APPLICATION FOR APARTMENT RENTAL

Building: 209 East 14 Street Apt # Landlord: _		Best Inns USA, LLC		Agent Name:	
Lease Start Date: Lease End		Date:		Lease Term:	
Monthly Rent Budget: \$	Security: \$_			Broker's Fee: \$	
How did you find Union Square Inn?	Nyinns.com Website	Friend/Family	Google: which wor	d did you type in google to	find us?
	Other (please list):				_
Applicant Information:					
Name:		Social Security	Number:		_
Home Telephone:		What brings yo	u to NY?		_
Cellular Telephone:		Date of Birth: _	/A 41	MIDDAGGG	-
E-Mail Address:			(MI	M/DD/YYYY)	
Residency:					
Present Address:		Landlord's Add	ress:		_
City, State, and Zip:		City, State, and	I Zip:		-
Landlord's Name:					
How long have you been at this address?		Monthly Rent: \$	S		
Previous Address: (If current is less than	ı 2 years)				_
Landlord's Name:		Landlord's Add	ress:		_
Landlord's Telephone:					
How long have you been at this address	?	Monthly Rent: \$	S		
Employment:					
Company Name:		Company Addr	ess:		_
Job Description:					_
Supervisor's Name:		Telephone Num	nber:		_
Annual Salary: \$		Length of Employment:			-
IN CASE OF EMERGENCY PLEASE NOT	TFY:				
Name:		Address: _			
Telephone Number:		Relationsh	nip to you:		
Authorization to Release Information: I hereby authorize BUILDING MANAGEME and/or savings accounts, credit obligation, This consent is effective for a period of six This form may be reproduced or photocopi	rental information and all omenths from the date of the	other credit matters nis consent.	which they may req	uire in connection to lease	

Signed: