

**ONESOURCE PROPERTY MANAGEMENT SERVICES  
31 SOUTH STREET., STE 2N-2  
MOUNT VERNON, NY 10550  
PHONE# 718-654-0736/ FAX# 718-654-2303**

**RENTAL APPLICATION**

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**DOCUMENT CHECKLIST FOR ALL APPLICANTS:**

- |  |  |
|--|--|
| <input type="checkbox"/> MOST RECENT INCOME TAX RETURN     | <input type="checkbox"/> COPY OF ID                |
| <input type="checkbox"/> 2 MONTHS BANK STATEMENTS          | <input type="checkbox"/> W9 FORM / SS CARD         |
| <input type="checkbox"/> EMPLOYMENT VERIFICATION LETTER(S) | <input type="checkbox"/> LANDLORD REFERENCE        |
| <input type="checkbox"/> \$100.00 APPLICATION FEE          | <input type="checkbox"/> CREDIT AUTHORIZATION FORM |

**LOCATION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NUMBER OF BEDROOMS:** \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_ **SOCIAL SECURITY#:** \_\_\_\_\_

**TELEPHONE#:** \_\_\_\_\_ **CELLULAR#:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CURRENT LANDLORD'S NAME, ADDRESS, PHONE#:** \_\_\_\_\_

**HOW MANY YEARS/MONTHS AT CURRENT ADDRESS:** \_\_\_\_\_

**LIST NAMES, AGES AND RELATIONSHIPS OF ADDITIONAL OCCUPANTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST PETS:** \_\_\_\_\_

**PRESENT EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOW LONG THERE:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**TELEPHONE#:** \_\_\_\_\_

**PREVIOUS EMPLOYER (if less than 3 yrs.)** \_\_\_\_\_

**ANNUAL INCOME:** \_\_\_\_\_ **OTHER INCOME:** \_\_\_\_\_

**SOURCE OF OTHER INCOME:** \_\_\_\_\_

**CO- APPLICANT:** \_\_\_\_\_ **SOCIAL SECURITY#:** \_\_\_\_\_

**TELEPHONE#:** \_\_\_\_\_ **CELLULAR#:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CURRENT LANDLORD'S NAME, ADDRESS, PHONE#:** \_\_\_\_\_

\_\_\_\_\_  
**HOW MANY YEARS/MONTHS AT CURRENT ADDRESS:** \_\_\_\_\_

**CO-APPLICANT EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOW LONG THERE:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**TELEPHONE#:** \_\_\_\_\_

**PREVIOUS EMPLOYER (if less than 3 yrs.)** \_\_\_\_\_

**ANNUAL INCOME:** \_\_\_\_\_ **OTHER INCOME:** \_\_\_\_\_

**TOTAL INCOME:** \_\_\_\_\_

**SOURCE OF OTHER INCOME:** \_\_\_\_\_

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**CO-APPLICANT'S SIGNATURE**

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\*\*\*\*\*

DATE: \_\_\_\_\_

LANDLORD: \_\_\_\_\_ APPLICANT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LANDLORD REFERENCE CHECK**

In order to process the application for the above referenced applicant, ONESOURCE PROPERTY MANAGEMENT SERVICES would appreciate your cooperation in providing the information listed below. The applicant has signed below giving you permission to complete this document:

\_\_\_\_\_  
Tenant Signature Date

1. How long has the tenant lived in your property? \_\_\_\_\_
2. What was the rental amount for the unit? \$ \_\_\_\_\_
3. Does/Did tenant pay their rent in a timely fashion? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Does/Did the tenant maintain the unit in a sanitary fashion? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Does/Did the tenant at any time violate the rules and regulations set forth in their lease agreement?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

\*If yes, please give a brief description of the violation  
\_\_\_\_\_  
\_\_\_\_\_

6. Did the tenant damage the unit? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\*\*If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

7. Would you rent to the applicant again? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\*\*If no, Please explain:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Landlord Signature/Agent Date

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**CREDIT RELEASE AUTHORIZATION ADDENDUM**

**BUILDING APPLYING FOR:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**SOCIAL SECURITY#** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE#:** \_\_\_\_\_

**CO-APPLICANT INFORMATION:**

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**SOCIAL SECURITY#** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE#:** \_\_\_\_\_

**AUTHORIZATION:**

**I HEREBY AUTHORIZE ONESOURCE PROPERTY MANAGEMENT SERVICES AND ANY AFFILIATED ORGANIZATIONS TO CONDUCT AN INQUIRY CONCERNING MY CREDIT HISTORY, LANDLORD TENANT COURT RECORDS OR WHATEVER IT DEEMS NECESSARY TO PROCESS MY APPLICATION FOR RESIDENCY. I UNDERSTAND THAT THE PROCUREMENT OF SUCH REPORTS MAY CONTAIN INFORMATION AS TO MY BACKGROUND, MODE OF LIVING, CHARACTER AND PERSONAL REPUTATION AND RELEASE THEM AND ANY AFFILIATED ORGANIZATION FROM ANY LIABILITY AND RESPONSIBILITY FROM DOING SO. THIS AUTHORIZATION ALSO APPLIES TO ANY UPDATE REPORTS WHICH MAY BE ORDERED AS NEEDED. I AM WILLING THAT A PHOTOCOPY OR FAX OF THIS AUTHORIZATION BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CO-SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_