

GOODROCK REALTY LLC**POST OFFICE BOX 219****GARRISON, NY 10524****Tel: 845-265-6300****Fax: 845-265-2470****All questions must be answered. If not applicable, must write N/A. \$100 Application fee per applicant.**

Building Address:		Date:		Broker's Name:	
Apartment #:		Lease to Commence:		Lease to Expire:	
Monthly Rent: \$		Annual Rent: \$		Security Deposit: \$	
PERSONAL INFORMATION					
Name:		SSN: - -		Sex:	Date of birth:
Home Phone #:		Cell Phone #:		Email:	
LANDLORD INFORMATION					
Current Status (check one): <input type="checkbox"/> Rent <input type="checkbox"/> Homeowner <input type="checkbox"/> Co-op/Condo <input type="checkbox"/> Other					
Current address:		Apt: City:		St: Zip:	
Monthly Rent: \$		Length of Tenancy:			
Current Landlord:			Phone #:		
Previous address:		Apt: City:		St: Zip:	
Monthly Rent: \$		Length of Tenancy:			
Previous Landlord:			Phone #:		
EMPLOYMENT INFORMATION					
Current Employer:			Address:		
Type of Business:		Position:		Phone #:	
Annual Income: \$			Length of Employment:		
Previous Employer:			Address:		
Type of Business:		Position:		Phone #:	
Annual Income: \$			Length of Employment:		
CITIZENSHIP INFORMATION					
Are you a U.S. Citizen? Y/N		If NOT, please provide the following information:			
Country of Citizenship:		Passport #:		Visa #	Exp. Date:
BANK AND CREDIT CARD INFORMATION					
Bank:		Branch:		Acct. No.:	
List Credit Cards:					
Accountant:		Tel:		Attorney:	Tel:
Loans:		Total Monthly: \$		Alimony/Child Support	Total Monthly: \$
Own or Rent other Property? Y/N		Address:			
OTHER INFORMATION:					
Is the apartment you are applying for going to be your primary			When does your lease expire?		
Reason for moving: Relocation ___ Transfer ___ Other			Pets? Y/N. If so, what kind?		
Please list other occupants other than yourself:					
Name:		SSN:	Date of Birth:	Relationship:	
Name:		SSN:	Date of Birth:	Relationship:	
Do you or other occupants smoke? Y/N					
Have the applicant or other potential occupants ever been arrested, indicted, or convicted of a felony or a misdemeanor?					
Y/N If yes, please explain:					
Have any judgments been entered against applicant or other potential occupants?					
Y/N If yes, please explain:					
IN CASE OF EMERGENCY who should we contact?					
Name:		Tel.		Relationship:	
Address:					

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FAIR CREDIT REPORTING NOTICE

A consumer credit or consumer investigative report may be requested in connection with this application to lease an apartment. The name and address of the consumer reporting agency which will be furnishing such report is:

Experian 701 Experian Parkway P.O. Box 2002 Allen, TX 75013-0036

Disclosure Notice:

1. Pursuant to federal and state law if the owner/agent requesting the tenant screening report takes adverse action against a prospective tenant or tenants on the basis of information contained in a tenant screening report, the owner/agent must notify the tenant that such action was taken and supply the tenant with the name and address of the consumer reporting agency that provided the tenant screening report on the basis of which such action was taken.
2. Any prospective tenant against whom adverse action was taken based on information contained in a tenant screening report has the right to inspect and receive a free copy of such report by contacting the consumer reporting agency.
3. Every tenant or prospective tenant is entitled to one free tenant screening report from each national consumer reporting agency annually, in addition to a credit report that should be obtained from www.annualcreditreport.com.
4. Every tenant or prospective tenant may dispute inaccurate or incorrect information contained in a tenant screening report directly with the consumer reporting agency.

THIS APPLICATION WILL NOT BE PROCESSED UNLESS COMPLETED BY APPLICANT

In order for you to comply with the provisions of Section 606 of the Fair Credit Reporting Act, I authorize you to retain a Credit Reporting Agency at this time and at any time the owner deems it necessary for the enforcement of the term of the lease, if approved. It is understood that this application is subject to rejection by the Owner at any time prior to the execution of the lease by the Owner. If this application is rejected, the Owner shall refund any rent or security deposit paid by the Applicant with the exception of any money paid for the credit check.

The applicant understands that the Owner will rely fully upon the truth of the statements made herein. If, after approval, any misrepresentation shall be disclosed, the Owner may cancel said approval or any executed lease; or if the Applicant shall have entered in to possession the Owner shall have the right to recover possession of the apartment and will be entitled to recover it's legal fees, costs, disbursements expenses incurred as a result of misrepresentation.

The applicant agrees that the Owner is not bound by any agreements or promises made by any real estate broker or agent, unless they are in writing and signed by the Applicant and by the Owner or his authorized Management Agent.

NOTE: IF TENANT CANCELS OR IS REJECTED, CREDIT MONEY IS NOT REFUNDABLE.

Signature:

Date:

HAVE YOU PREVIOUSLY BEEN SHOWN THIS APARTMENT OR ANOTHER IN THIS BUILDING BY A REAL ESTATE BROKER?

Broker's Name:

Company:

Tel.

Have you paid a fee? Y/N