



1919 Hylan Blvd  
Staten Island, NY 10305  
O: 718-766-7159 F: 718-682-1827  
Frontdesk@kwsiny.com

Apt needed by: \_\_\_\_\_ Rent Range: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Size (Circle One):  Studio  1-Bedroom  2-Bedroom  3-Bedroom  4+Bedroom Pets (Y or N): \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Years There: \_\_\_\_\_ Rent: \$ \_\_\_\_\_ Reason for Leaving? : \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Tel: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Income: \_\_\_\_\_ How long: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Years There: \_\_\_\_\_ Rent: \$ \_\_\_\_\_ Reason for Leaving? : \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Tel: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Income: \_\_\_\_\_ How long: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I understand and agree that I shall pay the above BROKER(s) the following fee upon signing of the lease for any apartment presented to me by the Brokers(s) or their representatives: I accept a minimum of 1 month's rent to a maximum of 15% to the annual rent for any apartments. Should legal action be needed to collect a fee, I agree to pay the cost.

\_\_\_\_\_

Applicant

\_\_\_\_\_

Co-Applicant

Apartments Shown: \_\_\_\_\_