



RESIDENTIAL LEASE APPLICATION

FEE: \$50 Make check payable to Pelican Management, Inc.

Building _____ Apt. No. _____ Apt. Type. _____ Monthly Rent _____
Requested Lease Start Date _____ Lease Term ☐ 1 year ☐ 2 years Date _____

Applicant's name	D.O.B.	SSN	Tel	Cell	<input type="checkbox"/> Prospective Tenant/ Leaseholder <input type="checkbox"/> Guarantor
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Co-Applicant's name (Co-applicant must complete separate application)

Email	If Guarantor application, describe relationship to Applicant
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Children (Name, DOB)

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Are you applying for consent to have a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe (Breed/Weight)
*Pets not permitted in all locations

Have you ever been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever broken a lease? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe
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Have you ever been in Landlord/Tenant court? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe
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Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain

Have you ever rented from Goldfarb Properties? <input type="checkbox"/> Yes <input type="checkbox"/> No When Building Apt. #
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Legal basis for presence in U.S. <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident (green card) <input type="checkbox"/> Temporary Resident (no green card)

Present Landlord	Address	Tel
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Present Street Address	Apt. #	Monthly Rent
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City	State	ZIP	Tel	How Long
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Previous Landlord	Address	Tel
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Previous Street Address	Apt. #	Monthly Rent
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City	State	ZIP	Tel	How Long
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EMPLOYMENT

Present Employer	Occupation	How Long?	Income	Bonus
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Address	City	State	ZIP	Supervisor's Name	Tel
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OTHER INCOME

Source of other income	Amount
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REFERENCES

Checking Account	Bank Name	Account#	Account Holder's Name
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Savings Account	Bank Name	Account#	Account Holder's Name
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Driver's License #	State	Car Make	Model	Plate#
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How did you find this apartment?

Broker (List company & Broker's name)

GOLDFARB PROPERTIES

BRONX

1700 Grand Concourse
Bronx, NY 10457
T 718.299.0718 F 718.713.1091
bronx@goldfarbproperties.com

ESSEX

12 Marshal Street
Irvington, NJ, 07111
T 973.374.4000 F 973.374.0753
maplegardens@goldfarbproperties.com

QUEENS

20-10 Seagirt Blvd.
Queens, NY 11691
T 718.471.7800 F 718.868.8472
wavecrest@goldfarbproperties.com

WESTCHESTER

3 Davenport Avenue
New Rochelle, NY 10805
T 914.235.9002 F 914.235.0635
westchester@goldfarbproperties.com



By signing this Application, I represent, warrant, confirm and agree that:

Credit History and Other Information: As agent for the landlord, Pelican Management, Inc. also dba Goldfarb Properties is authorized to obtain a credit history and other information about me (including employment, income and asset information and any criminal history) through its own investigation and from others.

Fair Credit Reporting Act Notice: Pelican Management, Inc. also dba Goldfarb Properties has disclosed to me that the investigation described above may include requesting a credit report which would investigate my character, general reputation, personal characteristics and mode of living. Pelican Management, Inc. also dba Goldfarb Properties has advised me that I have the right to request, within a reasonable period of time after I sign this Application, a complete and accurate disclosure of the nature and scope of the investigation requested as well as a written summary of the rights of the consumer prepared pursuant to section 609(c) of the Fair Credit Reporting Act.

Approval: Application approval is at landlord's discretion (except Pelican Management, Inc. also dba Goldfarb Properties is committed to honoring all applicable equal housing opportunity laws).

Fees Non-Refundable: All application fees are non-refundable (whether or not this Application is approved).

Availability: Even if this Application is approved, there will be no lease agreement unless and until lease and related documents have been fully signed and delivered by all parties.

Legal Capacity: I am at least 18 years old and all information in this Application is true, correct and complete.

NOTICE UNDER NYCAC 20-809

The application information provided by you may be used to obtain a tenant screening report; Pursuant to federal, state, and local law:

1. If we take adverse action against you on the basis of information contained in a tenant screening report, we must notify you that such action was taken and supply you with the name and address of the consumer reporting agency that provided the tenant screening report on the basis of which such action was taken;
2. If any adverse action is taken against you based on information contained in a tenant screening report, you have the right to inspect and receive a free copy of that report by contacting the consumer reporting agency; CoreLogic SafeRent, c/o Consumer Relations Department, 7300 Westmore Road, Suite 3, Rockville, MD 20850-5223, Telephone: 888-333-2413;
3. Every tenant or prospective tenant is entitled to one free tenant screening report from each national consumer reporting agency annually, in addition to a credit report that should be obtained from www.annualcreditreport.com; and
4. Every tenant or prospective tenant may dispute inaccurate or incorrect information contained in a tenant screening report directly with the consumer reporting agency.

PLEASE SIGN ON LINE BELOW

The undersigned certify that each of the statements made as part of this application are true, accurate and complete in all aspects. Furthermore, each of the undersigned hereby authorizes you as agent for the prospective landlord to procure any credit or bank information needed by you to complete your review of this application. In the event you are dissatisfied with either my credit or banking verifications, or otherwise shall refuse to sign a lease, both you and the undersigned shall be deemed released from any further obligations or liabilities in connection with this application. I understand that a non-refundable fee is required with this application. Furthermore, in the event a future Landlord-Tenant relationship exists between the parties, Tenant consents to periodic checks to determine whether the information remains accurate.

Applicant _____

Witness _____

PLEASE ATTACH THE FOLLOWING MATERIALS TO YOUR APPLICATION

- ☐ A copy of your Driver's License
- ☐ A copy of your Social Security Card
- ☐ Your last 4 pay stubs
- ☐ Your Tax Return
- ☐ Your W-2 Form
- ☐ Three (3) current, consecutive months of personal bank statements
- ☐ Complete application for all additional applicants and/or guarantor(s)

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