



Total Realty Associates, Inc

Rental Application

FOR OFFICE USE ONLY

Date: _____

Log No.: _____

Property Address: _____ Unit#: _____

No. of Bedrooms: _____ Proposed Rent: _____

Approved Declined

Agent Signature: _____

Dear Applicant:

Attached is a copy of the Total Realty Associates Inc, rental application. Please follow all instructions provided to you. Please mail or deliver to 733 Yonkers Avenue, suite 103 Yonkers, New York 10704. Everything must be filled out and completed in order for your application to be reviewed. Thank you for choosing Total Realty Associates, Inc. (Applications will be processed in the order in which they were received.)

Rental Application Checklist

- \$75 application fee per person, (Non – Refundable)**
- Fully** completed and **signed** Rental Application
- Valid photo ID for **each** adult 18 years old or older
- Social Security for **each** adult 18 years old or older
- Last three consecutive pay stubs.
- Last two most recent W2 and Tax returns
- Employment verification letter
- Landlord reference letter. Current and/or previous landlords will be contacted.
- Social Security Award letter (if applicable)
- Social Service guarantee letter (if applicable)
- Section 8 subsidy documents (if applicable)

If self employed or business owner in addition to the above information, you must also provide the following.

- Three (3) most recent tax returns
- Business certificate
- Business bank statement
- Copy of landlord lease
- Vendor license if apply



Rental Application

Prospective Apartment Address: _____ **Apt.#:** _____

Applicant Information

Name:			
Date of Birth:	SSN:	Phone:	
Current Address:			
City:	State:	ZIP:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Email Address:			
Previous Address:		City & State:	ZIP:
Own Rent (Please circle)	Monthly payment or rent:	How long?	

Employment Information

Current Employer:			
Employer Address:			How long?
Phone:	E-mail:	Fax:	
Position:	Hourly Salary (Please circle)	Annual income:	

Co-Applicant/Guarantor Information Circle one Co-Applicant or Guarantor

Name:			
Date of Birth:	SSN:	Phone:	
Current Address:			
City:	State:	Zip:	
Own Rent (Please circle)	Monthly Payment or rent:	How Long?	
Email Address:			
Previous Address:		City & State:	Zip:
Own Rent (Please circle)	Monthly payment or rent:	How Long?	

Co-Applicant / Guarantor Employment Information

Current Employer:			
Employer Address:			How long?
Phone:	E-mail:	Fax:	
Position:	Hourly Salary (Please circle)	Annual income:	

List below all persons who will occupy the apartment.

NAME:	SSN:	DATE OF BIRTH:	RELATIONSHIP:



BANK REFERENCES

Bank Name: _____ Address: _____ Acct#: _____

Bank Name: _____ Address: _____ Acct#: _____

Has applicant, spouse, co-applicant or other potential occupants ever been arrested or indicted for, or convicted of a felony or a misdemeanor? Yes No

If yes, please explain: _____

Has applicant, spouse, co-applicant or other potential occupants ever been a party to a landlord/tenant legal action, such as dispossession for non-payment, late payment, eviction, possession, property damage, etc? Yes No

If yes, please explain: _____

Have any judgments been entered against applicant, spouse, co-applicant or other potential occupants? Yes

No

If yes, please explain: _____

PLEASE NOTE: NO DOGS, CATS OR OTHER PETS PERMITTED. NO WASHING MACHINES.

- **Approved applicants must provide own apartment RENTERS INSURANCE**

I/we confirm that all the information supplied is true and correct. I/we understand that I/ we can be turned down for the apartment if I/we have falsified any information on this application. I/we authorize the verification of all above information by ATS, Inc. including my credit, housing court filings, rental, check writing, employment history including salary, and criminal background.

x _____
Signature of Applicant Date

x _____
Signature of Co-Applciant Date
