

APPLICATION FOR LEASE OF APARTMENT

MATTCO EQUITIES, INC. MANAGING AGENT
PO BOX 849, HARRISON NY 10528 (914-835-0333)

A FALSE OR WILLFULLY OMITTED STATEMENT WILL BE GROUNDS FOR CANCELLATION OF YOUR LEASE.
CONDITIONS

- Maximum number of apartment occupants limited as follows: 1-BR two persons plus child under 6 years; 2-BR four persons; 3-BR five persons. **Both** husband and wife must sign leases.
- Lease rental may not exceed applicant's gross weekly income. Other assets and credit score of applicant will be given due consideration. Applicant must qualify financially throughout the lease term and will notify Lessor in writing at such time as they do not qualify. Application is a part of your lease.
- No pets are permitted unless specifically authorized by the lease. Do you intend to keep a pet in your apt? _____. If "Yes", type _____, weight _____, age _____, sex _____. There is Added Rent for pets.

PLEASE PRINT AND ANSWER ALL QUESTIONS

How did you hear about our Apartments? ___ Online (site _____) ___ Classified ad
___ Referral, ___ Drive-by, ___ Other, explain _____

1. APPLICANT.

Date _____

Name (Print)	Address (Street, City, State, zip code)	Home Telephone	Present Monthly Rent	Date of Birth	Social Security Number (print clearly)

Cell number _____ email address _____

2. DESCRIPTION OF THE APARTMENT YOU ARE APPLYING FOR:

Apt. No.	No. of Bedrms	No. Of Bathrms	Monthly Rental	Security Deposit	Lease Length	Date Lease Beg

Remarks: SMOKING PROHIBITED IN APTS & COMMON AREAS

3. OTHER OCCUPANTS. List below the names of all other persons (in addition to "Applicant(s)") to occupy the Apartment. Occupancy is restricted to individuals listed.

Full Name	Relationship	Age of Children	Remarks

How many autos will you keep in this apartment community? _____

Make _____ /Year _____ /Color _____ /License No. _____

Make _____ /Year _____ /Color _____ /License No. _____

4. YOUR PRESENT AND PREVIOUS RESIDENCE.

Your Landlord's Name and Address- for Residence listed in 1, above.					Telephone Number	How Long?
Name	Street	City	State	Zip		
Present:						
Previous:						

5. OCCUPATION. Occupation of Husband or Primary Resident: _____

Name and Address of Firm	Your Position _____	Business Telephone _____
	Your Annual Income _____	How Long Employed _____

OCCUPATION. Occupation of Wife or Other Resident: _____

Name and Address of Firm	Your Position _____	Business Telephone _____
	Your Annual Income _____	How Long Employed _____

6. EMERGENCY CONTACTS

In case of emergency	Name and Address	Telephone
1.		
2.		

Have you ever been dispossessed for non-payment of rent or otherwise failed to meet your lease obligations?

Yes _____ No _____

AGREEMENT

1. Possession of the Apartment may not be taken until this application is approved, the first month's rent and security paid in good funds and the lease signed by the parties. Deposits made will be refunded if application is denied but application-processing fee will be retained.

2. Lessor assumes no responsibility to Applicant for delay in giving possession due to failure of present occupant to vacate at lease termination except that Applicant will be credited for pro rata amount of rent based on number of days for which possession cannot be given.

3. DEPOSIT. Lessor acknowledges receipt of \$ _____ as deposit on apartment.

4. Applicant(s) acknowledge and agree that Lessor may make inquiry of parties listed in this Application, and through consumer credit, criminal and civil suit reports. If we take any type of adverse action based in part on a consumer report you have the right to this information (free if request is made within 60 days of notice of adverse action) and to dispute its accuracy. Contact Transunion, PO Box 1000, Chester PA 19016 (800-888-4213). The consumer reporting agency did not make a decision to deny your application and cannot explain the reasons for a denial. Contact Mattco Equities, Inc, PO Box 849, Harrison NY 10528 (914-835-0333) for more information.

ACCOUNTING
1 st Month Rental ...\$
Security Deposit...\$
Additional Pro Rata Rent..... _____ days at \$ _____/day
Total Due
Less, Deposit
Due at Lease Signing

I (WE) HAVE READ, FULLY UNDERTAND AND APPROVE OF BOTH SIDES OF THIS APPLICATION.

Applicants: X _____

For Lessor: _____

Acknowledges receipt of deposit and Application

MATTCO EQUITIES, INC. AS AGENT
PO BOX 849
HARRISON, NY 10528
914-835-0333 (T)
914-835-8972 (F)
info@mattcomgt.com

Date:

Applicant(s):

Re: your application to _____ Apts

Dear Applicant(s):

Thank you for your application for an apartment.

In processing your application we will obtain information contained in a consumer credit report from:

TransUnion Consumer Relations
PO Box 1000
Chester, PA 19022

TEL: 800-888-4213

www.transunion.com

If your application is denied based at least in part on information contained in the consumer credit report (we will notify you if this is the case) you have the right to obtain free disclosure of the nature of the information that was relied upon. You may obtain this information by making a request to the consumer reporting agency within 60 days of receiving notice of adverse action. You have the right to directly dispute with the consumer reporting agency the accuracy and completeness of any information furnished by that agency.

The consumer-reporting agency did not make the decision to deny your application and cannot explain the reasons for the denial.

We sincerely wish the best to you.

Very truly yours,

Mattco Equities, Inc.