



# Total Realty Associates, Inc

733 Yonkers Ave- 103 ♦ Yonkers, NY 10704 ♦ Tel: 914-964-0554 ♦ Fax: 914-964-1804

## 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:

**Total Realty Associates, Inc.**  
**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

- \$20.00 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, 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

Total Realty Associates, Inc. and our representatives will not discriminate, nor tolerate discrimination, against any applicant or employee because of race, color, religion, gender, sexual orientation, national origin, age disabled or veteran status.





## Rental Application

**Prospective Apartment Address:** \_\_\_\_\_ **Apt. #** \_\_\_\_\_ **Rent:** \_\_\_\_\_

### Applicant Information

Name:		
	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:		
	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:	RELATIONSHIP:

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**BANK REFERENCES**

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_ Acct#: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_ Acct#: \_\_\_\_\_

Has applicant, spouse, co-applicant or other potential occupants ever been a party to a landlord/tenant legal action, such as dispossess 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 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.*

Print Applicant Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Co-Applicant Name: \_\_\_\_\_

Signature of Co- Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**\*SERVICE DOGS ARE PERMITTED PURSUANT TO NEW YORK LAW\***

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