



**SUBLEASE APPLICATION
FOR THE SUBLEASE OF COOPERATIVE APARTMENT**

BUILDING: _____ **APT:** _____ **SHARES:** _____

LENGTH OF LEASE _____ **MONTHLY MAINTENANCE:** \$ _____

TO BEGIN: _____ **TO EXPIRE:** _____

SECURITY: _____ **ANNUAL RENT:** _____ **MONTHLY RENT:** _____

SPECIAL CONDITIONS IF ANY: _____

NAME OF CORPORATION: _____

MANAGING AGENT: _____ **TELEPHONE:** (____) _____

ADDRESS: _____ **CONTACT:** _____

SHAREHOLDER (S): _____ **SS#:** _____ - _____ - _____

_____ **SS#:** _____ - _____ - _____

PRESENT ADDRESS: _____

ADDRESS FOR NOTICES: _____ **TEL:** (____) _____ **FAX:** (____) _____

SUB-TENANT (S): _____ **SS#:** _____ - _____ - _____

OFFICE #: (____) _____ **HOME #:** (____) _____

_____ **SS#:** _____ - _____ - _____

OFFICE #: (____) _____ **HOME #:** (____) _____

PRESENT ADDRESS: _____

BROKER (S): _____

TELEPHONE: _____

OWNER'S MORTGAGE LENDER: _____

PERSONAL INFORMATION REGARDING APPLICANT(s)

DATE _____

APPLICANT

CO-APPLICANT

NAME: _____

ADDRESS: _____

DATES OF RESIDENCE: _____ TO _____

_____ TO _____

NATURE OF BUSINESS: _____

EMPLOYER: _____

ADDRESS: _____

PERIOD OF EMPLOYMENT: _____ TO _____

_____ TO _____

PRIOR EMPLOYER
OR RESIDENCE
IF LESS THAN 3 YEARS

INCOME ESTIMATE FOR
THIS YEAR: _____

ACTUAL INCOME LAST YEAR: _____

EDUCATIONAL BACKGROUND: _____

ADDITIONAL INFORMATION REGARDING APPLICANTS

Names of all persons who will reside in the Apartment: _____

Schools and colleges attended by applicants and occupants (optional): _____

Names of anyone in the building known to Applicant: _____

Are any pets to be maintained in the Apartment. If yes indicated number and kind: _____

Name of organizations to which Applicant belongs (optional): _____

REFERENCES

LANDLORD: _____ **ADDRESS:** _____

OCCUPANCY FROM: _____ **TO** _____

PREVIOUS LANDLORD: _____ **ADDRESS:** _____

OCCUPANCY FROM: _____ **TO** _____

PERSONAL REFERENCES:

APPLICANT

CO-APPLICANT

1. NAME _____
ADDRESS _____

1. NAME _____
ADDRESS _____

2. NAME _____
ADDRESS _____

2. NAME _____
ADDRESS _____

3. NAME _____
ADDRESS _____

3. NAME _____
ADDRESS _____

4. NAME _____
ADDRESS _____

4. NAME _____
ADDRESS _____

BUSINESS AND PROFESSIONAL REFERENCES

APPLICANT

CO-APPLICANT

1. NAME _____
ADDRESS _____

1. NAME _____
ADDRESS _____

2. NAME _____
ADDRESS _____

2. NAME _____
ADDRESS _____

3. NAME _____
ADDRESS _____

3. NAME _____
ADDRESS _____

The foregoing application (pages 1 through 5) has been carefully prepared, and the undersigned hereby solemnly declare(s) and certifies that all the information contained herein is true and correct.

By signing below, Applicant(s) authorize Broker, Managing Agent and/or any party connected with its business organization to perform any credit checks or reference checks in connection with this application.

Date: _____ 20__ Signature _____

Date: _____ 20__ Signature _____