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RESIDENTIAL APARTMENT APPLICATION

Building Address: _____ Apartment # _____ Size _____
Length of Lease _____ To Commence _____ To Expire _____
Monthly Rent \$ _____ Security \$ _____ Annual Rent\$ _____

Applicant's Name _____ Birthdate _____ SS# _____
Present Address _____ Zip Code _____ Apartment # _____
Home Phone # _____ Cellular Phone # _____ Monthly Rent \$ _____ Term _____yr(s)
Present Landlord _____ Phone # _____
Previous Address _____ Zip Code _____ Apartment # _____
Landlord's Phone # _____ Monthly Rent \$ _____ Term _____yr(s)

Marital Status _____ Maiden Name _____ Spouse _____
Names of Children to occupy apartment _____
Others sharing apartment-Name(s) _____ Relationship _____
Driver's License # _____ State of issue _____

Present Employer _____ Annual income \$ _____
Nature of Business _____ Position held _____ How long _____
Business Address _____ Phone # _____
Business Reference (Department Head) _____ Phone # _____
Additional sources of income _____
If self-employed, please specify person(s) able to verify the above information:

Landlord Reference _____ At address _____
Landlord Phone Number _____ Other Contact Information _____

Attorney _____ Address: _____ Phone # _____
Accountant _____ Address: _____ Phone # _____
In case of emergency, notify (nearest relative): _____
Relationship _____ Address _____ Phone # _____

I hereby authorize verification of all above information by City Wide Apartments, Inc. including my credit, rental, check writing and employment history's.

DATE _____

APPLICANT'S SIGNATURE