

STONY BROOK RENTAL APPLICATION

FOR OFFICE USE ONLY

PROPERTY NAME: STONY BROOK DATE OF APPLICATION: _____

ADDRESS APPLYING FOR _____ Wheelchair Accessible

APPLICANT'S LAST NAME _____ UNIT SIZE _____ STAFF INITIALS _____



PLEASE ANSWER ALL QUESTIONS:

NUMBER OF BEDROOMS NEEDED: STUDIO 1BR. 2BR 3 BR

HOW DID YOU HEAR ABOUT US? _____

HOUSEHOLD COMPOSITION:

LIST ALL PEOPLE TO OCCUPY APT. LAST NAME, FIRST, MI	SOCIAL SECURITY#	DATE OF BIRTH	MALE/ FEMALE	RELATIONSHIP TO YOU
1				
2				
3				
4				
5				
6				

PRESENT ADDRESS: _____ PHONE: _____

CITY _____ STATE _____ ZIPCODE _____ WORK: _____

CELL: _____

MGMT/MORTGAGE COMPANY: _____ LANDLORD PHONE: _____

HOW LONG AT PRESENT ADDRESS

DATE MOVED IN _____ DATE MOVED OUT _____

OWN OR RENT? _____ AMOUNT OF MONTHLY RENT/MORTGAGE: \$ _____

REASON FOR MOVING: _____

PREVIOUS ADDRESS: _____

CITY _____ STATE _____ ZIPCODE _____

MGMT/MORTGAGE COMPANY: _____ LANDLORD PHONE: _____

HOW LONG AT PREVIOUS ADDRESS

DATE MOVED IN _____ DATE MOVED OUT _____

OWN OR RENT? _____ AMOUNT OF MONTHLY RENT/MORTGAGE: \$ _____

REASON FOR MOVING: _____

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EMPLOYMENT/INCOME INFORMATION

APPLICANT INFORMATION

PRESENT EMPLOYER: _____

Address: _____
Telephone Number: _____ Fax: _____
Dates of Employment: From: _____ To: _____
Position _____ Supervisor _____ **Gross Monthly Salary**\$ _____
Number of Hours Worked per Week: _____

PREVIOUS EMPLOYER: _____

Address: _____
Telephone Number: _____ Fax: _____
Dates of Employment: From: _____ To: _____
Position _____ Supervisor _____ **Gross Monthly Salary**\$ _____
Number of Hours Worked per Week: _____

OTHER SOURCE OF INCOME: _____

Address: _____
Telephone number: _____ fax: _____
Contact person: _____ **Gross Monthly Amount**\$ _____

HOUSEHOLD MEMBER'S INFORMATION

PRESENT EMPLOYER: _____

Address: _____
Telephone Number: _____ Fax: _____
Dates of Employment: From: _____ To: _____
Position _____ Supervisor _____ **Gross Monthly Salary**\$ _____
Number of Hours Worked per Week: _____

PREVIOUS EMPLOYER: _____

Address: _____
Telephone Number: _____ Fax: _____
Dates of Employment: From: _____ To: _____
Position _____ Supervisor _____ **Gross Monthly Salary**\$ _____
Number of Hours Worked per Week: _____

OTHER SOURCE OF INCOME: _____

Address: _____
Telephone Number: _____ Fax: _____
Contact Person: _____ **Gross Monthly Amount**\$ _____

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BANKING AND CREDIT REFERENCES

ASSET	NAME OF BANK OR CREDIT COMPANY	PHONE NUMBER	ACCOUNT NUMBER	ACCOUNT BALANCE
Checking Account			No need to give Number	\$
Savings Accounts			No need to give Number	\$
Credit Reference				\$
Credit Reference				\$
Credit Reference				\$

GENERAL INFORMATION

Have you or Co-Applicant ever been sued for non-payment of rent?..... Yes ___ No ___
 Have you or Co-Applicant ever been evicted or asked to move out?..... Yes ___ No ___
 Have you or Co-Applicant ever broken a Rental Agreement or Lease?..... Yes ___ No ___
 If yes, please explain _____
 Have you or Co-Applicant declared Bankruptcy?..... Yes ___ No ___
 If yes, what year? _____
 Have you or Co-Applicant been convicted of a Felony?..... Yes ___ No ___
 Would you or any member of your household
 benefit from a Handicapped-Accessible Unit?..... Yes ___ No ___
 Does a household member require a Wheelchair Accessible home?..... Yes ___ No ___

PLEASE LIST AN ALTERNATE ADDRESS AND PHONE NUMBER: *Your signature below authorizes Management to contact you using the information you provide.*

ALTERNATE CONTACT: Name _____
 Address _____
 Phone _____

Please attach the following verifications when returning your application:

1. Picture ID and Social Security card for all adult family members
2. Proof of all Household Income.....(4 consecutive most recent pay stubs)

BY SIGNING BELOW APPLICANT AUTHORIZES MANAGEMENT AND ITS STAFF TO VERIFY ANY AGENCIES, POLICE DEPARTMENTS, CREDIT BUREAUS, REFERENCES AND GROUPS OR ORGANIZATIONS TO OBTAIN ANY INFORMATION OR MATERIALS, WHICH ARE DEEMED NECESSARY TO COMPLETE THIS APPLICATION.

APPLICANT CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. THE APPLICANT FURTHER CERTIFIES AND UNDERSTANDS THAT FALSE STATEMENTS OR INFORMATION IS PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENACY AFTER OCCUPANCY.

SIGNATURE: _____ DATE: _____
 (APPLICANT)

SIGNATURE: _____ DATE: _____
 (APPLICANT)