Ventilaire Realty Co. - NYC Rental Application

SEPARATE APPLICATION REQUIRED FROM EACH APPLICANT AGE 18 OR OLDER INCLUDING SPOUSE AND CHILDREN THIS APPLICATION AND ITS CONTENTS ARE CONSIDERED PART OF THE LEASE. PLEASE FILL OUT ALL THE QUESTIONS BELOW

Applican	t Infor	matio	n										
Last Name:				First Name	First Name:				MI:				
Sex:	Home Phone Number:				Work Phon	Work Phone Number:				Cell. Phone Number:			
				de Transa N					D. CDIVI				
Social Security Number:				ם ו	Driver's License Number:				State:			Date of Birth:	
Manifed Chatera			Married:				Divora	Divorced:		Figs	 Fiancé:		
Marital Status: Single:				Mai i leu:				Divorced.			iice.		
Present l			nation										
Present Home Address:				City: State			: Zip Code:			Length of Residence:			
Leading Inc.			1	Landlord Phone Number:				Landlord Fax Number:			Monthly Rent:		
Landlord Name:				Landiord Phone Number:				Landiord Fax Number:			Mondily Rent.		
Reason for Moving:													
Previous	Renta	l Infor	mation										
Previous Home Address:				City: S			State: Zij		Zip Code:		Length of Residence	e:	
Landlord Name:				Landlord Phone Number:			Landlord Fax Number:		er:	Monthly Rent:			
Reason for M	oving												
Reason for M	ovilig.												
Employn	nent &	Incom	e Informa	tion	l								
				oloyer Name:	er Name: Na			Name	nme of Supervisor:				
Employer	- Human	Resourc	es Dept. Phone	#:	Employer -	- Human Res	ources	Dept. F	ax #:	Super	visor P	hone Number:	
					Cl. 1		1.	.1 (CD 1		-	A7 1 17	
Current Income After Deductions: Weekly Bi			Ri-V	Check one: Length of i-Weekly Monthly Yearly				of Employment:			Work Hours:		
						iny rearr	У					AM	PM
_	-	nt & In	come Info										
Present Occupation: Con			npany Name: Na				Nam	me of CPA					
Company Ad	dress & Pl	one #·			Years in Busin	ess - Same Lo	ocation	- Refere	ences	CPA Ph	one Nii	mber or Email:	
Company ria	ar coo a r r	ione ii.			Tears in Busin	ess sume E	Jeution	werere	circos		one ma	inder of Linear.	
Current Inco	me				Check one:					1			
After Deductions: Weekly Bi-Weel			Weekly Mont	ekly Monthly Yearly									
Other So	urces (of Inco	me:				,						
Other Please Describe:													

In Case of Emergency, Cont	act:								
Name:	Phon	e #:		City:	State:	Relatio	onship:		
Name:	e #:		City:	State:	Relatio	onship:			
Rental Assistance	•								
Rental Assistance / Subsidy Type:	Voucher Amo	ount:			Expiration	Expiration Date:			
Case Number:	Case Worker	Name:			Case Worl	Case Worker Phone Number:			
Residency Information						1			
HOW MANY OCCUPANTS WILL BE LIVING. IN THIS APT BESIDES APPLICANT SIGNED ON THIS LEASE PLEASE LIST ALL:		APT. OVER T	HE AGE O	ADULT LIVING IN F 18 YEARS IS REC ARATE APPLICATI	QUIRED	IT INDICA	HIS IS NOT FILLED OUT TES THAT NO OTHER PERSON LL BE LIVING IN THE APT. :		
Total Adults:	То	tal Children Uı	nder 18 Y	ears:	Pets:	Pets: PETS ALLOWED BY PRIOR APPROVAL ONLY			
FULL NAME		S	SEX	DATE OF B	IRTH	RELATIONS	HIP TO APPLICANT		
Have you ever:		1	•		1				
Filed for bankruptcy? If yes, list dat	e filed:								
Been served an eviction notice or b	een asked	l to vacate a	property	y you were ren	ting? If yes, w	hen?			
Willfully or intentionally refused to	pay rent	when due? I	f yes, w	hen?					
Have You Ever Rented or Leased un	der anoth	ner name? If y	es, whe	n?					
Been convicted of or committed a fe	elony? If y	es, what?							
Been charged or arrested for drug	oossessio	n or sale?							
Referred to us by:	e)	🗆 R	ealtor (name)		D 0t	□ Other			
I hereby consent to allow, through its or criminal and public records information I understand that should I lease an application, payment history and occupenalty of perjury that the information make no guarantees regarding status of lease agreement is signed by both partie report was used within that determination	n) for the partment, a pancy histo listed in this applicas. Under the	purpose of det nd its agent s ory for accour his application ation or of the a e NYC Fair Cha	ermining hall have nt review n is true a availabili nce Act &	g whether or not e a continuing n purposes and f and correct. I und ty of any apartm & Federal Credit	to lease to me right to review for improving a erstand that th ents, unless spe	e an apartment my consumer application me e owner of the ecifically agreed	information, rental thods. I declare under property, or any of it's agents I to in writing, until a valid		
Signature of Appli	icant: _					Date: _			
Remarks or personal statement ple	ase write	here:							
FAILURE TO FILL OUT THE	E APPLICAT	FION COMPLE	TELY WI	LL RESULT IN A	DELAY OF PRO	CESSING YOUR	APPLICATION		
		RENTAL AI	DDRESS	- OFFICE USE	ONLY				
Rental Property Address:			Apt. #:	Bedro	om:	City:	State:		
Interviewed By:		Today's	Date:	l	Move in Date	:	Rent/Month:		

DOCUMENTS NEEDED TO APPLY

Financial and Documentation Requirements

- Letter from your employer stating position, salary and length of employment. (or start date if you have not yet begun working)
- Last two (2) pay stubs (if already working)
- Last two (2) years tax returns
- Last two (2) months bank statements
- Photo identification
- Complete owner's and broker's applications (it is necessary to fill out both application in order to check applicant's credit and background)

Financial Requirements:

- Landlord requires that your guaranteed income be 40 times the monthly rent. For example, if the monthly rent were \$10,000 month, you would need to show a guaranteed income of at least \$400,000 per year. (\$10,000 x 40 = \$400,000)
- Estimated bonus may be considered if a documented history of bonuses can be provided.
- If your guaranteed yearly income falls below the landlord's requirement, there are other factors that may be taken into consideration, such as income from other sources, housing allowances, or the use of a guarantor.