



Call It Home Realty LLC
REAL ESTATE SALES & RENTAL SERVICES

20-29TH 38TH STREET, 2ND FLOOR
ASTORIA, NY 11105
929-510-8871
CALLITHOMEREALTYLLC@GMAIL.COM

RENTAL APPLICATION FORM

Building Address:	Unit #:	City:	State:	Agent/Broker referred:
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Applicant Information

Last Name:		First Name:			MI:
Sex:	Home Phone Number:	Work Phone Number:		Cell. Phone Number:	
Social Security Number:		Driver's License Number:		State:	Date of Birth:
Marital Status	Single:	Married:	Divorced:	Engaged:	Credit Score:

Co-Applicant Information

Last Name:		First Name:			MI:
Sex:	Home Phone Number:	Work Phone Number:		Cell. Phone Number:	
Social Security Number:		Driver's License Number:		State:	Date of Birth:
Marital Status	Single:	Married:	Divorced:	Engaged:	Credit Score:

Occupancy Information

HOW MANY OCCUPANTS WILL BE LIVING IN THIS APT BESIDES APPLICANT SIGNED ON THIS LEASE PLEASE LIST ALL:	EACH ADDITIONAL ADULT LIVING IN THE APT. OVER THE AGE OF 18 YEARS IS REQUIRED TO FILL OUT A SEPARATE APPLICATION:	IF THIS IS NOT FILLED OUT WILL BE DICATES THAT NO OTHER PERSON WILL BE LIVING IN THE APT:
Total Adults:	Total Children Under 18 Years:	Pets:

Rental Assistance

Rental Assistance / Subsidy Type:	Voucher Amount:	Expiration Date:
Household Share (amount you would pay):	Voucher Size:	Case Worker Name:
Case Worker E-Mail:	Case Number:	Case Worker Phone Number:

Occupancy Information

FULL NAME	SEX	DATE OF BIRTH	RELATIONSHIP TO APPLICANT

Present Rental Information

Present Home Address:	City:	State:	Zip Code:	Length of Residence:
Landlord Name:	Landlord Phone Number:	Landlord E-mail Address:		
Monthly Rent:	Reason for Moving:			

Previous Rental Information

Present Home Address:	City:	State:	Zip Code:	Length of Residence:
Landlord Name:	Landlord Phone Number:	Landlord E-mail Address:		
Monthly Rent:	Reason for Moving:			

Employment Information

Present Occupation:	Employer Name:	Length of Employment:
Name of Supervisor:	Supervisor Phone Number:	Work Hours: AM PM
Current Income After Deductions:	Circle one: Weekly / Bi-Weekly / Monthly	

Co-Applicant Employment Information

Present Occupation:	Employer Name:	Length of Employment:
Name of Supervisor:	Supervisor Phone Number:	Work Hours: AM PM
Current Income After Deductions:	Circle one: Weekly / Bi-Weekly / Monthly	

Other Sources of Income:

Food Stamps Monthly:	Child Support Monthly:	HRA Cash Assistance Monthly:
SSI Monthly:	Shelter Allowance:	Other Please Describe:

In Case of Emergency, Contact:

Name:	Phone #:	City:	State:	Relationship:
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Have you ever:

Filed for bankruptcy? If yes, list date filed:
Been served an eviction notice or been asked to vacate a property you were renting? If yes, when?
Willfully or intentionally refused to pay rent when due? If yes, when?
Been sued for unlawful detainer? If yes, when?
Been convicted of or committed a felony? If yes, what?
Been charged or arrested for drug possession or sale?

BROKERAGE AGREEMENT

I, the undersigned, agree to pay Call It Home Realty LLC, one month's rent for the selected location as consideration for obtaining an apartment in my name. Payment will be made at the end of the lease. This agreement is between the landlord and the tenant through Call It Home Realty LLC, located at the mentioned address.

I also understand that the apartments shown to me by Call It Home Realty LLC, and which I have accepted as a result of the viewings, are not the property of Call It Home Realty LLC, but of the person(s) described for Call It Home Realty LLC. Therefore, Call It Home Realty LLC is exempt from responsibility and in no way liable for any apartments in need of repairs, extermination, electricity, gas, plastering, painting, and any cosmetic work, etc. I understand that it is a matter between the Landlord and the Tenant to rectify such issues.

I authorize Call It Home Realty LLC, or the owner/landlord/property manager to conduct any necessary inquiries in completing the rental application. I acknowledge that I must pay a fee for the search/processing of my apartment rental application.

APPLICANT'S SIGNATURE

DATE OF BIRTH:

TODAY'S DATE:

APPLICANT'S SIGNATURE

DATE OF BIRTH:

TODAY'S DATE:

FAILURE TO FILL OUT THE APPLICATION COMPLETELY WILL RESULT IN A DELAY OF PROCESSING YOUR APPLICATION OR COMPLETE DENIAL