



230 Fifth Avenue, Suite 406  
 New York, New York 10001  
 Tel: 212-837-1699  
 Fax: 917-677-5435  
 www.uptonrealtygroup.com

## CREDIT CHECK AUTHORIZATION

### Apartment Information

Building address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
 Monthly rent: \_\_\_\_\_ Annual rent: \_\_\_\_\_  
 Security Deposit: \_\_\_\_\_ = \_\_\_\_\_  
 Date Available: \_\_\_\_\_ Lease term: \_\_\_\_\_  
 Landlord: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

### Personal History

Applicant Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Current Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
 How long there: \_\_\_\_\_ years \_\_\_\_\_ months Rent: \_\_\_\_\_ /mo  
 Any pets: \_\_\_\_\_ Specify: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_  
 Driver's License: State: \_\_\_\_\_ No: \_\_\_\_\_

### Financial Information

Bank Accounts: Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_  
 Location: \_\_\_\_\_ Type: \_\_\_\_\_  
 Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_  
 Location: \_\_\_\_\_ Type: \_\_\_\_\_

### Employment History

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Length of time there: \_\_\_\_\_  
 Position: \_\_\_\_\_ Salary: \_\_\_\_\_ /year  
 Other income: \_\_\_\_\_ Amount: \_\_\_\_\_ /year  
**Total Income:** \_\_\_\_\_ /year

### AUTHORIZATION TO RELEASE INFORMATION:

I authorize Upton Realty Group, Inc. and their agents to obtain a consumer credit report on me and to verify any information on this application with regard to my employment history current and prior tenancies and all other information, which the Landlord deems pertinent to my obtaining residency. I hereby authorize Upton Realty Group, Inc. and/or their assigned credit bureau to obtain any and all information regarding my employment, checking and/or savings accounts, credit obligation, rental information and all other credit matters which 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. **I understand that the \$150.00 credit checking fee is non refundable.** This form may be reproduced or photocopied and that shall be as effective as the original which I have signed.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant understands and agrees that landlord may require a credit report to be ordered from a credit reporting agency. Applicant confirms that all of the information provided is truthful and accurate.**