

230 Fifth Avenue, Suite 406 New York City, NY 10001 T: 212-837-1699 F: 917.677.5435 www.UptonRealtyGroup.com

## **NEW TENANT APPLICATION**

| Apartment Information                                                                                                                                                                                                                             | n                                                                                                       |                                                                                                                                                           |                                                                                         |                                                   |                                                                                                                            |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Building address:                                                                                                                                                                                                                                 | Apt. # Annual rent: Security Deposit:                                                                   |                                                                                                                                                           |                                                                                         |                                                   |                                                                                                                            |                                                       |
| Monthly rent:<br>No. of Occupants:                                                                                                                                                                                                                | Namos                                                                                                   | _ Annual rent:<br>of Occupants:                                                                                                                           |                                                                                         |                                                   | · · · · · · · · · · · · · · · · · · ·                                                                                      |                                                       |
| Pets:                                                                                                                                                                                                                                             |                                                                                                         | y breed and weight:                                                                                                                                       |                                                                                         |                                                   |                                                                                                                            |                                                       |
| Date Available:                                                                                                                                                                                                                                   |                                                                                                         | /                                                                                                                                                         | Lease ter                                                                               | mı                                                |                                                                                                                            |                                                       |
| Landlord:                                                                                                                                                                                                                                         |                                                                                                         | ,                                                                                                                                                         |                                                                                         |                                                   |                                                                                                                            |                                                       |
| Address:                                                                                                                                                                                                                                          |                                                                                                         |                                                                                                                                                           |                                                                                         |                                                   |                                                                                                                            |                                                       |
| Telephone:                                                                                                                                                                                                                                        |                                                                                                         |                                                                                                                                                           | Facsimi                                                                                 | ile:                                              |                                                                                                                            |                                                       |
| Personal History                                                                                                                                                                                                                                  |                                                                                                         |                                                                                                                                                           | Empil.                                                                                  |                                                   |                                                                                                                            |                                                       |
| Applicant Name: _<br>Current Address:                                                                                                                                                                                                             |                                                                                                         |                                                                                                                                                           | Email:                                                                                  |                                                   | Apt. #:                                                                                                                    |                                                       |
| Current Address.                                                                                                                                                                                                                                  | City:                                                                                                   |                                                                                                                                                           | State:                                                                                  |                                                   | Zip:                                                                                                                       |                                                       |
| Telephone Number:                                                                                                                                                                                                                                 | Home:                                                                                                   |                                                                                                                                                           |                                                                                         | Cell:                                             | ZIP                                                                                                                        |                                                       |
| How long there:                                                                                                                                                                                                                                   | nome                                                                                                    | years                                                                                                                                                     | months                                                                                  |                                                   | \$                                                                                                                         | /mo                                                   |
| Any pets:                                                                                                                                                                                                                                         |                                                                                                         | Specify:                                                                                                                                                  | months                                                                                  | 1 Circi                                           | <u> </u>                                                                                                                   | 71110                                                 |
| Date of Birth:                                                                                                                                                                                                                                    |                                                                                                         |                                                                                                                                                           |                                                                                         |                                                   |                                                                                                                            |                                                       |
| Driver's License:                                                                                                                                                                                                                                 | State:                                                                                                  | No:                                                                                                                                                       |                                                                                         |                                                   |                                                                                                                            |                                                       |
| Financial Information                                                                                                                                                                                                                             |                                                                                                         |                                                                                                                                                           |                                                                                         |                                                   |                                                                                                                            |                                                       |
| Bank Accounts:                                                                                                                                                                                                                                    |                                                                                                         |                                                                                                                                                           | Acct                                                                                    | #:                                                |                                                                                                                            |                                                       |
|                                                                                                                                                                                                                                                   | Location: _                                                                                             |                                                                                                                                                           | Ty                                                                                      | /pe:                                              |                                                                                                                            |                                                       |
|                                                                                                                                                                                                                                                   | Bank: _<br>Location:                                                                                    |                                                                                                                                                           | Acct                                                                                    | #:                                                |                                                                                                                            |                                                       |
| Employment History                                                                                                                                                                                                                                | Location:                                                                                               |                                                                                                                                                           | 1 9                                                                                     | /pe:                                              |                                                                                                                            |                                                       |
| Employment History Employer:                                                                                                                                                                                                                      |                                                                                                         |                                                                                                                                                           |                                                                                         |                                                   |                                                                                                                            |                                                       |
| Address:                                                                                                                                                                                                                                          |                                                                                                         |                                                                                                                                                           |                                                                                         |                                                   | Suite:                                                                                                                     |                                                       |
| , taa. 6551 <u> </u>                                                                                                                                                                                                                              |                                                                                                         |                                                                                                                                                           |                                                                                         |                                                   | 7in:                                                                                                                       |                                                       |
| Telephone:                                                                                                                                                                                                                                        |                                                                                                         |                                                                                                                                                           | Longth                                                                                  | of time                                           | there:                                                                                                                     |                                                       |
| Position:                                                                                                                                                                                                                                         |                                                                                                         |                                                                                                                                                           | C-1                                                                                     | : _\$                                             |                                                                                                                            | /year                                                 |
