

Rail Realty, LLC
414 Main Street – Suite 202
Port Jefferson, New York 11777
Tel. (631) 474-0946 fax (631) 474-8892

Date: _____

APPLICANT:

Name: _____ Social Security #: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Date of Birth: _____ License #: _____

Employer: _____ Supervisor: _____

Address: _____ Telephone: _____

Position: _____ How Long: _____ Annual Income: _____

CO-APPLICANT:

Name: _____ Social Security #: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Date of Birth: _____ License #: _____

Employer: _____ Supervisor: _____

Address: _____ Telephone: _____

Position: _____ How Long: _____ Annual Income: _____

BANK REFERENCES:

Checking Account: _____

Bank Name/Branch: _____ Address: _____

City: _____ State: _____ Zip: _____

Savings Account: _____

Bank Name/Branch: _____ Address: _____

City: _____ State: _____ Zip: _____

I/We represent that the information provided in this application true to the best of my knowledge. Rail Realty, LLC is 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 \$35.00 per applicant. I/We acknowledge receipt of a copy of this application.

All aspects of this application are subject to the approval of Rail Realty, LLC.

I/We deposit herewith \$500.00 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 Rail Realty, 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:** _____