



177-14 Wexford Terrace
Jamaica, NY
11432
Phone: 347-475-0764
Fax: 516-539-3545

RENTAL APPLICATION

Address of the Apartment You Are Applying For _____

First Name: _____ Last Name: _____ DOB: _____

Cell Phone Number: _____ Email _____

School Year (Freshman etc.) _____ Major: _____ GPA: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Landlord Name: _____ Phone Number: _____

Parent or Cosigner Information

First Name: _____ Last Name: _____ DOB: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ SS#: _____

Occupation: _____ Company Name: _____ Salary: _____

Email: _____

Required Documents:

- 1) Copy of State and School ID's (Student)
- 2) Copy of most recent Income Tax Return, W2 or Pay Stubs (Co-Signer)
- 3) Signed and Notarized Guarantor Form (Co-Signer)

Agreement and Authorization

The statements I have made are true and correct. I hereby authorize a credit and criminal check to be made. I understand that this is an application for an apartment and does not constitute a rental or lease agreement. I further understand that there is a non-refundable \$100 application fee. That will be charged to the credit card below.

Parent Signature: _____ Date: _____

Credit Card Information: (For Application Fee Only)

CC# _____ Exp (MM/YY) _____ Billing Zip _____ CVV _____