



THE · HIGHLANDS · AT · RYE

# Apartment Application Form

131 Purchase Street, Rye, New York 10580. Tel/Fax: (914) 967-1500. info@thehighlandsatrye.com | Page 1

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## APPLICATION PROCESS

Dear Applicant,

In order to process your application, the following items must be submitted:

- 1) Please complete the entire application form and sign wherever it is indicated. Do not leave any blanks. Zip codes must be included.
- 2) Submit copies of the following items:
  - a) Social Security Card (required)
  - b) Proof of Identity (Driver's License, and/or Passport)  
Copies must show **front** and **back** of this identification.
- 3) Submit three current employment pay-stubs.
- 4) Submit a full copy of most recent tax return package.
- 5) Submit a **NON-REFUNDABLE** seventy five (\$75) money order **PER APPLICANT** payable to R. A. Cohen & Associates, Inc.
- 6) Mail entire package to:  
R. A. Cohen & Associates, Inc.  
Attn: Fred Fragano, Leasing Coordinator  
60 East 42nd St, Suite 850  
New York, NY 10165

If you have any questions, feel free to call me at (212) 835-9526.

Thank you.

Fred F. Fragano  
Leasing Coordinator



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## APPLICANT #1

### APARTMENT YOU ARE APPLYING FOR

Building Address	Apt.#
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### PERSONAL INFORMATION

Applicant's Name	SS#	Date of Birth
Present Address	Apt#	
City	State	Zip
Home Phone (with area code)	E-mail	Monthly Rent
How Long There	Reason for Leaving	
Previous Address		
City	State	Zip
Present Landlord's Name	Present Landlord's Phone	
Present Landlord's Address		
Employer's Name	Supervisor	
Business Address	Email Address	
Business Phone	Position	Salary
Length of Employment		
Applicant's Previous Employer	Supervisor	
Business Address		
Business Phone	Position	Salary
Length of Employment		
Other Income Sources		

### REFERENCES

Bank	Branch	
Checking Account#	Savings Account#	
Checking Account 2#	Savings Account 2#	
Credit Card	Account #	
Date Started	Balance	
Personal Reference		
Address	Zip Code	Phone



# Apartment Application Form

## APPLICANT #1 (continued)

LOANS	
Lending Institution/s	
Name/Address	
Current Monthly Payment	Outstanding Balance
Name/Address	
Current Monthly Payment	Outstanding Balance

EMERGENCY CONTACTS (2 different people required)		
Name #1	Relationship	
Address	Telephone	
City	State	Zip
Name #2	Relationship	
Address	Telephone	
City	State	Zip

PLEASE LIST ALL WHO WILL BE LIVING IN THE APARTMENT (other than applicants)		
Name	Relationship	Age
Name	Relationship	Age
Name	Relationship	Age

I hereby authorize the Landlord to verify my employment, salary and credit information as stated above. Application and references must be acceptable to Landlord or occupancy will not be granted. *I understand that no pets will be allowed in this apartment.* I certify that all statements made herein are true and correct.

Applicant #1: Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY				
RE: Building Address		Apt#	Size	
Lease to Commence		Lease to Expire	Term	
Previous Rent	Monthly Rent	Annual Rent	Pref: Y / N	Amt. \$
# of Occupants: Adults	# of Occupants: Children	T of R # App. Lease needed by		
Commission: Yes / No	Source	Paid		
Approved RAC/RDC				



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## APPLICANT #2

### APARTMENT YOU ARE APPLYING FOR

Building Address	Apt.#
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### PERSONAL INFORMATION

Applicant's Name	SS#	Date of Birth
Present Address	Apt#	
City	State	Zip
Home Phone (with area code)	E-mail	Monthly Rent
How Long There	Reason for Leaving	
Previous Address		
City	State	Zip
Present Landlord's Name	Present Landlord's Phone	
Present Landlord's Address		
Employer's Name	Supervisor	
Business Address	Email Address	
Business Phone	Position	Salary
Length of Employment		
Applicant's Previous Employer	Supervisor	
Business Address		
Business Phone	Position	Salary
Length of Employment		
Other Income Sources		

### REFERENCES

Bank	Branch	
Checking Account#	Savings Account#	
Checking Account 2#	Savings Account 2#	
Credit Card	Account #	
Date Started	Balance	
Personal Reference		
Address	Zip Code	Phone



# Apartment Application Form

**APPLICANT #2** (continued)

LOANS	
Lending Institution/s	
Name/Address	
Current Monthly Payment	Outstanding Balance
Name/Address	
Current Monthly Payment	Outstanding Balance

EMERGENCY CONTACTS (2 different people required)		
Name #1	Relationship	
Address	Telephone	
City	State	Zip
Name #2	Relationship	
Address	Telephone	
City	State	Zip

PLEASE LIST ALL WHO WILL BE LIVING IN THE APARTMENT (other than applicants)		
Name	Relationship	Age
Name	Relationship	Age
Name	Relationship	Age

I hereby authorize the Landlord to verify my employment, salary and credit information as stated above. Application and references must be acceptable to Landlord or occupancy will not be granted. *I understand that no pets will be allowed in this apartment.* I certify that all statements made herein are true and correct.

Applicant #2: Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY				
RE: Building Address		Apt#	Size	
Lease to Commence		Lease to Expire	Term	
Previous Rent	Monthly Rent	Annual Rent	Pref: Y / N	Amt. \$
# of Occupants: Adults	# of Occupants: Children	T of R # App. Lease needed by		
Commission: Yes / No	Source	Paid		
Approved RAC/RDC				