SOUTH COVE PLAZA
The Luxurious Side Of The Waterside
50 Battery Place, New York, New York 10280 I Phone: 212-786-2803, Fax: 212-786-9393

APPLICATION FOR OCCUPANCY

Applicant to fill out all applicable fields

Full Name:

Address: City:

State: Zip: Code: Social Sec #:

Date Of Birth: Employer:

Cell Phone: Phone:

Email:

If there will be a CO-TENANT, the the form fields they will need to filled out. If there is no CO-TENANT leave blank.

Co-Tenant (if applicable)

Full Name:

Address: City:

State: Zip: Code: Social Sec #:

Date Of Birth: Employer:

Cell Phone: Phone:

Email:

Continue to next page.

INCOME INFORMATION

Applicant's Current Employer

Business Name:

Contact Name:

Address:

City:

State:

Zip: Code:

Contact Phone #:

Length of Employment:

Annual Income:

Cell Phone:

Phone:

Email:

Applicant's PREVIOUS Employer

Business Name:

Contact Name:

Address:

City:

State:

Zip: Code:

Contact Phone #:

Length of Employment:

Annual Income:

Cell Phone:

Phone:

Email:

Continue to next page.

REFERENCES #1

PERSONAL REFERENCES (DO NOT INCLUDE RELATIVES)

Full Name:

Address:

City:

State:

Zip: Code:

Phone #:

Email:

REFERENCES #1

PERSONAL REFERENCES (DO NOT INCLUDE RELATIVES)

Full Name:

Address:

City:

State:

Zip: Code:

Phone #:

Email:

BUSINESS REFERENCES #1

Name Of CPA:

Address:

City:

State:

Zip: Code:

Phone #:

Email:

ATTORNEY NAME

Full Name:

Address:

City:

State:

Zip: Code:

Phone #:

Email:

BANK REFERENCES #1

Bank Name:

Branch:

Checking Account #:

BANK REFERENCES #2

Bank Name:

Branch:

Checking Account #:

BANK REFERENCES #3

Bank Name:

Branch:

Checking Account #:

DRIVER(S) INFORMATION

Drivers License #:

Issue State:

Make/Model:

Year:

Plate #:

Make/Model:

Year:

Plate #:

OCCUPANCY INFORMATION

Name Of All Persons Who Will Reside In The Apartment Including Children:

Person 1:

Person 2:

Person 3:

Will There Be Any Business Or Profession Conducted At This Apartment? If So, What Is The Nature Of The Business Or Profession? (Describe In Detail)

If So, What Is The Nature Of The Business Or Profession? (Describe In Detail)

Will There Be Any Employees Working In The Apartment? If so, how many?

Will There Be Any Business Or Professional Visitors To The Apartment?

If So, Estimated Number Per Day?

Applicant Signature:

Date:

THE INFORMATION PROVIDED ON THIS APPLICATION MAY BE USED TO OBTAIN A TENANT SCREENING REPORT FROM ONE OR BOTH OF THE FOLLOWING CONSUMER REPORTING AGENCIES (THROUGH CORELOGIC SAFERENT):

CREDIT HISTORY REPORT
TRANS UNION – PO Box 1000, Chester, PA 19022 (800) 888-4213 www.transunion.com

RENTAL HISTORY REPORT
CORELOGIC SAFERENT
c/o Consumer Relations Dep't., 7300Westmore Rd, Suite 3, Rockville, MD 20850-5223 (888) 333-2413

CONSUMER CONSENT REPORT TONE FREE TENANT SCREENING RE

When completed, please email to leasing manager: psheppard@rymanagement.com