

515 Madison Ave. STE 1118 New York NY 10022

T:212.715.0707 F:212.759.4164

W: Sterlingholdings.com f Sterling-Holdings

Rental Application for A	Apt. At
Date:	SSN:
Name:	DOB:
Current address:	
City	State Zip
Tel. Home:	Tel. Work:
Cell Phone:	
Employer's name:	
Address:	
Position:	
Contact person/ HR dep	eartment name and telephone:
	Annual income:
Current landlord or ag	ment:
Telephone:	
If less than 2 years:	
Previous landlord or a	gent:
Address:	
	length of tenancy:
Do you have criminal r	ecords? Yes / No
If yes please Specify	
- ·	



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Bank name:	Type			
Bank name:				
Reference:				
Name	Relationship to applicant			
telephone	E-mail:			
Name	Relationship to applicant			
telephone	E-mail:			
Name	Relationship to applicant			
telephone	E-mail:			
	ame of person(s) to reside in apartment with applicant: Relationship Relationship			
	Relationship			
Schools and Colleges Institution				
Broker information:				
Name:	company:			
Telephone:				



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CREDIT CHECK AUTHORIZATION

<u> </u>	_ S.S #	applying for		
apartment at		do hereby permit Sterling		
Holdings, Inc. to conduct a credit search on my background.				
l,	_ do hereby affirm that it	t is agreed and understood by		
me that my approval for the apartment located at				
may be based on my credit history.				
I herby authorize Sterling Holdings, Inc. to obtain information it deems desirable in the processing of my application, including credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records and any other relevant information; and release Sterling Holdings, Inc. its employees and agents from liability for any damage whatsoever incurred in furnishing or obtaining such information. By signing, applicant declares that information entered on this application has been supplied by the				
applicant and it true and accountab	**	**		
Please send a non-re	efundable credit c	heck fee of \$50.00 to		
Sterling Holdings, I	Inc. and a clear c	opy of picture ID.		
Thank you.				
For credit card char	rges see next page	••		
Signature:				



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Credit card authorization:

□ Credit Check Fee	For:	\$50 per applicant		
Number of applicants:	Total charge	\$		
MasterCard	Visa			
Card Number:				
Expiration Date (MM/	ty Code:			
Name as it Appears on the Credit Card or Debit Card (Print)				
Cardholder's Billing Address as listed with Credit Card or Debit Card Company				
City	State Zi _I	Code		
I authorized Sterling Holdings to charge my card for a non-refundable credit check fee. I am aware that I will not be able to receive a copy of my credit report nor my credit score.				
Date				
For Office Use: Merchant: Date:	Authorization:			