

Please Print Carefully

ALL SECTIONS MUST BE LEGIBLE AND COMPLETE BEFORE ACCEPTED FOR APPROVAL

HOUSING NETWORK MANAGEMENT CORP.
275 PARK AVENUE BROOKLYN, NY 11205
PHONE (718) 237-2522 FAX (718) 237-2952

Date _____
Building _____ Apt# _____ Size _____ Rent \$ _____ Security \$ _____
Lease Start Date _____ Lease Term _____ Landlord _____ Agent _____

APPLICANT			
First Name	Middle Name	Last Name	SS#
Home Phone #	Work Phone #	Birth Date	

OTHER RESIDENTS(including pets)	SS#	Relationship	Birth Date

RESIDENCY Must include prior address if current address is less than 4 year

Present Address Apt# City State Zip Rent Own

Present Landlord Landlord Phone# How Long? _____

Reason for moving Monthly \$ _____

If you are not the tenant of record, you must state the name of the person on the apartment lease: _____

PREVIOUS RESIDENCY (if current is less than 4 years)

Address Apt# City State Zip How Long? _____

Previous Landlord Monthly \$ _____

Reason for moving _____

EMPLOYMENT/INCOME: Specify Income Type: Circle one SALARY, NOT Salary, Primary, Secondary, Previous for each entry. You must show previous income if current primary employment is less than 2 years. IF SALARY: Please supply 1. Pay stubs, letter from employer and W-2. IF NOT SALARY: Please supply 1. Tax returns signed and dated by CPA or 10-99 or letter from CPA with accounting firm stamp. And 2. Rent payment history i.e.: money order stubs, rent payment slips, copy of checks, etc.

Primary Income Source: Salary Not Salary

Company Name	Address	City	State	Zip	Your Title
Supervisor Name or Self Employed Provide Accountant Info	Supervisor Phone#	Salary/Income	Length of Employment		

Secondary (Tenant) Income Source: Previous Income Source Salary Not Salary

Company Name	Address	City	State	Zip	Your Title
Supervisor Name or Self Employed Provide Accountant Info	Supervisor Phone#	Salary/Income	Length of Employment		

FINANCIAL

Name of Bank	Branch Address	Contact Name	Phone Number
Account Number	Account in the Name of	Savings	Checking

DRIVERS LICENSE IDENTIFICATION

License ID#	State of License	Primary Auto Plate#	Year	Make	Model
-------------	------------------	---------------------	------	------	-------

AUTHORIZATION TO RELEASE INFORMATION I, the applicant, give full authorization for an investigative report whereby third parties may be contacted to report on my character, general reputation, personal characteristics, mode of living, salary-income, consumer credit and banking practices. I have the right to make a written request within a reasonable amount of time for a disclosure of information concerning the result of the investigation. I may not, however, receive or view a copy my consumer credit report. I authorize landlords, business associates, credit bureaus, banks, financial institutions, attorneys, accountants and other persons or institutions with whom I am acquainted to finish any and all information regarding me. I am willing that a photocopy of facsimile of this authorization be accepted with the same authority as the original, and I specifically waive any requirement of written authorization from any person or institution who may delay the release of information based upon this request.

Signed _____ Date _____

HOUSING NETWORK MANAGEMENT CORP275 PARK AVENUE BROOKLYN, NY 11205
PHONE (718) 237-2522 FAX (718) 237-2952**COMMERCIAL LEASE APPLICATION**

Name of applicant (personal/individual)	Social Security Number
Full Company Name	Tax ID Number

Corporation
 General Partnership
 LTD Partnership
 Sole Proprietorship
 Other

Operating under the laws of: _____ State _____

Address/Primary place of doing business Suite/Floor City State Zip

Telephone# Fax# Are you listed in the Phone book? Is your business in a residence?
 Yes No Yes No

Years at address Do you own the property? Monthly Payment Landlord/Manager/mortgagor Name Phone#
 Own Rent

List any other name under which the company is conducting business. DBA's

Other business locations/addresses Suite/Floor City State Zip

BANK REFERENCES

1) Bank Name Branch/address

Contact name Phone#/Fax# Type of account A borrowing Account?
 Yes No

2) Bank Name Branch/address

Contact name Phone#/Fax# Type of account A borrowing Account?
 Yes No

TRADE REFERENCES

Trade Company Name Contact Name Phone#

Trade Company Name Contact Name Phone#

Trade Company Name Contact Name Phone#

FINANCIAL REFERENCES

Your Business' Account Contact Name Phone#

Your Business' Account Contact Name Phone#

Financial Information: We require that you submit an audited financial statement or a copy of your most recent tax return with your application. Your application cannot be processed unless we have one of these items.

In order to execute a lease, we need a letter from your attorney on his/her letterhead, indicating that the party entering into the lease on behalf of the corporation, partnership or other parties has the legal authorization to do so on behalf of the corporation, partnership, or other parties.

I, acting on behalf of _____, hereby certify that all the information supplied within this application and the accompanying financial statement and/or tax return is true and accurate.

I authorize Banks, Financial Institutions, Landlords, Business Associates, Credit Bureaus, Attorneys, Accountants and other persons or institutions to furnish any and all information regarding this company and it's principals. I am willing that a photocopy or fax of this authorization be accepted with the same authority as this original.

Date: _____ Signature: _____