

OFFICE HOURS
MONDAY – FRIDAY
9:00AM – 5:00PM

INTERVIEWS
MONDAY - FRIDAY
9:00AM – 3:00PM

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REQUIREMENTS

- 1- **NON-REFUNDABLE** MONEY ORDER FOR CREDIT, COURT HISTORY SEARCH, AND HOME VISIT PAYABLE TO JEROME ASSOCIATES, LLC. :

-\$50 FOR SINGLE -\$25 FOR EACH ADDITIONAL APPLICANT
- 2- APPLICATION HAS TO BE FILLED OUT COMPLETELY BY APPLICANT. NO APPLICATION WILL BE CONSIDERED IF ANY OF THE REQUESTS ARE NOT COMPLIED WITH.

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APPLICANT’S DOCUMENTS REQUIRED

1. LAST TWO PAY STUBS
2. LAST TAX RETURN FORMS/W-2 FORM
3. LETTER FROM JOB STATING LENGTH OF TIME & WAGES RECEIVED (ORIGINAL LETTER ONLY) NO COPIES
4. BIRTH CERTIFICATE
5. SOCIAL SECURITY CARD/PICTURE ID
6. CURRENT LEASE .
7. LAST TWELVE (12) MONTHS RENT RECEIPT/PROOF OF PAYMENT
8. TWO REFERENCE LETTERS
9. MINIMUM 2 YEARS **CONTINUOUS EMPLOYMENT** ON CURRENT JOB

PLEASE BE ADVISED THAT THE CREDIT CHECK MUST BE REVIEWED BEFORE THE APPLICANT CAN SEE AN APARTMENT.

Rental Application

JEROME ASSOCIATES, LLC

2800 WEBSTER AVENUE

BRONX, N.Y. 10458

718-220-4216

Interview Date Apt. Seen

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INSTRUCTIONS: Please complete all sections listed below and on the back. Any questions that do not apply, place N/A in the space provided. Thank you for your interest.

APARTMENT STYLE AND SIZE DESIRED _____

DESIRABLE DATE OF OCCUPANCY _____

PERSONAL INFORMATION

APPLICANTS FULL NAME _____ SOCIAL SECURITY NO. _____

DATE OF BIRTH ___/___/___ MARITAL STATUS _____ AGE _____

OTHER RESIDENTS

RELATIONSHIP

AGE

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

DO YOU OWN: WASHING MACHIINE? _____ AIR CONDITIONER? _____ PETS? (IF YES, WHAT) _____

RESIDENTIAL HISTORY

PLEASE INDICATE IN DESCENDING ORDER

PRESENT ADDRESS _____	LANDLORD OR MORTGAGOR _____
PHONE NUMBER _____	LENGTH OF TIME AT ADDRESS _____
CELL PHONE NUMBER _____	EMAIL ADDRESS _____
MONTHLY PAYMENT _____	REASON FOR MOVING _____
PREVIOUS ADDRESS _____	LANDLORD OR MORTGAGOR _____

EMPLOYMENT HISTORY

APPLICANTS EMPLOYER _____	LENGTH OF TIME _____
ADDRESS _____	TELEPHONE NO. _____
POSITION _____	SUPERVISOR _____
OTHER RESIDENT(S):	OTHER RESIDENT(S) SS. NO. _____
RESIDENT _____	EMPLOYER _____
ADDRESS _____	TELEPHONE NO. _____

IF MORE SPACE IS NECESSARY, PLEASE ATTACH ADDITIONAL SHEETS.

REFERENCES

BANK _____ ADDRESS _____

CHECKING ACCOUNT # _____ SAVING ACCOUNT # _____

CREDIT REFERENCE _____ ACCOUNT NUMBER _____

ADDRESS _____ DATE STARTED _____

CREDIT REFERENCE _____ ACCOUNT NUMBER _____

ADDRESS _____ DATE STARTED _____

OTHER REFERENCE _____ ADDRESS _____

	<u>LOAN</u>		<u>MONTHLY</u>	
	<u>INSTITUTIONS</u>	<u>ADDRESS</u>	<u>PAYMENT</u>	<u>BALANCE</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

OTHER INFORMATION

AUTOMOBILE(S): _____ DRIVERS LICENSE NUMBER _____

MAKE _____ YEAR _____ COLOR _____ LIC. # _____ STATE _____

CELL NO. _____ E-MAIL ADDRESS _____

APPLICANTS YEARLY INCOME \$ _____ HOUSEHOLD INCOME \$ _____

COMMENTS _____

IN CASE OF EMERGENCY, CONTACT _____ RELATIONSHIP _____

ADDRESS _____ TELEPHONE # _____

THIS APPLICATION IS SUBJECT TO APPROVAL BY THE OWNERS OR AGENTS AND MAY BE WITHOUT CAUSE DISAPPROVED BY THEM. I HEREBY AUTHORIZE JEROME ASSOCIATES, LLC TO USE ANY CONSUMER REPORTING AGENCY, CREDIT BUREAU OR INVESTIGATIVE AGENCY TO CONFIRM THE INFORMATION CONTAINED HEREIN, PERTAINING TO MY EMPLOYMENT HISTORY, CREDIT HISTORY, PRIOR TENANCIES, CHARACTER AND TO OBTAIN A CREDIT REPORT AND ANY OTHER CREDIT INFORMATION AND TO DISCLOSE SUCH INFORMATION TO THE OWNER/AGENT REPRESENTATIVE IN SUPPORT OF THIS APPLICATION. I HAVE COMPLETED THIS APPLICATION AND RECOGNIZE THAT THE TRUTH OF THE INFORMATION CONTAINED HEREIN IS ESSENTIAL.

How Did You Hear About Jerome Associates?

NEWSPAPER: _____

REFERRAL: _____

BROKER: _____

BLDG. SIGN: _____

OTHER: _____

COMMENTS: _____

FOR OFFICE USE ONLY

DATE LINKED: _____

APT. RENTED: _____

NAME: _____