

**RENTAL APPLICATION
MANAGEMENT OFFICE RENTAL APPLICATION FOR:**

RETURN TO: TARRYHILL MGMT CO. 180 E. PROSPECT AVENUE, WHITE PLAINS, NY 10543
PLEASE INCLUDE A COPY OF APPLICANT'S RECENT CREDIT REPORT. WHEN CREDIT REPORT IS PROVIDED THEN THE \$20.00 APPLICATION FEE IS WAIVED.

COMPLETE ALL APPLICABLE FIELDS / PLEASE MAKE SURE APPLICATION IS SIGNED

(IF APPLYING FOR RESIDENCES AT TARRYHILL THEN THE FOLLOWING DOCS ARE REQUIRED: (4) CONSECUTIVE PAY STUBS, RECENT TAX RETURN, LAST 3 BANK STATEMENTS, ANY BENEFIT LETTER SUCH AS SSI, RECENT CREDIT REPORT, VERIFICATION LETTER OF EMPLOYMENT

Date: _____ Referred by: _____ Bldg/Unit#: _____ Desired Lease Start Date: _____

EACH APPLICANT OVER THE AGE OF 18 MUST FILE A SEPARATE APPLICATION.

PERSONAL

APPLICANTS FULL NAME: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NO.: _____ - _____ - _____ DATE OF BIRTH: _____

RELATIONSHIP TO PRIMARY TENANT _____

WORK#: _____ CELL#: _____ HOME#: _____

E-MAIL ADDRESS: _____ @ _____

PRESENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

FORMER ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

[] OWN: DATE OF CURRENT OCCUPANCY: FROM: _____ TO: _____ MO. PYMT: _____

[] RENT: DATE OF CURRENT OCCUPANCY: FROM: _____ TO: _____ MO. PYMT: _____

[] RENT: DATE OF PREVIOUS OCCUPANCY: FROM: _____ TO: _____ MO. PYMT: _____

DO YOU HAVE ANY PETS: [] YES [] NO

NUMBER OF AUTOS: _____ **PLATE #1:** _____ **PLATE #2:** _____

IN CASE OF EMERGENCY NOTIFY: _____

ADDRESS: _____ PHONE: _____

Are there any special accommodations that the Household will require such as a Unit for the Mobility Impaired; Visually Impaired; Hearing Impaired, Grab Bars, etc?)

[] YES [] NO If YES, then you will be asked to complete a request for reasonable accommodation.

INCOME AND ASSETS:

EMPLOYED BY: _____ OCCUPATION: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

LENGTH OF EMPLOYMENT: _____ SUPERVISOR: _____ PHONE: _____

GROSS ANNUAL INCOME: _____

DATES OF EMPLOYMENT: _____ TO: _____

OTHER SOURCE OF INCOME:

Source of Income: _____ Amount Monthly: _____
Source of Income: _____ Amount Monthly: _____

PREVIOUS EMPLOYER IF CURRENT JOB IS LESS THAN 1 YEAR: _____
Type of Job: _____ Amount Paid Monthly: _____ How Long at Previous Job: _____
Dates of Employment: _____ to: _____

BANK NAME: _____ **TYPE OF ACCOUNT:** _____
BANK NAME: _____ **TYPE OF ACCOUNT:** _____

DO YOU HAVE A HOUSING VOUCHER WITH A PUBLIC HOUSING AUTHORITY?

NAME OF HOUSING AUTHORITY (PHA): _____
CASE WORKER: _____
CASE WORKER'S PHONE NUMBER & EMAIL ADDRESS: _____
NUMBER OF BEDROOMS APPROVED BY SECTION 8? _____

CREDIT REFERENCE:

_____ TEL. NO. _____ Account #: _____

Misc. Information

Can you prove your income with Check Stubs or Tax Returns? [] YES [] NO
Can you prove a consistent rent payment history with copies of cancelled checks, receipts or other proof of payment?
[] YES [] NO. **How is your Credit?** () GOOD () FAIR () POOR () I DO NOT KNOW

HAVE YOU EVER BEEN CONVICTED OF A VIOLENT CRIME?: () YES () NO

If "yes" TO ANY OF THE ABOVE THEN PLEASE EXPLAIN:

APARTMENT IS FOR HOW MANY PEOPLE?

No. Adults: ____ (how many students: F/T ____ or P/T ____)
No. Children under 18: ____ (how many students: F/T ____ or P/T ____)
Name: _____ Relationship to Lessee: _____
Name: _____ Relationship to Lessee: _____
Name: _____ Relationship to Lessee: _____
Name: _____ Relationship to Lessee: _____
Name: _____ Relationship to Lessee: _____

I further authorize Landlord or its agent to contact any if not all references that I have listed. I also recognize that as part of the procedure for processing my application that a consumer credit report will be obtained from a credit-reporting agency. I also fully understand that the \$25.00 fee (per applicant) for processing this application is NON-REFUNDABLE.

I hereby authorize RESIDENCES AT TARRYHILL, HARBORVIEW PROPERTIES AND MAPLEWOOD GARDENS NY LLC and/or its agent/representatives to obtain consumer reports on myself including, but not limited to: Credit Report, Housing Court Records, Criminal Background Checks and whatever else is necessary to process my application as well as in the future to verify compliance and/or should I default on my lease. I understand that Date of Birth is necessary to obtain Criminal Background Reports and will not otherwise be used in evaluating my application. I also agree to hold the Landlord, its agents and affiliates harmless for any claims that may arise as a result of this investigation.

APPLICANTS SIGNATURE: X _____ X _____ DATE: _____