



SOUTH NASSAU PROPERTIES
29 SOUTH CENTRAL AVENUE
VALLEY STREAM, NY 11580
P: (516) 791-7599 F: (516) 792-0980
rent@southnassauproperties.com

Apartment Application and Credit Authorization Form

APPLICANT BACKGROUND INFORMATION			
Name:		Email:	
Date of birth:	SSN:	Phone:	
Names, dates of birth of other occupants:			
Number of pets residing in the apartment:			
Current address:			
Landlord's Name:		Landlord's Phone:	
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment/rent:	Date started:	
Previous address:			
Landlord's Name:		Landlord's Phone:	
City:	State:	ZIP Code:	
Landlord's Name:		Landlord's Phone:	
Owned Rented (Please circle)	Monthly payment/rent:	Date started:	
EMPLOYMENT INFORMATION			
Current employer:			
Employer address:		Date started:	
Manager's Phone:		Manager's E-mail:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (circle one)	Annual income:	
OTHER INFORMATION TO INCLUDE WITH YOUR APPLICATION			
<p>As part of your application, please furnish the following:</p> <ol style="list-style-type: none"> 1. Copy of your driver's license 2. Letter from your current employer (including position, length of employment and salary/wages) 3. W2 Form or comparable wage and tax statement 4. Two most recent pay stubs 			
CREDIT CHECK AND EMPLOYMENT VERIFICATION AUTHORIZATION			
<p>I authorize South Nassau Properties to verify the information provided on this form as to my credit and employment history. The authorization is valid for a period of one hundred days from the below date. A photo-static or electronic copy of my signature may be used to obtain information above.</p>			
Signature of applicant			Date