

Peter Horowitz Real Estate Broker
25-28 Broadway Astoria, NY 11106
718-355-8881

RENTAL APPLICATION

Building: _____ Apt# _____ Rent: \$ _____ Security: \$ _____

Lease Start Date: _____ Lease Term: _____ Owner: _____

Agent Name: _____

Applicant Information:

Name: _____ Social Security Number: _____

Email Address: _____ Date of Birth: _____

Personal Tel. No: _____ Business Tel. No: _____

Residency:

Present Address: _____

Landlord's Name: _____ Landlord's Tel. No: _____

How long have you lived at this address? _____ Monthly Rent: \$ _____

Previous Address (If current is less than 2 years): _____

Landlord's Name: _____ Landlord's Tel. No: _____

How long did you live at this address? _____ Monthly Rent: \$ _____

Employment:

Company Name: _____ Company Address: _____

Supervisor's Name: _____ Supervisor's Tel. No: _____

Annual Salary: \$ _____ Position: _____ Length of Employ: _____

Additional Income: (Source) _____ \$ _____/Year

AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize Peter Horowitz Licensed Real Estate Broker and/or their assigned credit bureau to obtain any and all information regarding employment, checking and/or savings accounts, credit obligation, rental information and all other credit matters that they may require in connection to lease an apartment. This consent is effective for a period of six (6) months from the date of this consent. This form may be reproduced or photocopied and that shall be as effective as the original, which I have signed.

Signed: _____ Date: _____