

**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. All adult residents must sign lease and have acceptable credit score.
- Lease rental may not exceed applicant's gross weekly and lawful income. Other assets and credit score of applicant(s) will be given due consideration. Minimum credit score is 675. 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 AND 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.

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

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

Applicants: X \_\_\_\_\_

For Lessor: \_\_\_\_\_

Acknowledges receipt of deposit and Application

\_\_\_\_\_