

ARISTA MANAGEMENT ASSOCIATES, INC.

REAL ESTATE MANAGEMENT

3211 BAINBRIDGE AVENUE, BRONX, NY 10467 • PHONE: (718) 882-3304 • FAX: (718) 882-3306 • WWW.ARISTAMGT.COM

APARTMENT APPLICATION

Date: _____

Your name: _____

S/S No. ____ - ____ - ____ DOB _____

Present address: _____

City: _____ Apt No. _____ \$ _____

Since: ____ Cell/Tele.No. ____ / ____ - ____

Reason for seeking new apartment: _____

Are you or "Other" a member of the Armed Forces: (Yes/No)

Spouse/

"Other's" name: _____

S/S No. ____ - ____ - ____ DOB _____

Spouse's address: _____

Since: ____ Cell/Tele.No. ____ / ____ - ____

E-Mail Address: _____

For how many adults: _____

Who else will occupy apt. _____

How many bedrooms needed: _____

Rent you can afford: \$ _____

How many children will occupy apt: _____

Girls (ages) _____

Boys (ages) _____

How many children in your family? _____

Employed by: _____

Address: _____

City/State: _____

Starting date: _____

Weekly salary \$ _____

Position: _____

Tel No. ____ / ____ - ____

Fax No. ____ / ____ - ____

****IF AT CURRENT JOB LESS THAN ONE YEAR, FILL IN BELOW ****

Previous employer: _____

Address: _____

City/State: _____

Worked there from _____ to _____

Weekly salary _____

Position _____

Tel No. ____ / ____ - ____

Fax No. ____ / ____ - ____

"Other's" employer: _____

Address: _____

City/State: _____

Starting date: _____

Weekly salary \$ _____

Position _____

Tel No. ____ / ____ - ____

Fax No. ____ / ____ - ____

Bank: _____

Credit Cards: MC/Visa No. _____

Jiggets recipient (No/Yes)

*Public Assistance-PA/Welfare

Yourself (No/Yes) \$ _____

Spouse (No/Yes) \$ _____

*S.S.I. (No/Yes) \$ _____

*Section 8 (No/Yes) _____

*S8 Allowance? \$ _____

*Food stamps? \$ _____

Current Landlord: _____

Name: _____

Add: _____

City: _____

Tel No. ____ / ____ - ____

Fax No. ____ / ____ - ____

Do you own a dog(s)? (No/Yes)
 AVISO-NOTICE: Dogs are not permitted. Initial _____
 Do you own a washing Machine? (No/Yes)
 AVISO-NOTICE: Washing Machines are not permitted! Initial _____

Have your children been tested for Lead Poisoning? (Optional)
 Month/Year of testing: _____ Results of test
 Have you ever received a Dispossess?
 Have you ever been evicted?
 Is a Co-signer available, if necessary?

YES		NO	
POS		NEG	
YES		NO	
YES		NO	

Name of Co-signer: _____ Relationship to you: _____

If applicant(s) do not have a copy of their credit report(s), they agree to pay a \$25.00 fee, per applicant, to obtain credit report(s) through this office. This application cannot be considered without a current credit report(s).

By my signature I/we certify that everything in this application is true. Anything found not to be true constitutes a breach of contract and fraud, which means that my application will not be accepted and/or, that I will have violated my lease, and this can cause my eviction.

If you are interviewed for an apartment, please be aware that your interview will be videotaped.

 (Print name)

 Signature of Applicant

 Signature of Co-Applicant

 Date

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PERMISSION TO DRAW CREDIT REPORT

Date: _____

I/we hereby give permission to Arista Management Associates, Inc. to draw Credit Report(s) from "The Registry" or any other Credit Bureau. This credit report will also disclose information about any prior dispossession and/or eviction actions as well as any arrests and convictions. This credit report will be used for the sole purpose of determining my/our eligibility to obtain an apartment.

Signature of Applicant

Signature of Co-Applicant

Date

