

**GOODROCK REALTY LLC****post office box 343  
cold spring ny 10516****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: M/F	Date of birth:
Home Phone #:		Cell Phone #:	Email:	

**LANDLORD INFORMATION**

Current address:		Apt:	City:	St:	Zip Code:
Monthly Rent: \$		Length of Tenancy:			
Current Landlord:			Phone #:		
Previous address:		Apt:	City:	St:	Zip Code:
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 (made/recv'd)	Total Monthly: \$		
Own or Rent other Property? Y/N	Address:				

**OTHER INFORMATION:**

Is the apartment you are applying for going to be your primary residence? Y/N		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:	Relationship:	
		Name:	SSN:	Relationship:	
IN CASE OF EMERGENCY who should we contact? Name:			Tel:		

**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.

<b>Signature:</b>	<b>Date:</b>
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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
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