333 West Montauk Hwy, Suite #1, Lindenhurst, NY 11757 Phone: 631 225-6338 Fax: 631 225-0444
Website: www.dellafrancadevelopmentgroup.com
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# RENTAL APPLICATION FORM FOR:

## TENANT INFORMATION

Address and Unit# applying for: _____

Applicant Name: _____ D.O.B._____

Applicant's SS# _____ Applicant's Driver License #: _____

Number of Adult Occupants: _____

How many children will be living in the house? _____Age (s) _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____

## CURRENT RESIDENT INFORMATION

Name of Current Landlord: _____

Current Landlord's Phone Number: _____

Address: _____City: _____State: _____Zip: _____

Length of Tenant at Current Address: _____

Reason for Moving: _____

## EMPLOYER INFORMATION

Name of Current Employer: _____ Income: _____

Current Employer's Phone Number: _____

Employer's Address: _____City: _____State: _____ Zip: _____

Current Manager's Name: _____Manager's Phone Number: _____

Length of Current Employment: _____Position: _____

If current employment is less than 3 years fill in prior Employer: _____

Prior Employer's Phone Number: _____Income: _____

Prior Employer's Address: _____City: _____State: _____ Zip: _____

Current Manager's Name: _____Manager's Phone Number: _____

Length of Prior Employment: _____ Position: _____

Have you ever filed for bankruptcy? Yes___ No___ Have you ever been served an eviction notice? Yes___ No___

Are you a smoker? Yes_____ No _____

Do you have any pets? Yes___ No___ Specify: _____

Make/Model/Year all cars: _____ Color: _____

****** Email: _____ ******

## CHARACTER REFERENCE INFORMATION

**Character Reference One:**

Name: _____ How long have you known this person? _____

Relationship: _____ Phone Number: _____

**Character Reference Two:**

Name: _____ How long have you known this person? _____

Relationship: _____ Phone Number: _____

## EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT: _____

**Submit with application:**

- -Proof of income four current consecutive pay stubs. If retired previous Tax return.
- -Copy of Driver's License (Color copy)
- -Copy of car registrations
- Application credit check: $20.00 non-refundable (for background and credit check) **per person** over 18 years old.

**Once Approved - Security Deposit:** One month rent due upon lease signing with excellent credit and financial history.

***Check made to the name of the building you are applying for _____***

**NOTE:** (Security Check is Non-refundable if applicant backs out after signing the lease. Please make Security check separate from rent check.

**Lease Term**: One year

**Pet policy**:

- Pet immunizations record due when lease is signed.
- Dog 1 under 25 pounds: a one-time dog fee $500.00. (nonrefundable)
- Cat: 1 cat with a one-time cat fee $400.00. (nonrefundable)
- Letter signed that Tenant is fully responsible for any damages done to the Unit including the rugs. Tenant is required Personal Liability $500,000.00 providing for bodily Injury and/ or property damage to others also naming us as additional insured as per building name.

*******ONLY 1 PET IS ALLOWED EITHER 1 DOG or 1 CAT*******

**Emotional Support Dog Requirements**

- ESA Letter
- Script or letter from owners Doctor that emotional support dog is deemed necessary (on letter head and dated).
- Lease signed and all the same rules apply to support dog as well as every animal.

***I declare the foregoing information is true and correct and I hereby authorize you to conduct a background and credit check to verify references for this Applicant.**

**Signature: X_____ Date: _____**