SWM
QUEENS MEZZANINE

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RENTAL APPLICATION

Please list the property address and apartment number you wish to apply for:

ADDRESS: _____

APARTMENT : _____

BROKER / INTRO: _____

****PLEASE PRINT****

Name of Applicant: _____
First *Last*

Date of Birth: _____ **Cell Phone No:** _____

Social Security Number: _____ **Home Phone No:** _____

Driver's License Number: _____ **State:** _____ **Email:** _____

Have you ever served or are you currently serving in the military?: ☐ **Yes** ☐ **No**

RESIDENCE HISTORY

Current Address: _____

How Long at Current Address: _____ **Reason for Leaving:** _____

Name and Phone Number of Owner or Agent: _____

Previous Address: *(if within 3 yrs)* _____

Name and Phone Number of Owner or Agent: _____

EMPLOYMENT INFORMATION

Employer: _____

Address: _____

Date of Employment: _____ **Position:** _____

Annual Salary:$ _____ **Status of Employment:** _____

Name of Supervisor: _____ **Phone Number:** _____

Other Income: $ _____ **Source:** _____

OCCUPANTS

List all other people who will occupy the unit:

Name: _____ **Name:** _____

Relationship: _____ **Relationship:** _____

Age: _____ **Age:** _____

Name: _____ **Name:** _____

Relationship: _____ **Relationship:** _____

Age: _____ **Age:** _____

The application information provided by you may be used to obtain a tenant screening report; the name and address of the consumer reporting agency or agencies that will be used to obtain such report is: ***TenantSafe - Applicantsafe, P.O. Box 1195, Jackson, NJ 08527, Tel: (800) 498-3200, Fax: (800) 596-5594.***

Pursuant to Federal, State and Local Law:

1. *Every tenant or prospective tenant is entitled to one free tenant screening report from each national consumer reporting agency annually. In addition to a credit report that should be obtained from www.annualcreditreport.com; and*
2. *Every tenant or prospective tenant may dispute inaccurate or incorrect information contained in a tenant screening report directly with the consumer reporting agency.*

Applicant's Signature: _____ **Date:** _____

EQUAL HOUSING OPPORTUNITY

SUPPORTING DOCUMENTATION CHECKLIST

ID Verification:

- ✓ Valid state photo ID

OR

- ✓ Legible passport.

OR

- ✓ Driving License.

Employment Verification:

- ✓ Employment letter on employer's letterhead verifying:
  - ➤ Lenght of employment.
  - ➤ Position.
  - ➤ Annual salary.

OR

- ✓ Three (3) most recent pay stubs.

AND

- ✓ Current W2.

OR

- ✓ Current tax return (Form 1040) (*first and last page only*).

Self-employed Verification

- ✓ Notarized letter from your accountant verifying:
  - ➤ Lenght of employment.
  - ➤ Type of business.
  - ➤ Annual income.
- ✓ Current tax return (Form 1040).
- ✓ Business Certificate.

Financial Information:

- ✓ Three (3) most recent bank statements.