

The Vistas of Port Jefferson  
Port Jefferson, NY

APPLICATION FOR RESIDENCY

Date: \_\_\_\_\_

PLEASE NOTE THAT A SEPARATE APPLICATION MUST BE COMPLETED BY ALL APPLICANTS OVER THE AGE OF 18 THAT WILL BE OCCUPYING THE APARTMENT.

**Personal Information:**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Last Name Suffix (Jr., Sr., etc.) \_\_\_\_\_ Former Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

No SSN, are you in the U.S. on a Visa? \_\_\_\_\_ Yes \_\_\_\_\_ No

Visa Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Driver's License State \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**Additional Occupant Information: (ALL additional occupants)**

Name & SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name & SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name & SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name & SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

**Residence Information:**

Current Street Address \_\_\_\_\_ Suite or Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Apartment Community or Mortgage Co. \_\_\_\_\_

Type (circle one) Rent Own Other \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ To \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Reason For Moving \_\_\_\_\_

\*See eviction question on page#2.

**Employment Information/Additional Income:**

Current Employer (as of move-in date) \_\_\_\_\_ Position \_\_\_\_\_

Industry \_\_\_\_\_ Monthly Income \_\_\_\_\_

Street Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

If there are other sources of income you would like us to consider, please list source and income amount. Sources of Additional Income \_\_\_\_\_  
Amount of Additional Annual Income (\$) \_\_\_\_\_



**Eviction/Conviction Information:**

\*Have you ever been evicted or asked to move out? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, Explain \_\_\_\_\_

Have You Ever Been Convicted of, or Plead Guilty or "No Contest" to, a Misdemeanor or Felony Involving Sexual Misconduct?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, When \_\_\_\_\_ What State \_\_\_\_\_ Explain: \_\_\_\_\_

**By checking acceptance below**, you certify that all persons over eighteen years of age who will be occupying the Apartment have completed and provided to us a separate Application for Residency, and that each such occupant of the Apartment will sign the Lease at the time required by us.

You authorize us, through our designated agent or employees, to obtain and verify all credit information for the purpose of determining whether or not to lease the Apartment to you. You understand that should you enter into the Lease for the Apartment, we and our designated agents and employees will have a continuing right to review your credit information, rental application, payment history and occupancy history for account review purposes and for improving application methods.

**By checking acceptance below**, you certify that all information contained in this Application is true, correct and complete.

**It is unlawful to discriminate against an applicant or tenant because of their race, color, national origin, religion, gender, familial status, disability, or any other basis that may be protected under applicable state or local law.**

I accept as designated above

Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**<== CLICK SUBMIT BUTTON TO COMPLETE!**

\_\_\_\_\_  
Signature of Management

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

Approved/Declined By \_\_\_\_\_

Approval/Declined Date \_\_\_\_\_

