11 E. 125th Street New York, NY 10035

T: 212.694.3893 F: 212.694.3875

info@mickigarciarealty.com

## **Rental Apartment Requirements**

- 1. An application fee of \$20 in the form of cash or money order, payable to Micki Garcia Realty, Inc.
- 2. Valid Government Issued Photo I.D. –Preferably a Driver's License
- 3. Social Security Card
- 4. 6 consecutive pay stubs and latest bank statements
- 5. Letter from employer stating date of hire, position and annual salary
- 6. Proof of residence; six months of cancelled rental or mortgage checks
- 7. Tax returns and W2 form(s). If self-employed, 1099(s)

Note: Copies of the documents above will be kept on file for owner's records



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## **Application**

(Please print cle	early) APPLICANT					
Name						
Address						
City, State, Zip						
Telephone 1	Telephone 2					
Email	<u> </u>					
Date of Birth	Social Security Number					
How long have you been at your current residence/business? Years Months						
If less than 5 years, list your previous address, landlord and the contact number below.						
Previous Address:						
Landlord:	Telephone:					
SECOND APPLICANT/GUARANTOR						
Name						
Address						
City, State, Zip						
Telephone 1	Telephone 2					
Email						
Date of Birth	Social Security Number					
How long have you been at your current residence/business? Years Months						
•	ars, list your previous address, landlord and the contact number below.					
Previous Address:						
Landlord: Telephone:						
	EMPLOYER					
Name						
Address						
City, State, Zip						
Telephone	Fax					
Supervisor						
Salary	☐ Hour ☐ Week ☐ Year Length of employment: Years Mos.					
SECOND APPLICANT/GUARANTOR'S EMPLOYER						
Name						
Address						
City, State, Zip						
Telephone	Fax					
Supervisor						
Salary:	☐ Hour ☐ Week ☐ Year Length of employment: Years Mos.					

BANK REFERENCE							
Name							
Address							
City, State, Zip							
Telephone			Fax				
Contact		Account Type:	$\square$ Savings	$\square$ Checking	$\square$ Money Market		
	SECOND APPLIC	ANT/GUARANTO	R'S BANK RE	FERENCE			
Name							
Address							
City, State, Zip							
Telephone		T	Fax				
Contact		Account Type:	□Savings	☐Checking	☐Money Market		
PERSONS WHO WILL LIVE IN RESIDENCE							
	Full Name	Relationship		Date of Birth			
	Full Name Relations		nship	Date	e of Birth		
	Full Name	Full Name Relationship		Date of Birth			
	Full Name Relationship		Date	e of Birth			
	Full Name	Relatio	nship	Date	e of Birth		
Does anyone have special needs? ☐ Yes ☐ No							
If yes, please sp	•						
-	peen a member of a tenants, o	or community ass	ociation? $\Box$	Yes □No			
If yes, please specify.							
		EMERGENCY CON	TACT				
Name							
Address							
City, State, Zip		Doloti	- n ala i n				
Telephone	Relationship						
To the best of my knowledge, all of the above statements, and information is true. I am aware that inquiries							
may be made to verify any, and all of the information on this application (including references), and that falsification can result in my disqualification. I give Micki Garcia Realty, Inc., their nominees, and assignees							
permission to investigate everyone, and all information provided on/along with this application, including my							
credit, housing, and criminal history.							
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Cianatura				-	ata		
Signature				D	ate		
Signature				D	ate		