



SHABBIR REALTY INC
RESIDENTIAL & COMMERCIAL

Ph: 516.350.6800 * Fax: 516.350.6801
Email: info@shabbirrealty.com

RESIDENTIAL RENTAL APPLICATION
Each Guarantor must complete a separate form

Date: __/__/20__

Property Address or Area of Interest: _____

1st Floor 2nd Floor Other Please describe: _____

Name: _____ Are you 18 years of age or over? Y N

Your Ph: _____ Work Ph: _____

Have you ever been convicted of any crime? Y N

If yes please explain in the back of this application



Present Address: _____

How long at this address: _____

Reason for moving: _____

Current Landlord Name: _____ Landlord Ph. Number: _____

Have you ever been evicted? Y No If yes, indicate the date: _____

Other house hold occupants -:

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Please fax completed application to 516.350.6801 or Emailed to info@shabbirrealty.com

Any Pets Y N If yes, please describe: _____

Do you or any of the prospective tenant smoke? Y N

Current Employer: _____ Employer's Ph. Number: _____

Supervisor's name: _____ Your Job Position: _____

How long have you been employed by your current employer: _____

Current Gross Monthly Household Income: _____

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Do you own a vehicle: Y N

1.) License Plate Number: _____ Is the vehicle Registered in NYS? Y No

2.) License Plate Number: _____ Is the vehicle Registered in NYS? Y No

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Personal Reference: _____ Phone: _____

Emergency Contact Number: _____ Name: _____

I declare that the statements above are true and correct. I hereby give authorization to Shabbir Realty Inc and its representatives to verify all information provided in this application. Permission is granted to interview current landlord, employers, to check criminal record, court records, and income and credit information. I understand that providing false, misleading or incomplete information will result in my application being denied.

Signature: _____

Print Name: _____