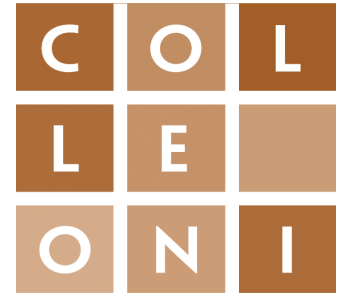


# Application



Return to:  
Colleoni Apartments, Care of Regan Development Corp.  
1055 Saw Mill River Road, Suite 204, Ardsley, NY 10502

## APPLICANT INFORMATION

## APARTMENTS

Mr.  Mrs.  Ms.  Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Please fill in your previous address here (if at current address for less than 2 years)

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employment Information: Employer \_\_\_\_\_ How Long Employed? \_\_\_\_\_

Employer/ Company Address \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Choose One: Annual Gross Income \_\_\_\_\_ Weekly Gross Income \_\_\_\_\_ Monthly Gross Income \_\_\_\_\_

Other Sources of Income \_\_\_\_\_

Total Gross Income Earned/To Be Earned by Applicant in 2006 \_\_\_\_\_

## CO - APPLICANT INFORMATION (if applicable)

Mr.  Mrs.  Ms.  Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Please fill in your previous address here (if at current address for less than 2 years)

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employment Information: Employer \_\_\_\_\_ How Long Employed? \_\_\_\_\_

Employer/ Company Address \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Choose One: Annual Gross Income \_\_\_\_\_ Weekly Gross Income \_\_\_\_\_ Monthly Gross Income \_\_\_\_\_

Other Sources of Income \_\_\_\_\_

Total Gross Income Earned/To Be Earned by Co-Applicant in 2006 \_\_\_\_\_

**A D D I T I O N A L   O C C U P A N T S   T O   B E   L I V I N G   I N  
T H E   A P A R T M E N T**

*(include everyone that will be living in the apartment including co-applicant)*

First Name	Last Name	Age	Sex	Relation to Applicant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Gross **Household Income** Earned/To Be Earned in 2006 \_\_\_\_\_

**C U R R E N T   L A N D L O R D**

Name \_\_\_\_\_  
Building Address & City \_\_\_\_\_  
Landlord Address & City \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
How Many Years Have You Lived There? \_\_\_\_\_

**P R E V I O U S   L A N D L O R D**

Name \_\_\_\_\_  
Building Address & City \_\_\_\_\_  
Landlord Address & City \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
How Many Years Have You Lived There? \_\_\_\_\_

**R E N T A L   S O U R C E S**

Will any of your rent money come from sources other than the employment listed above?    Yes  No

If yes, please list other sources of income or rent payments:

Source of Income	Monthly Amount
1. SOCIAL SECURITY: _____	_____
2. PENSION: _____	_____
3. OTHER: _____	_____
4. OTHER: _____	_____

How did you hear about us? \_\_\_\_\_

**I agree to authorize Colleoni Apartments, Regan Development Corp., Interstate Realty Management Co. or any of their agents to use this copy of my signature as an approval to verify my credit, employment, assets and former tenancies, in conjuncture with my application or future tenancy in an apartment. All verifications will be sent directly back to those authorized and will be used only for purposes connected with the apartment.**

SIGNATURE OF APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE OF CO-APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL (914) 693-6613**

