

**PLEASE PRINT THIS OUT AND FILL-IN BY HAND**  
**ONCE COMPLETED, FAX THIS TO 212-598-5865 - REQUEST FOR TENANT INFORMATION**

Address of Apartment Presently Applying For \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden \_\_\_\_\_ Yrs. Married \_\_\_\_\_

List Other Previous Names: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date Of Birth \_\_\_\_\_ How Long Have You Lived in This State \_\_\_\_\_

Drivers License# \_\_\_\_\_ State Of Issue \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_

How Long at this address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

How Long at this address: \_\_\_\_\_

**Landlord Information:**

Current Landlords Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Previous Landlords Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Employer Information:**

Current Employers Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

How Long \_\_\_\_\_ Position \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

**Bank Information:**

Bank Name / Branch \_\_\_\_\_ Phone Number: \_\_\_\_\_

First Account#: \_\_\_\_\_ Second Account#: \_\_\_\_\_

**Conviction Information:**

Have You Lived In Another State? \_\_\_\_\_ Yes \_\_\_\_\_ No List Other States: \_\_\_\_\_

Have you ever been in a legal dispute with a previous landlord? \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_

Have You Ever Been Convicted Of A Crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Give Dates Of Arrest / What Police Department.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I hereby authorize, without reservation, any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, military and persons to release information they may have about me to the person or company for which the form has been filed, or their agent. I also authorize the procurement services of a consumer credit report. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I further acknowledge that a telephonic facsimile (fax) or photographic copy shall be as valid as the original.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Applicant's Signature