Date:	Application to	o Lease Apt. #		
NEWMAN STREET REAL ESTATE 205 WILLOWBROOK AVENUE 203-324-3074 STAMFORD, CT 06902	LLC			Phone: 203-348-8378 Fax:
APPLICANT	\$	SPOUSE OR CO-	APPLICANT	
Name	N	lame		
Birthdate S.S. #	E	Birthdate	S.S. #	
Address	A	Address		
Dity/State/ZIP		City/State/ZIP		
Home # Cell #	H	Home #	Cel	#
Oriver's License #State	e	Oriver's License #		State
E-Mail	E	E-Mail		-
andlord Name	L	andlord Name		
Nonthly Rent \$Phone #	N	Monthly Rent \$	Phor	e#
APPLICANT'S EMPLOYER	•	SPOUSE OR CO-	APPLICANT'S	EMPLOYER
Name Ph #_	N	lame		Ph#
Address		Address		
City/State/ZIP		City/State/ZIP		
Position Length	F	Position		Length
Veekly Income	V	Veekly Income		
Additional Income		Additional Income		
Previous Employer	F	Previous Employer		
LIST EAC	H OCCUPANT	SOCIAL SECURIT	ГҮ #	DATE OF BIRTH
THIS SECTION MUST BE COMPLETED N FULL				
/EHICLE	\	/EHICLE		
Year Make Model	Y	/ear Make	Mod	lel
Color Plate #		Color	Plate #	
	PLEASE READ BI	FORE SIGNING		
1. All applicants consent to a credit, crimina	I check, and are then subject to	owner's approval.		

4. NO DOGS ALLOWED.

SIGNATURE _____ SIGNATURE ____

Applicant Date Spouse or Co-Applicant

Date