



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:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____