



333 West Montauk Hwy, Suite #1, Lindenhurst, NY 11757 Phone: 631 225-6338 Fax: 631 225-0444
www.dellafrancadevelopmentgroup.com

Submit with application:

-Proof of income such as latest tax return(if retired only) or with letter from Employer on letter head that employment is current or four current consecutive pay stubs if employed currently.

-Copy of Drivers License (Color)

-Copy of car registrations

Application Fee: \$13.99 non refundable (background and credit check) per person

It is required proof of income, tax returns(if retired), pay stubs etc., drivers license, cars registrations.

Security Deposit: One month rent due upon lease signing. Non-refundable if applicant backs out after signing the lease. Security separate check for separate account.

Lease Term: One year

Pet policy: Lease

Pet immunizations records due when lease is signed.

Restrictions apply 25lbs Max and Pet Lease must be signed based on approval from Landlord.

Personal Liability \$500,000.00 providing for bodily Injury and/ or property damage to others.

Emotional Support Dog Requirements

1. ESA Letter
2. Script or letter from owners Doctor that emotional support dog is deemed necessary.
3. Lease signed and all information in lease.
4. Letter signed that Tenant is fully responsible for any damages done to the Unit including the rugs..

Please note this before signing, initial and date this that you read it and agree. _____

Thank you for your co-operation.

Marie Dellafranca Member



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RENTAL APPLICATION FORM FOR:

Address and Unit# applying for: _____

Applicant (s) Name: _____ **D.O.B** _____

Applicant's SS# _____ **Applicant's Driver License #:** _____

Number of Adult Occupants: _____ **Number of Children:** _____

How many children will be living in the house? _____

Home Phone Number: _____ **Cell Phone Number:** _____

Work Phone Number: _____

Reason for Moving: _____

Name of Current Employer: _____ **Income:** _____

Current Employer's Phone Number: _____

Employer's Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Current Manager's Name: _____ **Manager's Phone Number:** _____

Length of Current Employment: _____ **Position:** _____

If current employment is less than 3 years fill in prior Employer: _____

Prior Employer's Phone Number: _____ **Income:** _____

Prior Employer's Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Current Manager's Name: _____ **Manager's Phone Number:** _____

Length of Prior Employment: _____ **Position:** _____

Name of Current Landlord: _____

Current Landlord's Phone Number: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Length of Tenant at Current Address : _____

Character Reference One:

Name: _____ **How long have you known this person?** _____

Relationship: _____ **Phone Number:** _____

Character Reference Two:

Name: _____ **How long have you known this person?** _____

Relationship: _____ **Phone Number:** _____

Have you ever filed for bankruptcy? Yes___ No___ **Have you ever been served an eviction notice? Yes___ No___**

Are you a smoker? Yes___ No___

Do you have any pets? Yes___ No___ Specify: _____

Make/Model/Year all cars: _____

Email: _____

EMERGENCY CONTACT: _____

I declare the foregoing information is true and correct and I hereby authorize you to conduct a background and credit check to verify references.

Applicant's Signature: _____ **Date:** _____