

Landlord information Application

*Date : ___ - ___ - ___

Name _____

Apartment Location _____

Home # _____ Work # _____

Fax # _____ E-Mail _____

Room in House ___ Studio ___ 1 B/R ___ 2 B/R ___ 3 B/R ___

Other _____

Rent \$ _____

*Restrictions:

Smoking

Pets

Utilities:

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Other Restrictions: _____

Apartment Description _____

***Rented to CUNY Law School Student before?**

Yes ___ No ___

References _____