

RENTAL APPLICATION

Keystone Realty Associates
72 Wendt Avenue
Larchmont, New York 10538
Tel: 914-630-7007 Fax: 914-630-7011
Email: apts@keystonemgt.com
WEBSITE: www.keystonerealtymgt.com



Thank you for your interest in renting an apartment with us. The following requirements are MANDATORY when submitting your application to the office or superintendent.

PLEASE SUBMIT COPIES ONLY

ONLY APPLICANTS APPLYING FOR APARTMENT MAY RESIDE IN SAID APARTMENT.
IF THIS APARTMENT IS NOT FOR YOU, PLEASE DO NOT APPLY.
ALL NECESSARY LEGAL ACTION WILL BE TAKEN FOR FALSIFYING ANY INFORMATION.

The following documentation is required with the completed application:

<ul style="list-style-type: none">• Application Fee of \$60.00, (cash or money order payable to Keystone) per applicant, which includes obtaining credit reports, background checks and court records, <u>This is non-refundable.</u> <u>NO PERSONAL CHECKS WILL BE ACCEPTED FOR THIS FEE.</u>	
<ul style="list-style-type: none">• Deposit of \$300.00, in a separate check, payable to Joseph J. Caspi Inc. to secure the unit for you. This deposit is either applied to 1st month's rent should you be accepted; refunded in full if you are not accepted; or, non refundable if you are accepted and a lease is prepared and you then decline the offer. <u>NO PERSONAL CHECKS WILL BE ACCEPTED FOR THIS DEPOSIT.</u>	
<ul style="list-style-type: none">• Employer reference letter (must state your salary, position, and length of employment.)	
<ul style="list-style-type: none">• 3 current pay stubs from your employer	
<ul style="list-style-type: none">• Proof of identification (driver's license, passport, etc.)	

We **WILL** verify your employment.

We **WILL** check your credit. (All late payments, legal proceedings and judgments are reported to the Credit Bureaus)

No Pets Are Accepted in any Buildings.

PLEASE NOTE THAT IF THE OWNERS AND MANAGERS FIND UPON PROCESSING THE APPLICATION THAT ANY OF THE INFORMATION PROVIDED SHOULD PROVE TO BE FALSE, THIS APPLICATION WILL BE AUTOMATICALLY DECLINED.

ALL APPLICANTS MUST SIGN ALL APPLICABLE PAGES OF THE APPLICATION FOR THE APPLICATION TO BE PROCESSED.

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Thank you

Keystone Realty Associates

(Information Page of Application)

THERE IS A \$60.00 NON REFUNDABLE APPLICATION FEE FOR PROCESSING ALL APPLICATIONS
ALL QUESTIONS **MUST** BE ANSWERED OR THIS APPLICATION WILL BE DENIED

PLEASE MAKE SURE APPLICATION IS SIGNED BY ALL PARTIES APPLYING FOR AN APARTMENT
HOW DID YOU HEAR ABOUT OUR AVAILABLE APARTMENT/S? PLEASE CHECK ONE BOX

Craig's List ____	Internet ____	Building Sign ____	Newspaper ____	Other ____
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If other, please check one: Personal referral (friend/family) _____ Realty _____

If Realty, name of Real Estate Company: _____

ADDRESS OF BUILDING YOU ARE APPLYING FOR: _____

Building

Apartment

PARKING SPOT: GARAGE _____ OUTSIDE _____

PRIMARY APPLICANT'S INFORMATION

APPLICANTS FULL NAME _____

WORK# _____

LEASE COMMENSMENT DATE: _____

DATE OF BIRTH _____

CELL# _____

SOCIAL SECURITY NO. _____

HOME # _____

EMAIL _____

CURRENT ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____

******THE FOLLOWING QUESTIONS ARE MANDATORY. IF LEFT BLANK THE APPLICATION WILL AUTOMATICALLY BE DECLINED******

WHOSE NAME APPEARS ON YOUR CURRENT LEASE?

WHAT IS YOUR RELATIONSHIP TO THE LEASE HOLDER?

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WHO IS THE CURRENT LANDLORD/OWNER OR MANAGEMENT CO. OF THE BUILDING OR HOUSE?
CURRENT MONTHLY RENT:

\$ _____

LANDLORD/OWNERS/MANAGEMENT CO TEL # _____

REASON FOR MOVE: _____

WE MUST RECEIVE THE CORRECT NAME AND TELEPHONE NUMBER FOR THE OWNER/MANAGER OF THE PROPERTY WHERE YOU ARE RESIDING. WE WILL VERIFY THE INFORMATION. IF FALSE, APPLICATION IS AUTOMATICALLY DENIED.

