

# Application



**HORIZONS**  
*at Scales Plaza*

Return to:  
Horizons at Scales Plaza, LLC  
1055 Saw Mill River Rd. Suite 204, Ardsley, NY 10502

## A P P L I C A N T I N F O R M A T I O N

Mr.  Mrs.  Ms.  Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Please fill in your previous address here (if at current address for less than 2 years)

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employment Information: Employer \_\_\_\_\_ How Long Employed? \_\_\_\_\_

Employer/ Company Address \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Choose One: Annual Gross Income \_\_\_\_\_ Weekly Gross Income \_\_\_\_\_ Monthly Gross Income \_\_\_\_\_

Other Sources of Income \_\_\_\_\_

Total Gross Income Earned by Applicant Last Year \_\_\_\_\_

## C O - A P P L I C A N T I N F O R M A T I O N (if applicable)

Mr.  Mrs.  Ms.  Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Please fill in your previous address here (if at current address for less than 2 years)

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employment Information: Employer \_\_\_\_\_ How Long Employed? \_\_\_\_\_

Employer/ Company Address \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Choose One: Annual Gross Income \_\_\_\_\_ Weekly Gross Income \_\_\_\_\_ Monthly Gross Income \_\_\_\_\_

Other Sources of Income \_\_\_\_\_

Total Gross Income Earned by Co-Applicant Last Year \_\_\_\_\_

A D D I T I O N A L O C C U P A N T S T O B E L I V I N G I N  
T H E A P A R T M E N T

(include everyone that will be living in the apartment including co-applicant)

First Name	Last Name	Age	Sex	Relation to Applicant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Gross Household Income Last Year \_\_\_\_\_

C U R R E N T L A N D L O R D P R E V I O U S L A N D L O R D

Name	Name
_____	_____
Building Address & City _____	Building Address & City _____
Landlord Address & City _____	Landlord Address & City _____
Telephone Number _____	Telephone Number _____

R E N T A L S O U R C E S

Will any of your rent money come from sources other than the employment listed above? Yes  No

If yes, please list other sources of income or rent payments:

Source of Income	Monthly Amount
1. SOCIAL SECURITY: _____	_____
2. PENSION: _____	_____
3. OTHER: _____	_____
4. OTHER: _____	_____

How did you hear about us? \_\_\_\_\_

I agree to authorize Interstate Realty Management Company, Regan Development Corporation and/or Horizons at Clifton II, LLC, Horizons at Clifton III, LLC or their agents to use this copy of my signature as an approval to verify my credit, employment, assets and former tenancies, in conjunction with my application or future tenancy in an apartment. All verifications will be sent directly back to those authorized and will be used only for purposes connected with the apartment.

SIGNATURE OF APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE OF CO-APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (914) 693-3011

