



114 Troutman St Brooklyn NY 11206

Mailing Address: 213 Keap St. Brooklyn, NY 11211

718.302.0570 Fax 718.302.0571

APARTMENT APPLICATION

The following must accompany your application in order for this application to be processed:
• Copy of Soc. Sec card and another ID with photo
• Landlord's verification form
• Employment verification form, pay stubs, W2, 1040 or 1099
• All questions on this application must be filled out

APPLICANT: For Apt. # Non refundable Dep. \$ see conditions below*

Name Soc. Sec. No. Date of Birth
Present address Apt.# Date:from
City State Zip monthly rent\$ utl. Inc.
Home telephone work telephone
Cell phone E-mail address
Present landlord's name Landlord telephone
Reason for moving
Has landlord ever sued for non-payment or repossession
Previous address apt.# Date moved out rent \$

EMPLOYMENT INFORMATION

Present employer Position
Address City State Zip
Supervisor Supervisor's Telephone monthly salary
Employment Date: From To
Previous Employment (if less than 3 yr) telephone

FINANCIAL INFORMATION

Name of bank Acct.no. tel no
Name of bank Acct.no. tel no
Credit card name Acct.no.
Credit card name Acct.no.

OTHER INFORMATION

Drivers lic. No. type of vehicle year lic.no
Personal reference:Name telephone
Accountant/Attorney:Name telephone

No. of bedrooms requested in building referred by
Proposed occupants including children

We hereby authorize Castlebraid, LLC to use any consumer reporting agency, credit bureau, or other investigative agencies employed by such, to investigate the references herein listed, or statements or other data obtained from me/us or from any other person pertaining to my employment history, credit, prior tenant fees, character, general information, personal characteristics and mode of living to obtain consumer report and such other credit information which may result in thereby, and to disclose and furnish such information to the owner/agent listed above, in the support of this application. I have been advised that I have the right under section 606B of the Fair Credit Reporting Act. To make a written request within reasonable time for a complete and accurate disclosure of the nature and scope of any investigation.

I also understand that this application is subject to the approval of Castlebraid LLC and until this is approved the owner/agent is not bound to enter into any lease agreement.

When a lease will be signed, this application is to made part of the lease entered into. The truth of the information contained herein is essential, and if the aforementioned property deems any answer or statement herein to be false or misleading, it shall be considered that any lease granted by virtue of this application may be cancelled at their option

* The apartment will be held for a period of 3 days. This period may be extended to 5 days if additional paperwork is requested. This deposit is NON-REFUNDABLE if the lessee does not sign a lease for this apartment within the above time frame, UNLESS the pending contract is terminated by the lessor (for reasons of credit, lack of income verification, etc.) Upon signing a lease for this apartment, the deposit will be applied towards the first month's rent. The undersigned understands and agrees to the terms of this contract.

Signature of Applicant Date Co-Applicant