



18-29 27<sup>th</sup> Ave, Astoria, NY 11102

HRV Management, Inc.

email: hrvmanagement@gmail.com

**APPLICATION FOR RESIDENCY**

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

Address/Apt. #: \_\_\_\_\_

**Personal Information**

\_\_\_\_\_ Responsible Resident \_\_\_\_\_ Guarantor [ ] Primary Applicant

First name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Last Name Suffix (Jr., Sr., etc.) \_\_\_\_\_ Marital Status (optional) \_\_\_\_\_

Social Security Number (Visa # if no SSN) \_\_\_\_\_ Date of Birth \_\_\_\_\_

No SSN, are you in the U.S. on a Visa? \_\_\_\_\_ Yes \_\_\_\_\_ No Exp. Date \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Former Last Name (maiden, married) \_\_\_\_\_ Driver's License State \_\_\_\_\_

**Occupant Information:**

[ ] same as Primary Applicant

Name and SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name and SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name and SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

**Residence Information:**

[ ] same as Primary Applicant

Current Street Address \_\_\_\_\_ Suite or Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Dates of Residency: From \_\_\_\_\_ To \_\_\_\_\_

Name of Apartment Community or Mortgage Co. \_\_\_\_\_ Type (circle one) Rent Own Other \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Reason for Moving \_\_\_\_\_

Previous Street Address \_\_\_\_\_ Suite or Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ To \_\_\_\_\_

Have you ever been evicted or asked to move out? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Explain: \_\_\_\_\_

Have you previously filed or are you currently filing for bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when? \_\_\_\_\_

**Employment Information/Additional Income:**

Current Employer (as of move-in date) \_\_\_\_\_ Position \_\_\_\_\_

Street Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Annual Income \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Previous Employer \_\_\_\_\_ Position \_\_\_\_\_

Industry \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Work Phone \_\_\_\_\_

If there are other sources of income you would like us to consider, please list source & income amount. Sources of Additional Income

\_\_\_\_\_ Amount of Additional Income (\$) \_\_\_\_\_

In connection with this Application for apartment no. \_\_\_\_ located at \_\_\_\_\_ (the "Apartment"), the undersigned ("you" or "your") hereby deposits with \_\_\_\_\_ ("we", "us", or "our") the sum of \$20.00 (the "Application Fee"). The Application Fee is a non-refundable application fee for processing this Application.

By submitting this Application, you agree to enter a lease ("Lease") for the Apartment under the terms specified in this Application. However, if we put you on a waiting list for an apartment, you will not be obligated to sign a Lease until we advise you (in writing) that an Apartment is available, and you accept the Apartment. You will have 24 hours after you are notified by us to accept or reject the Apartment, which you may do in writing. If you do not timely notify us of your acceptance of the Apartment, we will thereafter have no obligations to lease the Apartment to you. If you accept the apartment, you will have 24 hours to pay the initial deposit (one month's rent) and you must sign a lease within five (5) days and prior to beginning of rental period or your rights to lease the Apartment will terminate. Upon receipt of this Application, the Application Fee, and the Deposit we will set aside and reserve the Apartment for you.

If, however, you decide prior to executing the Lease and after paying the initial deposit that, notwithstanding this Application, and our approval, you no longer wish to proceed with the Lease, you must notify us in writing (the "Termination Notice"). To be effective, the Termination Notice must be delivered by you during regular business hours to one of our representatives at the management office. The initial deposit will not be refunded should you decide not to take the reserved Apartment.

By accepting the Application Fee from you, we are not obligated to approve this Application or rent the Apartment to you. Our approval of this Application is contingent upon our receipt of a satisfactory report of your rental history, credit history, and other information that we deem necessary.

By signing this Application, you certify that all persons over eighteen years of age who will be occupying the apartment have completed and provided to us a separate Application for Residency, and that each such occupant of the Apartment will sign the Lease at the time required by us.

You authorize us, through our designated agent or employees, to obtain and verify all credit information for the purpose of determining whether or not to lease the Apartment to you. You understand that should you enter into the Lease for the Apartment, we and our designated agents and employees will have a continuing right to review your credit information, rental application, payment history, and occupancy history for account review purposes and for improving application methods.

We will not be held responsible should you sign the Lease before viewing the apartment.

By signing this Application, you certify that all information contained in this Application is true, correct, and complete.

**It is unlawful to discriminate against an applicant or tenant because of their race, color, national origin, religion, gender, familial status, disability, or any other basis that may be protected under applicable state or local law.**

_____ Signature of Applicant	_____/_____/_____ Date
_____ Signature of Management	_____/_____/_____ Date

**FOR OFFICE USE ONLY:**

**Summary of Monthly Rent/Charges:**

**Base Rent** \_\_\_\_\_

**First Month Proration** \_\_\_\_\_

**Summary of Deposits:**

**Security Deposit** \_\_\_\_\_

**Applicant Cancellation Reason** \_\_\_\_\_

**Approved/Declined By** \_\_\_\_\_

**Term:**

**Lease Begin Date** \_\_\_\_\_

**Lease End Date** \_\_\_\_\_

**Move-In Date** \_\_\_\_\_

**Cancellation Date** \_\_\_\_\_

**Approval/Declined Date** \_\_\_\_\_