

**R. KENYATTA PUNTER & ASSOCIATES, INC.**

*LICENSED REAL ESTATE BROKERS*

*2005 ADAM CLAYTON POWELL JR. BLVD.*

*NEW YORK, NY 10027*

*212/663-3316 TEL*

*917/493-1691 FAX*

**Credit Report Fee: \$50.00 per Lessee**

APPLICANT NAME \_\_\_\_\_ APPLICATION NUMBER \_\_\_\_\_  
CURRENT ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member of the head.

MEMBER NO	MEMBER'S FULL NAME	RELATIONSHIP	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	FULL-TIME STUDENT

2. Does anyone live with you now who is not listed above?      Yes      No
3. Do you expect a change in your household composition?      Yes      No  
Explain if you answered yes to either question: \_\_\_\_\_
4. Do you have any residents who are currently part-time/full-time Students.      Yes      No
5. Please identify any special housing needs your household has: \_\_\_\_\_

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes", provide details in the chart below.  
Does any member of your household:

<b>YES</b>	<b>NO</b>	
Yes	No	1. Work full-time, part-time, or seasonally?
Yes	No	2. Expect to work for any period during the next year?
Yes	No	3. Work for someone who pays them cash?
Yes	No	4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?
Yes	No	5. Now receive or expect to receive unemployment benefits?
Yes	No	6. Now receive or expect to receive child support?
Yes	No	7. Entitled to child support that he/she is not now receiving?
Yes	No	8. Now receive or expect to receive alimony?
Yes	No	9. Have an entitlement to receive alimony that is not currently being received?
Yes	No	10. Now receive or expect to receive public assistance (TANF/General Assistance)?
Yes	No	11. Now receive or expect to receive Social Security or disability benefits?
Yes	No	12. Now receive or expect to receive income from pension or annuity?
Yes	No	13. Now receive or expect to receive regular contributions from organizations or From individuals not living in the unit?
Yes	No	14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposits, stocks, or bonds, or income from rental property?
Yes	No	15. Own real estate or any assets from which you receive no income (checking Account, cash)?

Yes No 16. Have you sold or given away real property or other assets (including cash) In the past two years?

Yes No 17. Do you have any defaults/outstanding Student Loans?

MEMBER NAME	SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME

**ASSETS**

1. List all checking, savings accounts (including, IRAs, Keogh accounts, and certificates of deposit, mutual funds, ect..)of all household members.

MEMBER NO	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. List all stocks, bonds, trust, real estate, life insurance, or other assets and their value owned by any household member:

3. Have you given away an asset or made any contributions? Yes No  
 If Yes, please list the assets, value, and date of transaction.

\_\_\_\_\_

\_\_\_\_\_

**PREVIOUS RENTAL HISTORY**

Name and Address of Your Present Landlord:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone No. \_\_\_\_\_  
 How Long Have You Lived There? \_\_\_\_\_  
 Reason for Leaving? \_\_\_\_\_

Name and Address of Your Former Landlord:

Telephone No. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How Long Have You Lived There? \_\_\_\_\_  
Reason for Leaving? \_\_\_\_\_

**EMPLOYMENT HISTORY**

Name and Address of Head's Present Employment  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Years of Employment \_\_\_\_\_

Name and Address of Spouse's or Co-Head's Employer  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Years of Employment \_\_\_\_\_

**APPLICATION CERTIFICATION**

I/We will occupy this apartment as my/our primary residence only. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize the R. Kenyatta Punter & Associates, Inc., its successors, assigns, or managing agent to verify the information provided on this application and to contact previous or current landlords and to obtain credit reports, criminal background and housing court reports as deemed necessary to determine my/our credit worthiness at their sole discretion, which may be released to appropriate Federal, State, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law and may disqualify applicant from consideration.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse/Co-Head: \_\_\_\_\_ Date: \_\_\_\_\_

R. Kenyatta Punter & Associates, \_\_\_\_\_ Date: \_\_\_\_\_