GOLDIN Management

CONDOMINIUM SUBLET APPLICATION

Directions

Applicant(s), please complete the enclosed application and submit it with the required attachments to the managing agent at the address listed below. If you are purchasing this apartment through the services of a real estate broker you may have your broker submit the application to the managing agent. The managing will verify that the application is complete, and confirm that there is not an open balance on the owner account.

About the Unit

Unit   _____

Address   _____

            _____

About the Sublet

Monthly Rent   _____

Lease Term   _____

Desired Move In Date   _____

About the Owner(s)

Owner 1   _____

Owner 2   _____

About the Applicant(s)

Applicant 1

Name   _____

Telephone   (H)_____   (W)_____

E-mail   _____

Applicant 2

Name   _____

Telephone   (H)_____   (W)_____

E-mail   _____

Applicant(s) Residence History

Applicant 1

Current Address   _____

_____

Agent/Landlord   _____   Phone _____

How long?   _____   Rent _____

Applicant 2

Current Address   _____

_____

Agent/Landlord   _____   Phone _____

How long?   _____   Rent _____

Potential Residents

Name	Age	Relationship to Applicant(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pets _____

Applicant(s) Employment History

Applicant 1

Current Employer _____

Years with Firm _____ Position _____

Income _____

Address _____

_____

Supervisor _____ Phone _____

Applicant 2

Current Employer _____

Years with Firm _____ Position _____

Income _____

Address _____

_____

Supervisor _____ Phone _____

In Case of Personal Emergency, Please Notify:

Name _____ Relationship _____

Phone _____

Address _____

_____

Required Attachments

- Rental Lease

Authorizations

I (we) hereby make an application for the rental of the above mentioned apartment and certify that the information presented in this application and the accompanying attachments is truthful. I (we) authorized you to verify any information presented in the application.

Applicant 1 _____ Date _____

Applicant 2 _____ Date _____