



# STELLAR MANAGEMENT

44 West 28th Street, 6th Flr.  
New York, New York 10001

## CONTACT INFORMATION

Phone: 212 406 0030  
Fax: 212 624 6708  
Email: Leasing@stellarmanagement.com

# RENTAL APPLICATION

For office use only	
Date _____	Agent _____
Community _____	
Apt. No. _____	Rent\$ _____
Co-Applicant must complete separate Rental Application Form	

## PROPERTY INFORMATION

The Undersigned hereby makes application to rent unit number \_\_\_\_\_ located at \_\_\_\_\_  
beginning on \_\_\_\_\_, at monthly rental of \$ \_\_\_\_\_

## PLEASE TELL US ABOUT YOURSELF

FULL NAME \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No \_\_\_\_\_

Driver's Lic. No. & State \_\_\_\_\_ E-mail Address \_\_\_\_\_

CO-APPLICANT \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Driver's Lic No. & State \_\_\_\_\_

Names of all other occupants \_\_\_\_\_ Total Number of Occupants \_\_\_\_\_

How Many Pets? \_\_\_\_\_ Kind of Pet, Breed, Weight, and Age \_\_\_\_\_

## PLEASE PROVIDE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (Beginning With Most Current)

CURRENT ADDRESS \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

## PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

YOUR STATUS:  Employed Full-Time  Employed Part-Time  Student  Retired  Not Employed

CURRENT EMPLOYER (Or Most Recent) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dates Employed / From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Your Gross Monthly Salary \$ \_\_\_\_\_ Household Gross Monthly Income \$ \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dates Employed / From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, ect.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount\$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_ Telephone \_\_\_\_\_

## PLEASE LIST YOUR BANK AND CREDIT REFERENCES

YOUR BANKS	City-State/Branch	Acct. Number & Type	Telephone
1			
2			

YOUR CREDIT REFERENCES	City-State	Acct. Number	Telephone
1			
2			
3			

Total Number Of Vehicles (Including Company Vehicles) \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_

Other Car, Motorcycle, etc. \_\_\_\_\_

# RENTAL APPLICATION CONTINUED

HAVE YOU OR CO-APPLICANT EVER

Been sued for non-payment of Rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Been evicted or asked to move out? <input type="checkbox"/> Yes <input type="checkbox"/> No
Broken a Rental Agreement or Lease? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sued or Damaged a Rental Property? <input type="checkbox"/> Yes <input type="checkbox"/> No
Declared Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please give any additional information that might help management evaluate your application?

---



---



---

How did you hear about our property? \_\_\_\_\_

If management has any questions about you application, please give phone Numbers where you can be located:

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

<b>In case of Emergency, Notify:</b> _____	<b>Relationship</b> _____
<b>Full Address</b> _____	
<b>Home Address:</b> _____	<b>Work Phone:</b> _____

I hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rental is to be payable the \_\_\_\_\_ day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, \$ \_\_\_\_\_ of the deposit will be retained to offset the agent's cost, time, and effort in processing my application.

I hereby deposit \$ \_\_\_\_\_ as earnest money to be refunded to me if this application is not accepted within \_\_\_\_\_ business banking days. Upon acceptance of this application, this deposit shall be retained as part of the security deposit. When so approved and accepted I agree to execute a lease for \_\_\_\_\_ months before possession is given and to pay the balance of the security deposit within \_\_\_\_\_ business banking days after being notified of acceptance, or the deposit will be forfeited as liquidated damages in payment for the agent's time and effort in processing my inquiry and application, including making necessary investigation of my credit, character, and reputation. If this application is not approved and accepted by the owner or agent, the deposit will be refunded, the applicant thereby waiving any claim for damages by reason of non-acceptance.

I AUTHORIZE YOU TO CONTACT PREVIOUS LANDLORD(S), CREDIT AND PERSONAL REFERENCES THAT I HAVE GIVEN IN THIS APPLICATION. I ALSO AUTHORIZE MANAGEMENT TO OBTAIN ALL RELEVANT REPORTS INCLUDING CRIMINAL AND CONSUMER CREDIT REPORT.

Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**APPLICANT : PLEASE DO NOT WRITE BELOW**

PAYMENT OF \$ \_\_\_\_\_ RECEIVED BY (NAME) \_\_\_\_\_ DATE \_\_\_\_\_

THIS APPLICATION FORM RECEIVED BY (NAME) \_\_\_\_\_ DATE \_\_\_\_\_

REFERENCE VERIFICATION NAME	REFERENCE COMMENTS

COMMENTS

THIS APPLICATION     APPROVED     NOT APPROVED

BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

If not approved, specify reason(s) \_\_\_\_\_

Applicant Notified By (Name) \_\_\_\_\_ Date Notified \_\_\_\_\_

Notified by:     LETTER (Attach Copy)     FORM     TELEPHONE     FAX     IN PERSON