

CASTLE PEAK MANAGEMENT APARTMENT APPLICATION

MAILING ADDRESS

Post Office Box 11
New Rochelle, New York 10804
FAX: (718) 874-9220

BRONX OFFICE
655 East 234th Street
Bronx, New York 10466
(718) 766-9266

WESTCHESTER OFFICE

480 Mamaroneck Avenue
Harrison, New York 10528
(914) 835-4864

DATE: ____/____/____

PERSONAL

APPLICANT: First Name _____ M.I. _____ Last Name _____
Date Of Birth ____/____/____ Social Security # ____-____-____
Driver's License # _____ Issuing State _____
Tel #'s – Home: _____ Business: _____ Cell: _____

CO-APPLICANT: First Name _____ M.I. _____ Last Name _____
(if any) or Date of Birth ____/____/____ Social Security # ____-____-____
CO-SIGNOR/ Driver's License # _____ Issuing State _____
GUARANTOR Tel #'s – Home: _____ Business: _____ Cell: _____
In case of emergency contact: _____ Phone # _____

OCCUPANCY

APPLICANT: Current Length of Occupancy _____ Current Monthly Rent _____
Present Address _____ City _____ State _____ Zip _____
Present Landlord _____ Phone # _____
Prior Address _____ City _____ State _____ Zip _____
Prior Landlord _____ Phone # _____

CO-APPLICANT: Current Length of Occupancy _____ Current Monthly Rent _____
Present Address _____ City _____ State _____ Zip _____
Present Landlord _____ Phone # _____
Prior Address _____ City _____ State _____ Zip _____
Prior Landlord _____ Phone # _____

EMPLOYMENT

APPLICANT: Company Name _____ Starting Date ____/____/____
Address _____ City _____ State _____ Zip _____
Title _____ Annual Salary _____ Supervisor _____
Additional Source(s) of Income _____

CO-APPLICANT: Company Name _____ Starting Date ____/____/____
Address _____ City _____ State _____ Zip _____
Title _____ Annual Salary _____ Supervisor _____
Additional Source(s) of Income _____

FINANCIAL

APPLICANT:

	<u>Bank</u>	<u>Branch Address</u>	<u>Account #</u>
Checking Account	_____	_____	_____
Savings Account	_____	_____	_____
Credit Card	_____	_____	_____
Credit Card	_____	_____	_____

CO-APPLICANT:

	<u>Bank</u>	<u>Branch Address</u>	<u>Account #</u>
Checking Account	_____	_____	_____
Savings Account	_____	_____	_____
Credit Card	_____	_____	_____
Credit Card	_____	_____	_____

REFERENCES

APPLICANT: Reference _____ Phone # _____ Relation _____
CO-APPLICANT: Reference _____ Phone # _____ Relation _____

SECURITY: It is agreed that upon execution of the lease by applicant, said applicant shall deposit security equal to the sum of one (1) month's rent, plus an additional one (1) month's rent for payment of the first month's occupancy. It is further agreed that the deposit shall be retained by the Landlord as liquidated damages by reason of applicant's withdrawal of application and/or applicant's failure to execute lease within five (5) days notice from Landlord to execute same.

CREDIT CHECK: I hereby authorize CASTLE PEAK MANAGEMENT to conduct an inquiry concerning my credit history, housing report, criminal report and/or whatever it deems necessary to process my application for residency, and in the future should I default on my lease. I agree to hold landlord and any affiliated organizations harmless for any claims that may arise as a result of this investigation.

APPLICANT SIGNATURE: _____ **CO-APPLICANT SIGNATURE:** _____

FOR OFFICE USE ONLY	Location _____	Apt.# _____	No. Rms. _____
	Lease to Commence ____/____/____	Lease to expire ____/____/____	Rent _____