

**Garden City Border Apts LLC**

**APPLICATION TO LEASE**

APT #: \_\_\_\_\_ Rent Amount: \_\_\_\_\_ Date occupancy desired: \_\_\_\_\_

Name: (Tenant): \_\_\_\_\_ SS#: \_\_\_\_\_

(Co-Tenant/Guarantor): \_\_\_\_\_ SS#: \_\_\_\_\_

Tenant Date of Birth: \_\_\_\_\_ Co-Tenant Date of Birth: \_\_\_\_\_

Children & Ages: \_\_\_\_\_ Occupants other than tenant: \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

How Long there: \_\_\_\_\_ Why Moving: \_\_\_\_\_

Current Landlord: \_\_\_\_\_ Tel#: \_\_\_\_\_

Mail Address/Landlord: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ # of years on Job: \_\_\_\_\_

Position: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Co-Tenant Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Bus. Address/Telephone: \_\_\_\_\_ # Years on Job: \_\_\_\_\_

Co-Tenant Income: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Co-Tenant Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Tenant's Bank & Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Type of Account: \_\_\_\_\_ Acct #: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Additional Information required for processing this Application:**

- **Legible Copy of Drivers License**
- **Legible Copy of Social Security Card**
- **Recent Pay-Stub &/or Letter from Employer Verifying Income & Job Stability**

**(If faxing above, please enlarge on copier before Faxing)**

This application is submitted subject to availability of the apartment and approval of Landlord, and does not constitute a contract or a lease to rent the space desired until fully accepted by Landlord and a formal lease contract is executed. I (we) hereby authorize Garden City Border Apts, LLC to conduct an inquiry concerning my (our) credit, housing reports, driving, criminal record, employment etc and submission of this application is consent by applicant(s) to Landlord in obtaining such reports or information. Landlord reserves the right to request additional information from applicant after initial review such as but not limited to job & income verification, prior landlord reference, proof of timely payment of prior rents, etc. **Applicant(s) understand and agree that NO DOGS or pets of any type are allowed in the building.**

\_\_\_\_\_  
Applicant Name (printed)

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Applicant (Signature)

\_\_\_\_\_  
Co-Tenant Name (printed)

\_\_\_\_\_  
Referred by:  
(or source)

\_\_\_\_\_  
Co-Tenant (Signature)

**Applicant's Email Address** (Please print clearly) \_\_\_\_\_

**Co-Applicant's Email Address:** \_\_\_\_\_

**Please Email or Fax this form w/ required attachments**

**Email to: [rentals@gardencityborder.com](mailto:rentals@gardencityborder.com)**

**or Fax # 516-243-7720**

**or mail to**

**P.O. Box 141 Franklin Square, NY 11010**

**Voice or Text: (516) 524-6965**

**Fax # (516) 243-7720**