



**ICON REALTY MANAGEMENT,  
LLC**  
433 West 14<sup>th</sup> Street  
Suite 429 3R  
New York, New York 10014  
tel 212.675.7100  
fax 212.661.2333

**APPLICATION FOR APARTMENT RENTAL**

Building Address \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 Term of Lease \_\_\_\_\_ Lease to Start \_\_\_/\_\_\_/\_\_\_ To End \_\_\_/\_\_\_/\_\_\_  
 Monthly Rent \$ \_\_\_\_\_ Security \$ \_\_\_\_\_ Prepaid Rent \$ \_\_\_\_\_  
 \*\*\*\*\*

Applicant's Name \_\_\_\_\_ Sex (M) \_\_\_\_\_ (F) \_\_\_\_\_  
 Spouse Name \_\_\_\_\_ Age(s) of Children \_\_\_\_\_  
 Current Address \_\_\_\_\_  
 Current Phone # Home (\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_  
 Cellular # (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
 Driver License # \_\_\_\_\_ State of Issue \_\_\_\_\_  
 Current Landlord's Name \_\_\_\_\_  
 Landlord's Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Current Monthly Rent Paid \$ \_\_\_\_\_ Length of Residency \_\_\_\_\_  
 \*\*\*\*\*

Name of Current Employer (Firm Name) \_\_\_\_\_  
 Address \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Position Held \_\_\_\_\_  
 Length of Employment \_\_\_\_\_ Annual Base Income \$ \_\_\_\_\_  
 Other Sources of Income (Type & Amount) \_\_\_\_\_  
 Types of Loan(s) \_\_\_\_\_ Total Monthly Payment \$ \_\_\_\_\_  
 Own or Rent Other Property? \_\_\_\_\_ Address \_\_\_\_\_  
 \*\*\*\*\*

Are you a U.S. Citizen? \_\_\_\_\_ IF NOT, Please Provide the Following Information...  
 Country of Citizenship \_\_\_\_\_ Passport # \_\_\_\_\_  
 Do You Have a VISA? \_\_\_\_\_ # \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_  
 Do You Have a GREEN CARD? \_\_\_\_\_ # \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_  
 \*\*\*\*\*

Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_ Ckg/Svg \_\_\_\_\_  
 Name of Brokerage Account \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Accountant's Name \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_  
 Accountant's Address \_\_\_\_\_  
 Attorney's Name \_\_\_\_\_ Phone #(\_\_\_\_) \_\_\_\_\_  
 Attorney's Address \_\_\_\_\_  
**In Case of an Emergency, Please Notify (Name)** \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
 Personal Reference (Name) \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Phone #(\_\_\_\_) \_\_\_\_\_  
 How Did You Learn Of This Apartment? \_\_\_\_\_  
 \_\_\_\_\_



**ICON REALTY MANAGEMENT,  
LLC**  
433 West 14<sup>th</sup> Street  
Suite 429 3R  
New York, New York 10014  
tel 212.675.7100  
fax 212.661.2333

\*\*\*\*\*

I hereby grant the above landlord and its designee, On-Site.com., a credit reporting agency, the right to process this credit application for the purpose of obtaining a rental lease. In compliance with the fair credit reporting act, this notice is to inform you that the processing of this application includes but is not limited to making inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer reporting agencies, obtaining credit information from other credit institutions and criminal background checks from appropriate law enforcement agencies. You have the right to make a written request within a reasonable period of time to receive additional information about the nature of this investigation. The undersigned agrees that this application shall remain the property of the apartment complex, landlord or realtor regardless if rental lease is granted.

\*\*\*\*\*

**PLEASE SUBMIT YOUR APPLICATION WITH THE FOLLOWING: LETTER OF EMPLOYMENT, LANDLORD REFERENCE LETTER PREVIOUS YEAR'S TAX RETURN/W2, COPY OF BANK STATEMENT, PAY STUB, AND PHOTO I.D. ONLY CASH, CERTIFIED CHECKS, MONEY ORDERS, BANK CHECKS, CASHIER CHECKS OR TRAVELER'S CHECKS WILL BE ACCEPTED. ABSOLUTELY NO PERSONAL CHECKS!! APPLICATIONS MUST BE ACCOMPANIED BY A NON-REFUNDABLE \$100.00 IN CASH PROCESSING FEE PER APPLICANT AND GUARANTOR.**

Signature \_\_\_\_\_ Date \_\_\_\_\_