

SMITH HANTEN PROPERTIES LLC

152 Smith Street, Brooklyn, NY 11201

Telephone (718) 834 - 0300 • Fax (718) 596 - 4440 **WWW.SMITHHANTEN.COM**

APPLIC	ATION	FOR LE	EASE		
Name:	Social Sec#		Date of Birtl	h:	
Telephone:	Email:				
Drivers License #:	State:				
	YOUR CURRE	NT RESIDENCE			
Street Address:			Apt #		
City:	State		Zip:		
Landlord/Managing Agent Name:			Phone #		
Current Rent:	Moved in:		Lease expir	es:	
ADI	DRESS OF APART	MENT APPLYING FO	R		
Street Address:			Apt #		
City: State	Zip:	Rent:	To Start:		
	EMPLOYME	NT HISTORY			
Current Employer			Start Date:		
Address:			Phone #		
City:	State		Zip:		
Position:	Supervisor:		Salary:		
Former Employer:			Start Date:		
Address:			Phone #		
City:	State		Zip:		
Position:	Supervisor:		Salary:		
	BANK	DETAILS			
Bank:		Average Balanc			
Checking or Savings (circle one)		Year opene			
Bank:	Average Balance:				
Checking or Savings (circle one)		Year opene	d:		
	ADDITIONAL	INFORMATION			
Other Occupants for Apartment	Social Secu	rity Number R	elationship	Age	Sex
Do you have any pets? No Y	es Dog C	Cat Other	Age	Weight	
In an Emergency, contact: Name:			Phone Num	ber	
I declare that the statements above					l their

Signature: _	 Date:	
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