

THE APPLICATION AND ALL DOCUMENTS MUST BE SUBMITTED DIRECTLY TO THE OWNER AT:

The Belmont at Eastview
300 Carleton Avenue
Central Islip, NY 11722
Attn: Community Manager

Application and all documents may be submitted by mail or by hand-delivery. For questions, call the Owner at (631) 630-6208 or email at info@livebelmontev.com

NOTE: Owner requires the following documentation to be submitted with the Application:

- 1) One month of consecutive paystubs
- 2) Copy of photo I.D.
- 3) Money order (made out to The Belmont) in the amount of \$20.00 per applicant for tenant screening costs.

DO NOT SEND YOUR APPLICATION AND DOCUMENTS TO LIHP.

**THE BELMONT AT EASTVIEW
RESIDENT APPLICATION**

Date: _____

Name: _____ DOB: _____ SSN#: _____ - _____ - _____

No SSN, are you in the US on a Visa? Yes No / VISA #: _____

VISA Expiration Date: _____ Driver's License Number: _____ State: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Current Address: _____

Apt.#: _____ City: _____ State: _____ Zip: _____

Number of Rooms: _____ Length of Tenancy: _____ Monthly Payment: \$ _____

Landlord or Mortgagee Name: _____ Phone: _____

Reason for Move: _____

Have you ever been evicted or asked to move out? Yes No / If Yes, explain: _____

Have you ever been Convicted of, or Pleaded Guilty or "No Contest" to, a Misdemeanor or Felony?

Yes No / If Yes, When: _____ State: _____

Explain: _____

If current address is less than 2 years, please complete:

Address: _____



Apt.#: _____ City: _____ State: _____ Zip: _____
Number of Rooms: _____ Length of Tenancy: _____ Monthly Payment: \$ _____
Landlord or Mortgagee Name: _____ Phone: _____
Reason for Move: _____

Current Employer: _____ Industry: _____
Address: _____
Suite #: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Position/Title: _____ Start Date: _____
Salary: \$ _____ (annual) Bonus/Comm: \$ _____ (annual)
Employment Supervisor: Name & Title _____ Phone: _____

If current employment is less than 2 years, please complete:

Previous Employer: _____ Industry: _____
Address: _____
Suite #: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Position/Title: _____ Start Date: _____
Salary: \$ _____ (annual) Bonus/Comm: \$ _____ (annual)
Employment Supervisor: Name & Title _____ Phone: _____

Other Income (Describe) _____ Amount: \$ _____
Adjusted Gross Income (attach tax returns):
Year to Date, 2022 \$ _____ 2021 \$ _____ 2020 \$ _____
Accountant Name: _____
Address: _____ Phone: _____

Co-Applicant

Name: _____ DOB: _____ SSN#: _____ - _____ - _____
No SSN, are you in the US on a Visa? Yes No / VISA #: _____
VISA Expiration Date: _____ Driver's License Number: _____ State: _____
Home Phone: _____ Cell Phone: _____ Email: _____
Emergency Contact Name: _____ Relationship: _____ Phone: _____

Current Address: _____
Apt.#: _____ City: _____ State: _____ Zip: _____
Number of Rooms: _____ Length of Tenancy: _____ Monthly Payment: \$ _____
Landlord or Mortgagee Name: _____ Phone: _____
Reason for Move: _____

Have you ever been evicted or asked to move out? Yes No / If Yes, explain: _____

Have you ever been Convicted of, or Pleaded Guilty or "No Contest" to, a Misdemeanor or Felony?



___ Yes ___ No / If Yes, When: _____ State: _____

Explain: _____

If current address is less than 2 years, please complete:

Address: _____

Apt.#: _____ City: _____ State: _____ Zip: _____

Number of Rooms: _____ Length of Tenancy: _____ Monthly Payment: \$ _____

Landlord or Mortgagee Name: _____ Phone: _____

Reason for Move: _____

Current Employer: _____ Industry: _____

Address: _____

Suite #: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Position/Title: _____ Start Date: _____

Salary: \$ _____ (annual) Bonus/Comm: \$ _____ (annual)

Employment Supervisor: Name & Title _____ Phone: _____

If current employment is less than 2 years, please complete:

Previous Employer: _____ Industry: _____

Address: _____

Suite #: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Position/Title: _____ Start Date: _____

Salary: \$ _____ (annual) Bonus/Comm: \$ _____ (annual)

Employment Supervisor: Name & Title _____ Phone: _____

Other Income (Describe) _____ Amount: \$ _____

Adjusted Gross Income (attach tax returns):

Year to Date, 2022 \$ _____ 2021 \$ _____ 2020 \$ _____

Accountant Name: _____

Address: _____ Phone: _____

Occupants that will be residing in Apartment:

| Name | Relationship | Age |
|------|--------------|-----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



Pets? Yes No / Type: _____ Breed: _____ Lbs.: _____ Age: _____

Pets? Yes No / Type: _____ Breed: _____ Lbs.: _____ Age: _____

Do you have a fish tank or bird? Yes No / Do you have any exotic animals? Yes No

Do you or any of your occupants have a car(s)? Yes No / Are you or any of your occupants planning or purchasing a parking spot if one is available? Yes No

*****PLEASE NOTE THIS IS A NON-SMOKING PROPERTY*****

How did you hear about The Belmont at Eastview? _____

Certification: I understand that a credit and background investigation will be conducted to verify the information I supply, and that any misrepresentation made by me may be cause for rejection of the application. Approval of this application is subject to review and verification of this information and all supporting documentation. I have the right to make a written request for disclosure of the results of this investigation. I may receive a copy of my consumer credit file only by contacting the reporting credit bureaus directly. I agree to hold The Credit Reporting Agency, The Landlord, and its Leasing Consultants harmless for any claims that may arise as a result of this investigation and or in connection with any lease contemplated herein. No representations or agreements by consultants, brokers or others are binding on the Landlord its Leasing Consultants unless included in writing in the Lease. The Landlord and its Leasing Consultants will in no event be bound nor will possession of the apartment be given unless and until a Lease executed by the Landlord or its Leasing Consultants has been delivered to the applicant. Any fees collected for this investigation are non-Refundable.

Authorization To Release Information: I give MRI Screening, the Landlord, and its Leasing Consultants full authorization for an investigative report whereby third parties may be contacted to report on my character, general reputation, personal characteristics, civil and criminal background, mode of living, salary-income, consumer credit and banking-financial practices. I authorize Banks, Financial Institutions, Landlords, Business Associates, Credit Bureaus, Attorneys, Accountants and other persons or institutions with whom I am acquainted to furnish any and all information regarding me. This authorization also applies to any update reports which may be ordered as needed. I agree that an email, photocopy or fax of this authorization be accepted with the same authority as this original.

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

Applicant's Signature

Date

Co-Applicants's Signature

Date

Print Name

Print Name



Co-Applicant's Signature Date

Co-Applicant's Signature Date

Print Name

Print Name

Authorized Owner's Representative Signature Date

Print Name

FOR OFFICE USE ONLY

| |
|---|
| BLDG _____ APT _____ SIZE _____ |
| RENT \$ _____ SECURITY \$ _____ TOTAL AMOUNT DUE \$ _____ |
| CREDIT REPORT: DATE RUN _____ CALLED IN _____ RCVD _____ |
| SUPERVISOR APPROVED/DECLINED _____ DATE: _____ |
| REMARKS: _____ |

