



941A Washington Avenue
Brooklyn, NY 11225
Tel: (718) 484-2225
Fax : (718) 484-2226
Email: info@langrealtyny.com

RENTAL APPLICATION

APARTMENT REQUESTED: _____ \$ _____
Apt # Address Rent Move in date

APPLICANT:

Name: _____ Social Security #: _____ - _____ - _____
Current Address: _____ Date of Birth: _____
City / State / Zip: _____ Children: _____ Pets: _____
Home Phone #: () - _____ Cell Phone #: () - _____ Work Phone #: () - _____
Email Address: _____

Present Landlord: _____ Phone #: () - _____
How Long: _____ Reason for moving: _____ Monthly rent: _____
Previous Address: _____ City _____ State _____ Zip _____

EMPLOYMENT INFORMATION:

Employer: _____ How long: _____
Employer Address: _____ Phone #: () - _____
Position: _____ Salary: \$ _____ Supervisor: _____

LIST PERSON(S) WHO WILL BE LIVING WITH YOU:

Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____

Bank: _____ Address: _____ Phone #: () - _____
Account #: _____ Type: _____ Average Balance: \$ _____ Date Opened: _____

In case of emergency contact: _____ Phone #: () - _____

It is understood that this is an application for an apartment and that we the owner reserve the full right to accept or reject it. The applicant agrees in the event that this application is withdrawn, the application fee is non-refundable, belonging to the owner for clerical work and other expenses incurred in processing the application. By signing this agreement you give us permission to run a credit check. The information provided by the credit agencies is private and will not be disclosed to anyone other than the agent and landlord.

Applicant Signature

Date