

35-01 30th Avenue | Suite 300
 Astoria, New York 11103

DATE _____

BUILDING _____ APT# _____ APT. TYPE _____ MONTHLY RENT _____ SECURITY _____

 REQUESTED LEASE START DATE: _____ LEASE TERM: 1 year lease holder guarantor occupant/roomate

NAME OF APPLICANT (LEASE HOLDER, OCCUPANT, GUARANTOR)

name	birth date	social security	cell phone number
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IN CASE OF EMERGENCY - NOTIFY

name	address	city/state	phone	relationship
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Email: _____

If Guarantor Application, describe relationship to Applicant _____

Names of others who will live in apartment (but not on lease): _____

 Will a child under 11 years old live in the unit? no yes

Names and ages of visiting children: _____

 Do you have a pet? no yes Describe (include weight) _____

 Have you ever been evicted? no yes

 Have you ever broken a lease? no yes

Describe: _____

 Have you ever been in Landlord/Tenant court? no yes

Describe: _____

 Have you ever declared bankruptcy? no yes

Explain: _____

 Have you ever rented from Pistilli Realty Group? no yes When?: _____

Building?: _____ Apt #: _____

Legal basis for prescence in U.S.:

 US Citizen Permanent Resident (green card) Temporary Resident (green card)

PRESENT ADDRESS

street	apartment number	city/state	zip	phone	monthly rent	how long
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PRESENT LANDLORD

name	address	phone
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EMPLOYMENT

name of company (if student list school name)	title	address	city	state	zip	how long
	annual income	supervisor name		supervisor phone		
	salary	bonus				

note: Letter from employer on company letterhead verifying income is required. If self employed, letter from CPA verifying income is required

OTHER INCOME

Sources	amounts
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REFERENCES

savings bank	address	account #	account in name of
checking	adress	account #	account in name of
CPA	firm	address	phone
attorney	firm	address	phone

 How did you find this apartment? streeteasy.com other advertising publications pistilli.com word of mouth craigslist broker (list company name:) _____

RENT FROM _____ TO _____ \$ _____

RENT FOR DAYS OF _____ \$ _____

SECURITY DEPOSIT _____ \$ _____

KEY SECURITY DEPOSIT _____ \$ 100.00

CREDIT CHECK & PROCESSING FEE [NON-REFUNDABLE] _____ \$ 100.00

CARBON MONOXIDE ALARM [NON-REFUNDABLE] _____ \$ 25.00

SMOKE DETECTOR CHARGE \$20.00x [NON-REFUNDABLE] _____ \$ 20.00

MOVE-IN/OUT INSURANCE FEE [REFUNDABLE] [NON-REFUNDABLE] _____ \$ 350.00

TOTAL AMOUNT DUE _____ \$ _____

LESS (-) NON-REFUNDABLE DEPOSIT _____ \$ _____

TOTAL AMOUNT DUE BY _____ \$ _____

By signing this application, I represent, warrant, confirm and agree that:
 The landlord or tenant shall not be liable to the tenant or applicant for any damages if unable to give possession at the commencement of the lease date about and this shall not constitute any breach by the landlord and no such reason for the refund of any monies to discontinue this agreement. It is further understood and agreed that this deposit is taken subject to the right of refusal to the rent or lease or given possession, in which case all monies will be refunded. All questions must be answered in full or application might be **REJECTED**. All monies are **NON-REFUNDABLE** upon approval of this application. I certify that the information given on this application is true. I further authorize Pistilli Realty Group to contact any, if not all references that I have listed. I hereby authorize Pistilli Realty Group and any affiliated companies to process a credit report, landlord tenant court records, criminal check or whatever it deems necessary to process my application for residency. I understand that the procurement of such reports may contain information as to my background, mode of living, character and personal reputation and I release them for any liability and responsibility that may arise as a result of this investigation.

APPLICANT _____ DATE _____ WITNESS _____ DATE _____