

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 19 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 _____
Exp. Date: _____

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 _____

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 (\$) _____



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 _____

