



634 WEST 207th STREET, NEW YORK, NY 10034 ■ PHONE: (212) 567-7200 ■ FAX: (212) 567-3037
newheightsrealty.com

RENTAL APPLICATION

Agent _____
Client # _____

Name _____ E-mail address _____
Address _____ Telephone _____
Current Rent \$ _____

Employer _____ Address _____
Position _____ Salary _____ Telephone _____
No. of Residents ~ Adults _____ Children _____ Pets _____
Size of Apartment Needed _____ Price Range _____
Area Preferred _____ Occupancy Date _____
Special Needs or Preferences _____
Reason for moving _____ How long have you been looking? _____
How many apts. have you seen? _____
Why didn't you rent one of those? _____
Are you working with any other brokers? _____
Reason for coming to us _____ If ad, which paper? _____

For any apartment I obtain as a result of information I receive through your office, I agree to pay for your services a brokers fee equal to 15% of the first year's rent. **The broker's fee is payable in certified check or money order and must be paid upon signing of lease.** I understand that said information shall remain confidential between myself and New Heights Realty. Furthermore, I shall remain responsible for your fee should anyone acting on my behalf, or anyone to whom I give your confidential information, obtain an apartment that I have learned about through your services.

New Heights Realty is authorized to obtain credit information from any source in order to substantiate this application and to divulge same as it deems necessary. Upon application for a specific apartment a deposit will be collected. A non-refundable \$50 credit report fee will be deducted from this deposit.

Signature _____ Date _____
(Do not write below this line. Office Use Only)

Apartments seen:	Date:	Comments:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____