Sandra Erickson Real Estate, Inc.

Licensed Real Estate Broker 1394 Clay Ave Suite 1-C Bronx, New York 10456 718.293.3344 Fax 718.293.8327

Date:		Salesperson:		
	Office Use On	ly		
For Building:		Apt.:	Rent:	
Name (Nombre):Date		Age (Edad): Sex (Sexo): of Birth (Fecha de Nacimiento):		
Number of persons to live	in apartment (Numero de personas que	van a vivir en el apt.):		
Marital Status: Single (Se	oltero) Separated (Separado)	Divorced (Divorciado)	Married (Casado)	
Name of Spouse (Nombre Esposo/a):		Age (Edad):		
Date of Birth (Fecha de Nacimiento):		Number of Children (Numero de ninos):		
Children (Ninos):				
Name (Nombre):		Age (Edad):	Sex (Sexo):	
Name (Nombre):		Age (Edad):	Sex (Sexo):	
Name (Nombre):		Age (Edad):	Sex (Sexo):	
Name (Nombre):		Age (Edad):	Sex (Sexo):	
Who Recommended you to (Quien lo recomendo a esta	o our Office?a oficina)	Phone Number	::	
Your Address:(Su direccion)	Ap	t: Your Phone Numb (Numero de teléfo		
How long at this address? (Cuanto tiempo tiene ahi)			Landlord Name:(Nombre del Dueno)	
Why are you moving?(Porque se piensa mudar)		Landlord Phone: (Numero del Dueno)		
	esent address, name of previous landlords donde vive, nombre del dueno anterio			
	Previous Landlord Phone(Numero d	el dueno anterior):		
Have you ever received a dispossess? Yes No (Ha recibido desalojo)		Have you ever been evicted? Yes No (Ha sido expulsado)		
Other persons who will be	living in the apartment: (Any person no	t listed is not permitted to liv	ve in the apartment.)	
Name:	Age: Sex: _	Relation to Applicant:		
Emergency Contact (Conta	acto de emergencia):			
Name:(Nombre)	Phone: (Telefono)			

Please complete other side

Employment

Name:	Social Security Number:
(Nombre)	(Seguro Social)
Company:	Position:
(Compania)	(Posicion)
Address:	
(Direccion)	(Telefono)
Years Employed:	
(Anos en ese trabajo)	(Salario Semanal)
Name of Supervisor:	
(Nombre del supervisor)	
Name:	Social Security Number:
(Nombre)	(Seguro Social)
Company:	
(Compania)	(Posicion)
Address:	
(Direccion)	(Telefono)
	Weekly Salary:
(Anos en ese trabajo)	(Salario Semanal)
Name of Supervisor:(Nombre del supervisor)	
(Nombre der supervisor)	
Other Income:	
	stance, SSI, Child Support Worker's Name:
	Phone:
Bank Name:	Phone:
Savin	gs Checking
	e tenant or tenants may be used to obtain a tenant screening report through
	ester Pike, Havertown PA 19083. If applicant is rejected based on
	g report, (1) the applicant has a right to inspect and receive a free copy of
	rting agency, and (2) applicant has a right to obtain a free copy of the report
	cy annually (Transunion, Equifax, and Experian), in addition to a credit
	alcreditreport.com, and (3) applicant may dispute inaccurate or incorrect
	with the consumer reporting agency. The phone number for Transunion
customer service is 1-800-916-8800.	mont fails to take the ensutment, one month ment will be forfaited by the
tenant.	enant fails to take the apartment, one month rent will be forfeited by the
	dlord, el inquilino decide no aceptar el apartmento, se le cobrara un mes de
renta al inquilino.	nord, et inquinno decide no aceptar et apartmento, se le coorara un mes de
•	
	written in this application is true. This application is part of your lease
	ese statements in renting this apartment. Anything found not true
	ial obligation of the tenancy. You will have violated your lease which can
cause your eviction.	
Printed Name of Applicant:	Signature:
Printed Name of Co. Applicants	Signatura
Timed Name of Co-Applicant.	Signature: