

Please return to:

# THE WATERFALLS

631-738-0608 fax  
thewaterfalls55@gmail.com

REFERRED BY \_\_\_\_\_  
APT. # \_\_\_\_\_

## RENTAL APPLICATION

NAME OF APPLICANT: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

### PLEASE SPECIFY APARTMENT PREFERENCE:

\_\_\_ 1 BEDROOM GROUND FLOOR

\_\_\_ 1 BEDROOM UPSTAIRS

\_\_\_ 2 BEDROOM GROUND FLOOR

\_\_\_ 2 BEDROOM UPSTAIRS

smoking \_\_\_\_\_

non-smoking \_\_\_\_\_

WHAT MONTH IS THE APARTMENT NEEDED: \_\_\_\_\_

ARE YOU SELLING A HOME? \_\_\_\_\_ ARE YOU RELOCATING? \_\_\_\_\_

ARE YOU IN A LEASE? \_\_\_\_\_ IF SO, WHEN DOES THE LEASE EXPIRE? \_\_\_\_\_

HOW DID YOU HEAR OF US? \_\_\_\_\_

IF YOU WERE REFERRED, BY WHOM? \_\_\_\_\_

CURRENT LANDLORD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ MONTHLY RENT \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT THIS ADDRESS \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

HAVE YOU EVER BEEN EVICTED, SUED FOR NON-PAYMENT OF RENT, OR BREACHED A LEASE?  
\_\_\_\_\_  
\_\_\_\_\_

# THE WATERFALLS

REFERRED BY \_\_\_\_\_  
APT. # \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ POSITION: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ YEARS EMPLOYED: \_\_\_\_\_ MONTHLY SALARY: \$ \_\_\_\_\_

(SPOUSE)

NAME OF EMPLOYER: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ POSITION: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ YEARS EMPLOYED: \_\_\_\_\_ MONTHLY SALARY: \$ \_\_\_\_\_

REFERENCES  
NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

DESCRIBE OTHER INCOME OF APPLICANT:

DESCRIBE OTHER INCOME OF SPOUSE:

SOCIAL SECURITY: \$ \_\_\_\_\_ PER MONTH

SOCIAL SECURITY: \$ \_\_\_\_\_ PER MONTH

PENSION: \$ \_\_\_\_\_ PER MONTH

PENSION: \$ \_\_\_\_\_ PER MONTH

MISCELLANEOUS: \$ \_\_\_\_\_ PER MONTH

MISCELLANEOUS: \$ \_\_\_\_\_ PER MONTH

TOTAL MONTHLY: \$ \_\_\_\_\_

TOTAL MONTHLY: \$ \_\_\_\_\_

CHECKING ACCOUNT

NAME OF BANK: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CURRENT BALANCE: \$ \_\_\_\_\_

SAVINGS ACCOUNT

NAME OF BANK: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CURRENT BALANCE: \$ \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY HOUSING PROVIDER FOR PEOPLE 55 YEARS OF AGE OR OLDER

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE. I AUTHORIZE THE VERIFICATION OF THIS INFORMATION BY CONTACTING ANY OR ALL INDIVIDUALS, FINANCIAL INSTITUTIONS AND CREDIT AGENCIES. I UNDERSTAND THAT THIS IS NOT A LEASE OR AN OFFER TO RENT. NO BINDING OBLIGATION OF ANY KIND EXISTS BETWEEN THE OWNER AND MYSELF UNLESS AND UNTIL A LEASE IS SIGNED. THIS APPLICATION IS SUBJECT TO PRIOR APPLICATIONS. THIS APPLICATION SHALL REMAIN THE PROPERTY OF THE OWNER.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
TODAY'S DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE

\_\_\_\_\_  
TODAY'S DATE