

Glasser Realty LLC

1546 Second Ave New York NY 10028
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Apartment Application

Number of Adults: _____ Children: _____ Pets: _____

Name: _____ Social Security#: _____

Address: _____

Date of Birth _____ Tel: _____

Email Address: _____ Cell Phone: _____

Reason for moving now: _____

Has applicant ever had bed bugs in their apartment or building: _____

Landlord: _____ Address: _____

Landlord's Phone: _____ How Long: _____ Rent \$: _____

Previous Address (if less than 2 yrs.): _____

Business (firm name): _____ Address: _____

Work Phone#: _____ Position: _____ How Long: _____

Type of Firm: _____ Annual Salary: _____

Previous Employer (if less than 2 yrs.): _____

Reference at Previous Employer: _____

Additional Income: Source, Amount: _____

Emergency contact number: _____ Relationship/Name: _____

Checking: _____

Saving/Money Market: _____

Major Credit Cards:

1. _____

2. _____

Can you provide a lease guarantor if necessary? _____

- Unless specifically stated the apartment is to be rented "as is" with no further renovation, painting, repairs ect.
- I hereby authorize Glasser Realty LLC to run a credit report , court record, criminal report or whatever is necessary to process my application
- All reports will be forwarded to the landlord and or managing agent in connection with this lease application.

The undersigned is applying for Apartment #: _____ at: _____

No. of Occupants: _____ Monthly Rent: _____ Lease to Commence: _____

Date: _____ Signature: _____