PRESENT EMPLOYER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

YOUR POSITION _____	LENGTH OF EMPLOYMENT _____	GROSS ANNUAL SALARY _____
		\$ _____

SUPERVISOR OR MANAGER'S NAME _____

SUPERVISOR OR MANAGER'S TELEPHONE _____

PREVIOUS EMPLOYER IF LESS THAN 1 YEAR _____

ADDRESS _____

TEL# _____

APARTMENT IS FOR HOW MANY PEOPLE? _____	No. Adults _____	No. Children _____
Name _____	Relationship to Lessee _____	
Name _____	Relationship to Lessee _____	
Name _____	Relationship to Lessee _____	

Any false statement made in this application shall be deemed a breach of substantial obligation of tenancy in any lease issued based hereon.

SEE FURTHER FOR CO-APPLICANT and/or GUARANTOR'S INFORMATION.

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IF THERE IS OTHER SOURCES OF INCOME YOU WOULD LIKE US TO CONSIDER, PLEASE LIST:

HAVE YOU OR CO-APPLICANT EVER:					
BEEN SUED FOR NON-PAYMENT OF RENT?	YES _____	NO _____	BEEN EVICTED OR ASKED TO MOVE OUT?	YES _____	NO _____
BROKEN A RENTAL AGREEMENT OR LEASE?	YES _____	NO _____	HAD PREVIOUS CREDIT PROBLEMS	YES _____	NO _____
IF YES, EXPLAIN: <hr style="border: none; border-top: 1px solid black; margin-top: 5px;"/>					

I hereby apply to lease an apartment with Keystone Realty Associates and certify that the information given on this application is true. I further authorize Keystone Realty Associates to contact any if not all references that I have listed. I also recognize that as part of the procedure for processing my application that a consumer credit report will be obtained from a credit reporting agency. I also fully understand that the \$60.00 fee for processing this application is NON-REFUNDABLE. I also understand that once the offer is accepted by me and a lease is prepared, the \$300.00 deposit will be forfeited if I do not move forward.

OMISSION OF ANY INFORMATION REQUESTED WILL VOID THIS APPLICATION

APPLICANTS SIGNATURE: _____ DATE: _____

CO-APPLICANTS SIGNATURE: _____ DATE: _____

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PRIMARY APPLICANT'S NAME _____

CO-APPLICANT'S and/or GUARANTOR'S INFORMATION

CO-APPLICANTS FULL NAME _____ WORK# _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____ CELL# _____
HOME # _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

******THE FOLLOWING QUESTIONS ARE MANDATORY. IF LEFT BLANK THE APPLICATION WILL AUTOMATICALLY BE DECLINED******

WHOSE NAME APPEARS ON CURRENT LEASE? _____ WHAT IS YOUR RELATIONSHIP TO THE LEASE HOLDER? _____

WHO IS THE CURRENT LANDLORD/OWNER OF BUILDING OR HOUSE? _____

LANDLORD/OWNERS TEL # _____

REASON FOR MOVE _____

WE MUST RECEIVE THE CORRECT NAME AND TELEPHONE NUMBER FOR THE OWNER OF THE PROPERTY WHERE YOU ARE RESIDING. WE WILL VERIFY THE INFORMATION. IF FALSE, APPLICATION IS AUTOMATICALLY DENIED.

PRESENT EMPLOYER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

YOUR POSITION _____ GROSS ANNUAL SALARY \$ _____
LENGTH OF EMPLOYMENT _____

SUPERVISOR OR MANAGER'S NAME _____

SUPERVISOR OR MANAGER'S TELEPHONE _____

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CONSUMER REPORT AUTHORIZATION

I hereby authorize Keystone Realty Associates to obtain consumer reports on myself including, but not limited to: Credit Report, Housing Court Records, Criminal Background Checks and whatever else is necessary to process my application as well as in the future to verify compliance and/or should I default on my lease. I understand that Date of Birth is necessary to obtain Criminal Background Reports and will not otherwise be used in evaluating my application. I also agree to hold Keystone Realty Associates and its affiliates harmless for any claims that may arise as a result of this investigation.

Applicant signature

Date

Social Security Number: _____

Date of Birth: _____

Co-applicant signature

Date

Social Security Number: _____

Date of Birth: _____