

RIDGE REALTY MANAGEMENT LLC
44-37 DOUGLASTON PARKWAY, DOUGLASTON, NEW YORK 11363
PHONE: (718) 631-1084 FAX: (718) 225-7739

NAME : _____ SPOUSE : _____

SOCIAL SECURITY NO. : _____ SOCIAL SECURITY NO: _____

DATE OF BIRTH: _____ DATE OF BIRTH : _____

PRESENT ADDRESS _____

RENT PAID : \$ _____ LENGTH OF TENANCY: _____ HOME TEL. NO. : _____

LANDLORD'S NAME & ADDRESS : _____

PREVIOUS ADDRESS: _____

LANDLORD'S NAME & ADDRESS: _____

RENT PAID : \$ _____ LENGTH OF TENANCY: _____

OCCUPATION: _____ SALARY: _____

NAME & ADDRESS OF COMPANY _____

COMPANY TELEPHONE: _____ DEPT. HEAD: _____

OCCUPATION (SPOUSE) : _____ SALARY: _____

NAME & ADDRESS OF COMPANY: _____

COMPANY TELEPHONE: _____ DEPT. HEAD: _____ LENGTH OF EMPLOYMENT: _____

ADDITIONAL SOURCES OF INCOME: _____

IN CASE OF EMERGENCY CONTACT: _____

NUMBER OF PERSONS TO OCCUPY APARTMENT

(1) _____ RELATIONSHIP: _____ AGE: _____

(2) _____ RELATIONSHIP: _____ AGE: _____

(3) _____ RELATIONSHIP: _____ AGE: _____

(4) _____ RELATIONSHIP: _____ AGE: _____

BANK ACCOUNT'S NAME: _____

TYPE OF ACCOUNT: _____ ACCOUNT NUMBER: _____

REFERENCES BUSINESS: _____

CHARGE ACCOUNTS: _____

I certify statements made in this application have been examined by me and to best of my knowledge and belief are true, correct and complete. I have no objection to inquiries being made for the purpose of verifying the facts herein stated.

DATE: _____ SIGNED _____

FOR OFFICE USE ONLY:

APARTMENT NO. _____ NO. OF ROOMS: _____ FLOOR: _____ BLDG: _____

RENTAL \$ _____ DEPOSIT IN AMOUNT OF \$ _____ CHECK _____ CASH: _____

LEASE DATE TO COMMENCE: _____ EXPIRATION DATE _____

REMARKS: _____