Status:	Single:	Married:	Divorced:	Fiancé:	

Present Rental Information

Present Home Address:		City:	State:	Zip Code:	Length of Residence:
Landlord Name:		Landlord Phone Number:		Landlord Fax Number:	Monthly Rent:
Reason for Moving:					

Previous Rental Information

Previous Home Address:		City:	State:	Zip Code:	Length of Residence:
Landlord Name:		Landlord Phone Number:		Landlord Fax Number:	Monthly Rent:
Reason for Moving:					

Employment Information

Present Occupation:		Employer Name:		Name of Supervisor:	
Employer - Human Resources Dept. Phone #:		Employer - Human Resources Dept. Fax #:		Supervisor Phone Number:	
Current Income After Deductions:		Circle one: Weekly / Bi-Weekly / Monthly / Yearly		Length of Employment:	Work Hours: AM PM

2nd Job Employment Information

Present Occupation:		Employer Name:		Name of Supervisor:	
Employer - Human Resources Dept. Phone #:		Employer - Human Resources Dept. Fax #:		Supervisor Phone Number:	
Current Income After Deductions:		Circle one: Weekly / Bi-Weekly / Monthly / Yearly		Length of Employment:	Work Hours: AM PM

Other Sources of Income:

SSI Per Month:	Food Stamps Per Month:	Child Support Per Month:	Other Please Describe:
-------------------	---------------------------	-----------------------------	------------------------

In Case of Emergency, Contact:

Name:	Phone #:	City:	State:	Relationship:
Name:	Phone #:	City:	State:	Relationship:

Rental Assistance

Rental Assistance / Subsidy Type:	Voucher Amount:	Expiration Date:
Case Number:	Case Worker Name:	Case Worker Phone Number:

Residency Information

HOW MANY OCCUPANTS WILL BE LIVING IN THIS APT BESIDES APPLICANT SIGNED ON THIS LEASE PLEASE LIST ALL:		EACH ADDITIONAL ADULT LIVING IN THE APT. OVER THE AGE OF 18 YEARS IS REQUIRED TO FILL OUT A SEPARATE APPLICATION:	IF THIS IS NOT FILLED OUT IT INDICATES THAT NO OTHER PERSON WILL BE LIVING IN THE APT. :
Total Adults:	Total Children Under 18 Years :	Pets:	NO PETS ALLOWED
FULL NAME		SEX	DATE OF BIRTH
RELATIONSHIP TO APPLICANT			

Have you ever:

Filed for bankruptcy? If yes, list date filed:
Been served an eviction notice or been asked to vacate a property you were renting? If yes, when?
Willfully or intentionally refused to pay rent when due? If yes, when?
Been sued for unlawful detainer? If yes, when?
Been convicted of or committed a felony? If yes, what?
Been charged or arrested for drug possession or sale?

Referred to us by: Newspaper (name) _____ Realtor (name) _____ Other _____

All fees and deposits are non-refundable. Must be paid by money order only. No exceptions.

Signature of Applicant: _____ Date: _____

Remarks or personal statement please write here: _____

FAILURE TO FILL OUT THE APPLICATION COMPLETELY WILL RESULT IN A DELAY OF PROCESSING YOUR APPLICATION