



Eagle Rock Management, LLC.
P.O.Box 159
Plainview NY 11803
P 516-844-9800
F 516-844-9802



OFFICE USE ONLY

Address _____
Apt # _____ Move-in Date _____
Monthly Rent _____ Sec _____
Lease Dates: From _____ To _____
Leasing Consultant _____

Applicant #1: ☐ Lease Holder ☐ Co-signer/ Guarantor ☐ Roommate **(please check one)**

Name _____ Date of Birth _____ Social Security # _____
Address _____ City _____ State _____ Zip code _____
***Include an enlarged copy of driver's license with this application. Application will not be reviewed without copy.**
Home Phone (_____) _____ Cell (_____) _____ Email _____
Number of years at current address _____ Do you own or rent _____ Current Rent \$ _____
Reason for leaving _____ Lease Expiration _____ Did you pay full rent _____ Your share \$ _____
Present Landlord _____ Address _____ Phone(_____) _____
Employer _____ *if self-employed please specify type of work. Position _____
Address _____ Length of employment _____
Phone (_____) _____ Annual income \$ _____ (must present proof of income) Additional Income \$ _____
Emergency Contact Name _____ Contact Relationship _____ Contact Phone # _____
Banking info: Checking Acct with _____ Acct # _____
Outstanding Loans (Auto, Credit Card, etc.) _____ Monthly Payment \$ _____
Have you ever been convicted of a felony _____ If yes, please explain _____

Applicant #2: ☐ Lease Holder ☐ Co-signer/ Guarantor ☐ Roommate **(please check one)**

Name _____ Date of Birth _____ Social Security # _____
Address _____ City _____ State _____ Zip code _____
***Include an enlarged copy of driver's license with this application. Application will not be reviewed without copy.**
Home Phone (_____) _____ Cell (_____) _____ Email _____
Number of years at current address _____ Do you own or rent _____ Current Rent \$ _____
Reason for leaving _____ Lease Expiration _____ Did you pay full rent _____ Your share \$ _____
Present Landlord _____ Address _____ Phone(_____) _____
Employer _____ *if self-employed please specify type of work. Position _____
Address _____ Length of employment _____
Phone (_____) _____ Annual income \$ _____ (must present proof of income) Additional Income \$ _____
Emergency Contact Name _____ Contact Relationship _____ Contact Phone # _____
Banking info: Checking Acct with _____ Acct # _____
Outstanding Loans (Auto, Credit Card, etc.) _____ Monthly Payment \$ _____
Have you ever been convicted of a felony _____ If yes, please explain _____

Others to reside in the apartment: Name _____ Age _____ Relationship _____
Name _____ Age _____ Relationship _____

NO pets unless approved by landlord in advance.

How did you hear about us? Friend/ Resident Sign Move.com Apartment.com Craigslist Other _____

Applicant must be 21 years or older. Applicant authorizes Eagle Rock Management, LLC, through its agent and employees, to obtain & verify credit information, criminal history, employment, and income for the purpose of leasing an apartment. Landlord will require a non- refundable application fee of \$150.00, paid by certified check, bank check, or money order payable to **Stevens Preserve LLC**, at the time of filing the application. Should applicant withdraw after acceptance, landlord shall retain full application deposit. Upon acceptance, applicant shall pay first month's rent in full as a **NON-REFUNDABLE** deposit, in exchange for landlord reserving the above identified apartment.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Eagle Rock Management, LLC.

1670 Old Country Rd, Suite 227
Plainview, NY 11802

Credit Card Authorization Form

Eagle Rock Management is seeking confirmation of authorization from you to use your debit/credit card to apply a payment against rent and/or other charges that are owed on your account for your apartment.

While you have given verbal authorization and provided all details of your debit/credit card over the phone, Eagle Rock asks that you complete and return this form.

Name: _____

Billing Address of Card: _____

One time amount authorized to be charged: \$ _____

Type of Credit Card: _____

Name as it appears on Card: _____

Full Credit Card Number: _____

Expiration date: _____

CSV Number (3 digit code on back of card): _____

I hereby authorize Eagle Rock Management, LLC or its affiliates to charge the above credit card for this amount. I acknowledge that I may be charged a processing fee for this transaction.

Sign: _____

Print Name: _____

Date: _____