

The Barnum House  
c/o Commercial Management Group, Inc.  
414 Main Street – Suite 202  
Port Jefferson, New York 11777  
tel. (631) 474-0946 fax (631) 474-8892

Date: \_\_\_\_\_

Lease Application for Apartment: \_\_\_\_\_

**APPLICANT:**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
# of years at this address: \_\_\_\_\_ Landlord's Name/Telephone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ License #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Annual Income: \_\_\_\_\_

**CO-APPLICANT:**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
# of years at this address: \_\_\_\_\_ Landlord's Name/Telephone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ License #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Annual Income: \_\_\_\_\_

**OTHER OCCUPANTS:**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I/WE REPRESENT THAT THE OCCUPANCY OF THE APARTMENT WILL NOT CONSIST OF MORE THAN \_\_\_\_\_ PERSONS; OCCUPANCY OF THE APARTMENT BY MORE THAN \_\_\_\_\_ PERSONS AT ANY TIME, WITH THE EXCEPTION OF CHILDREN HEREAFTER BORN OR ADOPTED, SHALL CONSTITUTE A BREACH OF LEASE. INITIAL HERE: \_\_\_\_\_

**BANK REFERENCES:**

Checking Account: \_\_\_\_\_  
Bank Name/Branch: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Savings Account: \_\_\_\_\_  
Bank Name/Branch: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**AUTO:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_  
License #: \_\_\_\_\_ Registered to: \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_  
License #: \_\_\_\_\_ Registered to: \_\_\_\_\_  
Additional Vehicles: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

I/We represent that the information provided in this application true to the best of my knowledge. Commercial Management Group, Inc. and Barnum Equities, LLC are hereby authorized to verify my credit and employment references in connection with the processing of this application. I/we are providing herewith a non-refundable application fee of \$25.00 (\$40.00 with co-applicant). I/We acknowledge receipt of a copy of this application.

All aspects of this application are subject to the approval of Commercial Management Group, Inc. and Barnum Equities, LLC.

I/We deposit herewith \$ \_\_\_\_\_ as a good-faith deposit. If this application is accepted, this good-faith deposit will be applied to the security deposit and/or rent. If this application is accepted by Barnum Equities, LLC and I/we fail to return an executed lease along with the required certified funds due at signing within three (3) days' receipt of the proposed lease, this application will be declined and the good-faith deposit shall be retained as liquidated damages.

Dated: \_\_\_\_\_ Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_