

Crystal House Rental Application

NO PETS

Paulsen Real Estate Corp.
630 Shore Road / P.O. Box 298
Long Beach, NY 11561
Tel: (516) 889-2056 / Fax: (516) 897-0809
www.crystalhouseapartments.com

Personal Information:

Your Name: _____ Social Security #: _____

Address/City/State/Zip: _____ Years at Address: _____

Own or Rent: _____ Home Phone: _____ Cell Phone: _____

Your Employer: _____ Years of Employment: _____

Address: Place of Employment: _____ Work Phone: _____

Annual Salary: _____ Other Income: _____ Source of Other Income: _____

If You Rent at Your Current Address:

Name of Landlord: _____

Address of Landlord: _____ Telephone of Landlord: _____

Charge Accounts:

Type of Credit Card: _____ Name on Card: _____ Account Number: _____

Other References and Information:

Business Reference (name): _____ Phone Number: _____

Address: _____

Emergency Contact (name): _____ Phone Number: _____

Address: _____

Car (Model): _____ Year: _____ License Plate State and Number: _____

Spouse or Co-Tenant Information:

Spouse or Co-Tenant's Name: _____ Social Security #: _____

Address/City/State/Zip: _____ Years at Address: _____

Own or Rent: _____ Home Phone: _____ Cell Phone: _____

Spouse or Co-Tenant's Employer: _____ Years of Employment: _____

Address: Place of Employment: _____ Work Phone: _____

Annual Salary: _____ Other Income: _____ Source of Other Income: _____

The Applicant(s) hereby authorize(s) Paulsen Real Estate Corp. or any credit reporting agency or any other agency employed by Paulsen Real Estate Corp. to examine the references herein listed or any of the other information to determine the qualification of the individuals for approval to rent an apartment.

Date: _____ Signature of Applicant: _____

Signature of Applicant: _____

Lease Information (for Management Use):

Apartment #: _____ Term: _____ years (1 or 2)

Beginning Date: _____ Approximate Rent per month: _____ Garage Rent: _____

Apt to be occupied by (names): _____