



330 West 58th Street, PHD
 New York, NY 10019
 Phone: (212) 262-1675
 Fax: (212) 397-9304

>>>Residential Lease Application <<<

Bldg/Apt: _____ Size _____ Rent: _____
 Agent: _____ Broker _____ Newspaper _____
 Referred By: _____

Please provide the following:

Last (4) paystubs, W-2, Income Tax Return, Photo ID (i.e. Driver's License), Employment Verification. \$75.00 Processing Fee Per Adult (Make check payable to: Pelican Management, Inc.).

	Applicant #1	Applicant #2
Applicant's Name:		
Applicant's Address:		
(Must Include Zip Code):		
Home Phone:		
Email Address:		
Social Security #:		
Date of Birth /Age:		
Children (Ages & Names):		
Present Landlord:		
Present Landlord's Phone #:		
Present Rent:		
Length of Tenancy:		
Reason for Moving:		
Previous Address:		
Name of Nearest Relative:		
Address of Nearest Relative:		
Present Employer:		
Supervisor:		
Annual Salary:		
Work Phone:		
Occupation/Title:		
Company Address:		
Length of Employment:		
2 nd job (if applicable):		
Annual Salary:		
Company Address:		
Length of Employment:		
Drivers License #:		
Pets: Breed/Weight/#:		
Checking Account #:		
Savings Account #:		

Applicant Signature

The undersigned certify that each of the statements made as part of this application are true, accurate and complete in all respects. Furthermore, each of the undersigned hereby authorize you as agent for the prospective landlord to procure any credit or bank information and a criminal background check needed by you to complete your review of this application. In the event you are dissatisfied with either my credit, banking, or criminal background verifications or otherwise shall refuse to sign a lease, both you and the undersigned shall be deemed released from any further obligations or liabilities in connection with this application. I understand that a non-refundable fee in the amount of \$75.00 is required with this application. Furthermore, in the event a future Landlord-Tenant relationship exists between the parties, Tenant consents to periodic checks to determine whether the information remains accurate and for improving application methods.

Office Use Only:

TRW Risk		
Sched Pay		
Avail Cr		
Weekly Cr		
Approved:		
Date:		

Applicant One _____ Date _____ Applicant Two _____ Date _____