| Other income: _                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                                                                           | Amount                                                                                  |                                                   |                                                                                                                            | /year                                                 |
|                                                                                                                                                                                                                                                   |                                                                                                         | To                                                                                                                                                        | tal Income                                                                              | <b>:</b> \$                                       |                                                                                                                            | /year                                                 |
| References                                                                                                                                                                                                                                        |                                                                                                         |                                                                                                                                                           |                                                                                         |                                                   |                                                                                                                            |                                                       |
| Landlord: _<br>Address:                                                                                                                                                                                                                           |                                                                                                         |                                                                                                                                                           |                                                                                         |                                                   | Suite:                                                                                                                     |                                                       |
| Address                                                                                                                                                                                                                                           | City:                                                                                                   |                                                                                                                                                           | State                                                                                   | ٠.                                                | Zip:                                                                                                                       |                                                       |
| Telephone:                                                                                                                                                                                                                                        | _                                                                                                       |                                                                                                                                                           | _                                                                                       |                                                   | Zipi                                                                                                                       |                                                       |
| 1. Name:                                                                                                                                                                                                                                          |                                                                                                         |                                                                                                                                                           |                                                                                         |                                                   |                                                                                                                            |                                                       |
| Address:                                                                                                                                                                                                                                          |                                                                                                         |                                                                                                                                                           |                                                                                         |                                                   | Apt/Ste:                                                                                                                   |                                                       |
|                                                                                                                                                                                                                                                   | City: _                                                                                                 |                                                                                                                                                           | _ State                                                                                 | e:                                                | Zip:                                                                                                                       |                                                       |
| Telephone: _                                                                                                                                                                                                                                      |                                                                                                         |                                                                                                                                                           | Relationship                                                                            | :                                                 |                                                                                                                            |                                                       |
|                                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                                                                           |                                                                                         |                                                   | A t /Ct :                                                                                                                  |                                                       |
| Address:                                                                                                                                                                                                                                          | City                                                                                                    |                                                                                                                                                           | Stato                                                                                   | :                                                 | Apt/Ste: _<br>Zin:                                                                                                         |                                                       |
| Telenhone:                                                                                                                                                                                                                                        | City.                                                                                                   |                                                                                                                                                           | Relationshin                                                                            | : ——                                              | Zip                                                                                                                        |                                                       |
| 3. Name:                                                                                                                                                                                                                                          |                                                                                                         |                                                                                                                                                           |                                                                                         |                                                   |                                                                                                                            |                                                       |
| Address:                                                                                                                                                                                                                                          |                                                                                                         |                                                                                                                                                           |                                                                                         |                                                   | Apt/Ste:                                                                                                                   |                                                       |
| _                                                                                                                                                                                                                                                 | City:                                                                                                   |                                                                                                                                                           | State                                                                                   | 9:                                                |                                                                                                                            |                                                       |
| Telephone:                                                                                                                                                                                                                                        |                                                                                                         |                                                                                                                                                           | Relationship                                                                            | :                                                 |                                                                                                                            |                                                       |
| In Case of Emergency                                                                                                                                                                                                                              |                                                                                                         | -                                                                                                                                                         |                                                                                         |                                                   |                                                                                                                            |                                                       |
| Name: _                                                                                                                                                                                                                                           |                                                                                                         |                                                                                                                                                           |                                                                                         |                                                   |                                                                                                                            |                                                       |
| Address: _                                                                                                                                                                                                                                        | City                                                                                                    |                                                                                                                                                           | Ctata                                                                                   |                                                   | 7in.                                                                                                                       |                                                       |
| Telephone:                                                                                                                                                                                                                                        | Homo:                                                                                                   |                                                                                                                                                           | _ State: _                                                                              | Colli                                             | Zip:                                                                                                                       |                                                       |
| relephone.                                                                                                                                                                                                                                        | Work:                                                                                                   |                                                                                                                                                           |                                                                                         | ther                                              |                                                                                                                            |                                                       |
| Relationship to you:                                                                                                                                                                                                                              |                                                                                                         |                                                                                                                                                           |                                                                                         |                                                   |                                                                                                                            |                                                       |
| AUTHORIZATION TO R                                                                                                                                                                                                                                |                                                                                                         |                                                                                                                                                           |                                                                                         |                                                   |                                                                                                                            |                                                       |
| I authorize Upton Realty Group<br>this application with regard to r<br>deems pertinent to my obtainin<br>obtain any and all information r<br>and all other credit matters whi<br>six (6) months from the date of<br>This form may be reproduced o | , Inc. and their<br>my employmer<br>g residency. I<br>egarding my e<br>ch they may r<br>f this consent. | r agents to obtain a consult history current and prior hereby authorize Upton Femployment, checking and equire in connection to least understand that the | tenancies and<br>Realty Group, In<br>/or savings accouse an apartmen<br>\$150.00 credit | all other inc. and/or ounts, creat. This contact. | nformation, which the<br>their assigned credit<br>dit obligation, rental<br>onsent is effective for<br>g fee is non refund | e Landlord<br>bureau to<br>information<br>a period of |
| Signade                                                                                                                                                                                                                                           |                                                                                                         |                                                                                                                                                           |                                                                                         |                                                   | )ato:                                                                                                                      |                                                       |